

TRICARE Pharmacy Program Medical Necessity Form for Extavia (interferon beta-1b)



5615

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.

- The formulary interferon beta-1b product on the DoD Uniform Formulary is Betaseron. **Extavia (interferon beta-1b) is non-formulary, but available to most beneficiaries at the formulary cost share.**
- You do **NOT** need to complete this form in order for non-Active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of Extavia instead of the formulary medication Betaseron is medically necessary. If Extavia is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- TRICARE will not cover Extavia for Active duty service members unless it is determined to be medically necessary instead of the formulary medication Betaseron, in which case it will be available to Active duty service members at no cost share.

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):

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

Step 2 Please consider the following:

- Please note: Extavia and Betaseron are the exact same product (interferon beta-1b) and come off of the same manufacturing line. The only difference between the products is the brand name of the product and the label on the product. This is due to an agreement between the manufacturer of the Betaseron product (Bayer) and the distributor for the Extavia product (Novartis).

1. Has the patient tried the Betaseron product?	<input type="checkbox"/> Yes Proceed to Question 2	<input type="checkbox"/> No Coverage not approved
2. Please provide an explanation of why Extavia is necessary and will provide an outcome different than that with Betaseron. Note: Extavia and Betaseron are the exact same product that differ only in their labels and brand names.		

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

_____ Prescriber signature	_____ Date
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