

# TRICARE Pharmacy Program Medical Necessity Form for Lybrel



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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](http://pec.ha.osd.mil/formulary_search.php). **Lybrel (ethinyl estradiol 20 mcg / levonorgestrel 0.09 mg packaged for continuous use) and generics to Lybrel, e.g. Amethyst, are non-formulary, but available to most beneficiaries at the non-formulary cost share.** Lybrel (generics, e.g. Amethyst) is packaged as 28 active tablets with no placebo tablets.
- You do NOT need to complete this form in order for non-active duty beneficiaries (spouses, dependents, retirees) to obtain Lybrel 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 Lybrel instead of a formulary contraceptive is medically necessary. If determined to be medically necessary, non-active duty beneficiaries may obtain Lybrel at the formulary cost share.
- TRICARE will not cover Lybrel for Active duty service members unless it is determined to be medically necessary instead of a formulary contraceptive. If Lybrel is determined to be medically necessary, it will be available to Active duty service members at no cost share.

<b>MAIL ORDER and RETAIL</b>	<ul style="list-style-type: none"> <li>• The provider may <b>call: 1-866-684-4488</b> or the completed form may be <b>faxed to: 1-866-684-4477</b></li> <li>• The patient may attach the completed form to the prescription and <b>mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954</b> or <b>email</b> the form only to: <b>TpharmPA@express-scripts.com</b></li> </ul>	<b>MTF</b>	<ul style="list-style-type: none"> <li>• Non-formulary medications are available at MTFs only if <b>both</b> of the following are met: <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ The non-formulary medication is determined to be medically necessary.</li> </ul> </li> <li>• Please contact your local MTF for more information. There are no cost shares at MTFs.</li> </ul>
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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 explain why the patient cannot be treated with a formulary medication:**

1. A product specially packaged for continuous use (Lybrel) is required because the patient has previously used conventionally packaged oral contraceptives on an extended cycle or continuous basis AND has had difficulties complying with the extended cycle or continuous regimen that have increased the risk of pregnancy or necessitated the use of back-up contraception on one or more occasions, despite adequate instructions for use AND, in the provider's opinion, these difficulties are likely to be remedied by special packaging.

**Please describe the previous extended cycle or continuous treatment used and noncompliance issues associated with this therapy (if applicable), and how the special packaging provided by Lybrel is expected to resolve noncompliance issues.**

**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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