

# TRICARE Pharmacy Program Medical Necessity Form for Vyvanse



5556

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.

- Medications for Attention-Deficit / Hyperactivity Disorder (ADHD) available at the formulary copay include Adderall/Adderall XR (generics), Concerta (generics), Metadate CD, Ritalin LA, Strattera, immediate/sustained release methylphenidate, dextroamphetamine, and methamphetamine. **Daytrana (methylphenidate patch), Focalin (immediate release dexmethylphenidate), Focalin XR (extended release dexmethylphenidate), and Vyvanse (lisdexamfetamine) are non-formulary, but available to most beneficiaries at the nonformulary cost share.** NOTE: This form applies to Vyvanse. A separate form applies to Daytrana, Focalin, and Focalin XR.
- You do NOT need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Vyvanse 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 Vyvanse instead of a formulary ADHD medication is medically necessary. If Vyvanse is determined to be medically necessary, non-active duty beneficiaries may obtain it at the \$9 formulary cost share.
- TRICARE will not cover Vyvanse for Active duty service members unless it is determined to be medically necessary instead of a formulary medication. If Vyvanse is determined to be medically necessary, it will be available to Active duty service members at no cost share.

<b>MAIL ORDER and RETAIL</b>	<ul style="list-style-type: none"> <li>The provider may <b>call: 1-866-684-4488</b> or the completed form may be <b>faxed to: 1-866-684-4477</b></li> <li>The patient may attach the completed form to the prescription and <b>mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954</b> or <b>email</b> the form only to: <b>TpharmPA@express-scripts.com</b></li> </ul>	<b>MTF</b>	<ul style="list-style-type: none"> <li>Non-formulary medications are available at MTFs only if <b>both</b> of the following are met:                             <ul style="list-style-type: none"> <li>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.</li> <li>The non-formulary medication is determined to be medically necessary.</li> </ul> </li> <li>Please contact your local MTF for more information. There are no cost shares at MTFs.</li> </ul>
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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 any of the formulary alternatives:

**2** Please indicate which of the reasons below (1-3) 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
Extended release methylphenidate (e.g., Concerta, Metadate CD, Ritalin LA)	1 2 3	
Extended release mixed amphetamine salts (Adderall XR)	1 2 3	

Note: The formulary alternatives listed above only include the extended release stimulant products.

### Acceptable clinical reasons for not using a formulary alternative are:

- Use of the formulary alternative is contraindicated (e.g., due to hypersensitivity).
- The patient has experienced significant adverse effects from the formulary alternative.
- Use of the formulary alternative has resulted in therapeutic failure.

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

_____ Prescriber Signature	_____ Date
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