

TRICARE Pharmacy Program Medical Necessity Form for Welchol (colesevelam)



5639

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 bile acid sequestrants (BAS) are cholestyramine/sucrose (Questran, generics), cholestyramine/aspartame (Questran Light, generics), and colestipol (Colestid, generics). **Welchol (colesevelam) is non-formulary, but available to most beneficiaries at the non-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 a non-formulary medication is medically necessary. If a non-formulary medication is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary medication 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):

Patient Name: _____ Address: _____ _____ Sponsor ID #: _____ Date of Birth: _____	Physician Name: _____ Address: _____ _____ Phone #: _____ Secure Fax #: _____
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Step 2 Please indicate which of the reasons below applies to each of the formulary bile acid sequestrants listed in the table, if applicable. You **MUST** supply a specific written clinical explanation for each formulary medication in all cases.

Formulary Medication	Reason	Clinical Explanation
Cholestyramine powder for oral suspension (Questran, Questran Light, Prevalite, generics)	1 2 3 4 5	
Colestipol tablets or granules for oral suspension (Colestid, generics)	1 2 3 4 5	

1. The formulary medication is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced or is likely to experience significant adverse effects with the formulary medication.
3. The formulary medication resulted in therapeutic failure.
4. The patient has a history of GI obstruction and requires treatment with a bile acid sequestrant.
5. The patient is pregnant and requires treatment with a bile acid sequestrant.

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

Prescriber Signature	Date