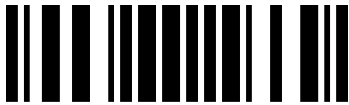


# TRICARE Pharmacy Program Medical Necessity Form for Nasal Antihistamines



5648

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.

- **Astelin (azelastine 0.1%) and Patanase (olopatadine)** are the formulary nasal antihistamines on the DoD Uniform Formulary. **Astepro (azelastine 0.15%) 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 instead of a 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.
- 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, in which case 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</b> it to: <b>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):

<b>1</b>	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 the formulary medications. Circle the reason code if applicable. You MUST supply a specific written clinical explanation as to why each of the formulary medications would be unacceptable.

Formulary Medication	Reason	Clinical Explanation
Astelin (azelastine 0.1% nasal spray)	1	
Patanase (olopatadine nasal spray)	1	

**Acceptable clinical reason for not using a formulary medication is:**

1. The formulary medication is contraindicated.

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

Prescriber Signature	Date