

# TRICARE Pharmacy Program Medical Necessity Form for Avodart



5565

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.

- The 5-alpha reductase inhibitor on the DoD Uniform Formulary is finasteride; it is available at the formulary cost share. **Avodart (dutasteride) is 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 Avodart 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 Avodart *instead of finasteride* is medically necessary. If Avodart is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- TRICARE will not cover Avodart for Active duty service members unless it is determined to be medically necessary *instead of finasteride*. If Avodart 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 call: <b>1-866-684-4488</b> or the completed form may be faxed to: <b>1-866-684-4477</b></li> <li>• The patient may attach the completed form to the prescription and mail it to: <b>Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954</b> or email 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)

**1** 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 finasteride. You MUST circle a reason AND supply a specific written clinical explanation.

Formulary Alternative	Reason	Clinical Explanation
Finasteride (generic Proscar)	1 2	

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

1. Use of finasteride is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced significant adverse effects from finasteride.

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

**3**

\_\_\_\_\_ Date \_\_\_\_\_  
 Prescriber Signature