

TRICARE Pharmacy Program Medical Necessity Form for Short-Acting Beta Agonists (SABAs)



5605

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.

- **Albuterol inhalation solution (generics, AccuNeb) and inhaler (ProAir HFA, Proventil HFA, Ventolin HFA) and levalbuterol inhalation solution and inhaler (Xopenex inhalation solution, Xopenex HFA) are the Short-Acting Beta Agonists (SABAs) on the DoD Uniform Formulary. Metaproterenol inhalation solution and Maxair Autohaler (pirbuterol) are 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 nonformulary 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.

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.
--------------------------------------	---	------------	--

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 1. Please indicate which short-acting beta agonist is being requested:

2. Please explain why the patient cannot be treated with a formulary medication:
 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 specific written clinical explanation for EACH formulary medication.

Formulary Medication	Reason	Clinical Explanation
Albuterol inhalation solution (generics, AccuNeb) and inhaler (ProAir HFA, Proventil HFA, Ventolin HFA)	1 2 3	
Levalbuterol inhalation solution and inhaler (Xopenex)	1 2 3	

1. Use of the formulary medication is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced or is likely to experience significant adverse effects from the formulary medication.
3. The patient previously responded to the non-formulary medication and changing to a formulary medication would incur unacceptable risk (e.g., risk of destabilization, abrupt worsening of symptoms).

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

_____ Date _____
 Prescriber Signature