

TRICARE Pharmacy Program Medical Necessity Form for Loestrin 24 Fe



5537

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 vast majority of contraceptives are on the DoD Uniform Formulary. For information about the status of specific products, please consult the TRICARE Formulary Search Tool at: http://pec.ha.osd.mil/formulary_search.php. **Loestrin 24 Fe is non-formulary, but available to most beneficiaries at the non-formulary cost share.** Formulary alternatives containing 20 mcg of estrogen include Loestrin Fe 1/20 and Loestrin 1/20; Alesse, Levlite, or equivalents; and Yaz.
- Loestrin 24 Fe is packaged as a 24-day regimen (24 days on, 4 days off). Yaz is also packaged as a 24-day regimen. Loestrin Fe 1/20 and Loestrin 1/20 include the same active ingredients as Loestrin 24 Fe and can be used on a similar shortened "off" period basis by discarding unneeded placebo tablets and starting a new package early.
- You do NOT need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Loestrin 24 Fe 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 Loestrin 24 Fe *instead of a formulary medication* is medically necessary. If Loestrin 24 Fe is determined to be medically necessary, non-active duty beneficiaries may obtain it at the formulary cost share.
- TRICARE will not cover a non-formulary medication for Active duty service members unless it is determined to be medically necessary *instead of a formulary medication*. If a non-formulary oral contraceptive is determined to be medically necessary, 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 explain why the patient cannot be treated with any of the formulary alternatives:
 Please indicate which of the reasons below (1-3) applies to each of the formulary alternatives listed in the table. You **MUST** circle a reason AND supply a written clinical explanation specific for EACH formulary alternative.

Formulary Alternative	Reason	Clinical Explanation
EE 20 mcg; 1.0 mg norethindrone (generic equivalents to Loestrin 1/20 or Loestrin Fe 1/20)	1	
EE 20 mcg; 3 mg drospirenone (Yaz) (24-day regimen)	1 2 3	
EE 20 mcg; 1.0 mg levonorgestrel (generic equivalents to Alesse or Levlite)	1 2 3	

EE = ethinyl estradiol; Note: The formulary alternatives listed above only include formulary oral contraceptives with 20 mcg ethinyl estradiol. However, the vast majority of contraceptives are available on the Uniform Formulary.

Acceptable clinical reasons for not using a formulary alternative are:

- Use of the formulary alternative is contraindicated (e.g., due to hypersensitivity). In the case of Loestrin Fe 1/20 or Loestrin 1/20, this would necessarily be due to an inactive ingredient, since active ingredients are the same.
- The patient has been unable to tolerate the formulary alternative.
- Use of the formulary alternative is precluded due to its progestogen component.

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

_____ Date _____
 Prescriber Signature