

TRICARE Pharmacy Program Medical Necessity Form for Ovcon 35 and Femcon Fe



5548

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.

- Contraceptives on the DoD Uniform Formulary include the majority of oral, transdermal, vaginal ring, and injectable contraceptives available in the U.S. **Ovcon 35 (and generics: Balziva, Briellyn, and Zenchent) and Femcon Fe are non-formulary, but available to most beneficiaries at the non-formulary cost share.** Formulary alternatives with 35 mcg of estrogen are listed on the form below.
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Ovcon 35 or Femcon 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 Ovcon 35 or Femcon Fe instead of a formulary medication is medically necessary. If Ovcon 35 or Femcon Fe 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 Ovcon 35 or Femcon Fe 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.
-----------------------------	--	-----	--

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 the formulary medications:
 Please indicate which of the reasons below (1-3) applies to each of the formulary medications listed in the table. You **MUST** circle a reason **AND** supply a written clinical explanation specific for EACH formulary medication. Please note that several of the formulary medications are very similar to Ovcon 35 and Femcon Fe (these two agents contain 35 mcg EE; 0.4 mg norethindrone).

Formulary Medication	Reason	Clinical Explanation
EE 35 mcg; 0.5 mg norethindrone (Modicon equivalent)	1 2 3	
EE 35 mcg; 1.0 mg norethindrone (Ortho-Novum 1/35 equivalent)	1 2 3	
EE 35 mcg; 0.25 mg norgestimate (Ortho-Cyclen equivalent)	1 2 3	
EE 35 mcg; 1.0 mg ethynodiol diacetate (Demulen 1/35 equivalent)	1 2 3	
EE 35 mcg; 0.5/0.75/1 mg norethindrone (Ortho-Novum 7/7/7 equivalent)	1 2 3	
EE 35 mcg; 0.5/1/0.5 mg norethindrone (Tri-Norinyl equivalent)	1 2 3	
EE 35 mcg; 0.18/0.215/0.25 mg norgestimate (Ortho Tri-Cyclen equivalent)	1 2 3	

EE = ethinyl estradiol; Note: The formulary medications listed above only include formulary oral contraceptives with 35 mcg ethinyl estradiol. However, the majority of oral, transdermal, vaginal ring, and injectable contraceptives are available on the Uniform Formulary.

Acceptable clinical reasons for not using a formulary medication are:

- Use of the formulary alternative is contraindicated (e.g., due to hypersensitivity).
- The patient has been unable to tolerate the formulary alternative and cannot reasonably be treated with a lower estrogen product in an attempt to decrease the likelihood of adverse effects.
- Use of the formulary alternative is precluded due to its progestogen component (e.g., norgestimate, ethynodiol diacetate, or levonorgestrel) due to inability to tolerate, a contraindication, or another clinical consideration.

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

_____ Date _____
 Prescriber Signature