

**TRICARE Pharmacy Program Medical Necessity Form for
Direct Renin Inhibitor / Angiotensin Receptor Blocker (ARB) combination**

Valturna



5619

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.

- Valturna is a combination product containing the direct renin inhibitor aliskiren (Tekturna) and the angiotensin receptor blocker (ARB) valsartan (Diovan). **Valturna (aliskiren/valsartan) is non-formulary, but available to most beneficiaries at the nonformulary cost share.** ARBs on the DoD Uniform Formulary include Atacand (candesartan), losartan (generic Cozaar), and Micardis (telmisartan). Losartan (generic Cozaar), Atacand, and Micardis are available at the formulary copay. The direct renin inhibitor Tekturna (aliskiren) is available at the formulary copay.
- The purpose of this form is to provide information that will be used to determine if the use of Valturna instead of a formulary medication(s) (in this case a formulary ARB plus Tekturna) is medically necessary. If Valturna is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- TRICARE will not cover Valturna for Active duty service members unless it is determined to be medically necessary instead of a formulary medication(s), 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)

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 (a formulary ARB plus Tekturna):
Please indicate which of the reasons below (1-4) 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
Atacand (candesartan) plus Tekturna (aliskiren)	1 2 3 4	
Losartan (Cozaar) plus Tekturna (aliskiren)	1 2 3 4	
Micardis (telmisartan) plus Tekturna (aliskiren)	1 2 3 4	

- Use of the formulary ARB is contraindicated (e.g., due to hypersensitivity).
- The patient has experienced significant adverse effects from the formulary ARB.
- Use of the formulary ARB has resulted in therapeutic failure.
- The patient previously responded to Valturna and changing to a formulary medication (a formulary ARB plus Tekturna) would incur an unacceptable clinical risk to the patient.

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

Prescriber Signature	Date
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