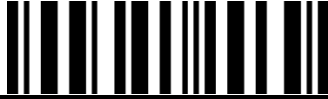


TRICARE Pharmacy Program Medical Necessity Form for Egestrostep Fe



5529

This form applies to the TRICARE Pharmacy Program (TPharm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- Contraceptives on the DoD Uniform Formulary include the majority of oral, transdermal, vaginal ring, and injectable contraceptives available in the U.S. **Egestrostep Fe is non-formulary, but available to most beneficiaries at the non-formulary cost share.** Formulary alternatives to Egestrostep Fe include all other currently available triphasic oral contraceptives and most monophasic products.
- You do NOT need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Egestrostep Fe at the non-formulary copay. The purpose of this form is to provide information that will be used to determine if the use of Egestrostep Fe instead of a formulary medication is medically necessary. If Egestrostep Fe is determined to be medically necessary, non-active duty beneficiaries may obtain it at the formulary copay.
- Active duty service members may not fill prescriptions for Egestrostep Fe unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

MAIL ORDER and RETAIL	<ul style="list-style-type: none"> • The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477 • The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TpharmPA@express-scripts.com 	MTF	<ul style="list-style-type: none"> • Non-formulary medications are available at MTFs only if both of the following are met: <ul style="list-style-type: none"> ○ The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF. ○ The non-formulary medication is determined to be medically necessary. • Please contact your local MTF for more information. There are no cost shares at MTFs.
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Step 1 Please complete patient and physician information (Please print)

1	Patient Name: _____	Physician Name: _____
	Address: _____	Address: _____
	Sponsor ID #: _____	Phone #: _____
	Date of Birth: _____	Secure Fax #: _____

Step 2 Please explain why the patient cannot be treated with a formulary medication:

1. Egestrostep Fe is required because the patient continues to experience troublesome adverse effects (e.g., breakthrough bleeding or spotting) after having tried at least two different formulary oral contraceptives taken on a consistent basis for at least three cycles each; and, in the opinion of the provider, the timing of the adverse effects supports use of a triphasic product that varies estrogen on an increasing basis during the cycle.

Please provide the oral contraceptives previously used, duration of therapy, and clinical explanation below:

Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date:

3	Prescriber Signature	Date
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