

TRICARE Pharmacy Program Medical Necessity Form for Topical Antifungals



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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.

- **Formulary topical antifungals** available at the formulary copay include butenafine (Mentax), clotrimazole, ketoconazole, miconazole, naftifine (Naftin), and nystatin. Topical formulations of **ciclopirox (Loprox), econazole (Spectazole), oxiconazole (Oxistat), sertaconazole (Ertaczo), sulconazole (Exelderm), and miconazole 0.25% / zinc oxide 15% (Vusion) are non-formulary, but available to most beneficiaries at the non-formulary cost share.** The non-formulary designation applies to both the brand name and generic versions of these medications.
- 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*. If a non-formulary medication is determined to be medically necessary, 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)

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

Step 2 1. Please indicate which medication is being prescribed:

<input type="checkbox"/> ciclopirox (Loprox) <input type="checkbox"/> econazole (Spectazole) <input type="checkbox"/> oxiconazole (Oxistat) <input type="checkbox"/> sertaconazole (Ertaczo) <input type="checkbox"/> sulconazole (Exelderm)	Please go to Question 2
<input type="checkbox"/> miconazole 0.25% / zinc oxide 15% (Vusion)	Please go to Question 3

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Ciclopirox (Loprox), econazole (Spectazole), oxiconazole (Oxistat), sertaconazole (Ertaczo), sulconazole (Exelderm)

2. Please indicate which of the reasons below (1-5) applies to each of the formulary alternatives listed in the table. You **MUST** circle a reason **AND** supply a specific written clinical explanation for **EACH** formulary alternative.

Formulary Alternative	Reason	Clinical Explanation
Butenafine (Mentax)	1 2 3 4 5	
Clotrimazole	1 2 3 4 5	
Ketoconazole	1 2 3 4 5	
Miconazole	1 2 3 4 5	
Naftifine (Naftin)	1 2 3 4 5	
Nystatin	1 2 3 4 5	

Acceptable clinical reasons for not using each of the formulary alternatives are:

1. The formulary agent is contraindicated (e.g., due to hypersensitivity).
2. The formulary agent is not available in the desired formulation.
3. The formulary agent caused significant burning, itching, redness or other significant adverse effects.
4. An adequate treatment course with the formulary agent resulted in therapeutic failure.
5. The formulary agent is not effective for the treatment of the specific condition. For example, nystatin is not effective for the treatment of tinea pedis, corporis, cruris, or versicolor.

Miconazole 0.25% / Zinc Oxide 15% Ointment (Vusion)

3. Please indicate which of the reasons below (1-2) applies to each of the formulary alternatives listed in the table. You **MUST** circle a reason **AND** supply a specific written clinical explanation for **EACH** formulary alternative.

Formulary Alternative	Reason	Clinical Explanation
Clotrimazole 1% (cream)	1 2 3	
Miconazole 2% (ointment or cream)	1 2	
Nystatin (ointment, powder, or cream)	1 2	

Note: Vusion is FDA-indicated for the adjunctive treatment of diaper dermatitis (diaper rash) only when complicated by documented candidiasis (microscopic evidence of pseudohyphae and/or budding yeast) in immunocompetent children 4 weeks of age and older. Other topical antifungals commonly used for diaper rash include higher concentrations of miconazole (2%), clotrimazole, and nystatin, often used in conjunction with zinc oxide ointment, a skin protectant.

Acceptable clinical reasons for not using each of the formulary alternatives are:

1. The formulary agent is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced or is likely to experience significant adverse effects from the formulary agent.
3. The formulary agent is not available in the desired formulation (clotrimazole only).

Step 3

I certify the above is correct and accurate to the best of my knowledge. By completing and signing this document you are confirming that the patient has either tried ALL of the formulary alternatives or has a clinical reason(s) for not trying ALL of the alternatives. Please sign and date:

Prescriber Signature

Date

Latest revision: September 28, 2011