

TRICARE Pharmacy Program Medical Necessity Form for Renin-Angiotensin Antihypertensives (RAAs) ACE Inhibitors and ACE Inhibitor/HCTZ Combination Products



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This form applies to the TRICARE Pharmacy Program (TPharm) and may be found on the TRICARE Pharmacy website at www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. 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.

- **Benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril, ramipril, and trandolapril** (and their combinations with hydrochlorothiazide [HCTZ], if available) are on the DoD Uniform Formulary. **Aceon (perindopril), Univaso (moexipril), and Uniretic (moexipril/HCTZ) are non-formulary, but available to most beneficiaries at a \$22 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 \$22 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 product* is medically necessary. If a non-formulary medication is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the \$9 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.

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)

1	Patient Name: _____	Physician Name: _____
	Address: _____	Address: _____
	Sponsor ID # _____	Phone #: _____
	Date of Birth: _____	Secure Fax #: _____

Step 1. Please explain why the patient cannot be treated with any of the formulary alternatives:

2 Please indicate which of the reasons below (1-4) 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
Benazepril, benazepril/HCTZ <small>(Lotensin, Lotensin HCT)</small>	1 2 3 4	
Enalapril, enalapril/HCTZ <small>(Vasotec, Vaseretic)</small>	1 2 3 4	
Fosinopril, fosinopril/HCTZ <small>(Monopril, Monopril-HCT)</small>	1 2 3 4	
Lisinopril; lisinopril/HCTZ <small>(Prinivil, Zestril; Prinzide, Zestoretic)</small>	1 2 3 4	
Quinapril, quinapril/HCTZ <small>(Accupril, Accuretic)</small>	1 2 3 4	
Ramipril <small>(Altace)</small>	1 2 3 4	
Trandolapril <small>(Mavik)</small>	1 2 3 4	

The criteria do not include captopril as a formulary alternative due to its short half-life and three- to four-time daily dosing regimen. Patients are not required to have tried captopril.

1. The formulary alternative is contraindicated (e.g., due to a hypersensitivity reaction).
2. The patient has experienced significant adverse effects with the formulary alternative that are not expected to occur with the non-formulary ACE inhibitor.
3. Use of the formulary alternative resulted in therapeutic failure.
4. The patient is stabilized on a non-formulary ACE inhibitor, is clinically fragile (multiple comorbidities), and changing to a formulary alternative would incur an unacceptable risk to the patient (e.g., destabilization, abrupt worsening of symptoms).

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

3	Prescriber Signature	Date
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