

TRICARE Pharmacy Program Medical Necessity Form for Pristiq (desvenlafaxine)



5603

This form applies to the TRICARE Mail 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.

- Formulary antidepressants include the SNRI venlafaxine (immediate-release and Effexor XR); the SSRIs citalopram, fluoxetine, paroxetine immediate-release, and sertraline; bupropion immediate- and sustained-release; mirtazapine; and nefazodone.
- Pristiq is non-formulary, but available to most beneficiaries at the non-formulary cost share. Other non-formulary antidepressants are Cymbalta, Lexapro, Paxil CR (and its generic), Prozac Weekly, Sarafem, and Wellbutrin XL (and its generic).
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Pristiq 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 Pristiq instead of a formulary medication is medically necessary. If Pristiq 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 Pristiq unless it is determined to be medically necessary. There is no cost share for active duty members.

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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There is no expiration date for approved medical necessity determinations.

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 a formulary medication.

1. Is the use of the formulary SNRI (venlafaxine/Effexor XR) contraindicated and the use of any other formulary antidepressant not clinically appropriate? **If so explain:**

2. Does the patient require treatment with an SNRI due to failure of SSRI therapy and/or has experienced adverse effects with venlafaxine, which is not be expected to occur with Pristiq? **If so explain:**

3. Has the patient previously responded to Pristiq, and changing to a formulary antidepressant would incur unacceptable risk? **If so, explain:**

Step 3 I certify that the above is correct to the best of my knowledge (Please sign and date):

Prescriber Signature Date