TRICARE Pharmacy Program Medical Necessity Form for Rapaflo (silodosin)

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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.

- **Doxazosin, terazosin, tamsulosin (Flomax) and Uroxatral (alfuzosin)** are the formulary alpha blockers on the DoD Uniform Formulary for the treatment of symptoms of benign prostatic hypertrophy (BPH). **Tamsulosin is available at the formulary generic cost share and Uroxatral at the formulary brand cost share. Rapaflo (silodosin) is non-formulary, but available to many beneficiaries at the non-formulary cost share.** Please note that step therapy/prior authorization (PA) requirements apply to patients newly starting on Rapaflo. PA forms are available on the TRICARE Pharmacy website at **http://pec.ha.osd.mil/forms_criteria.php**. This form may NOT be used to meet step therapy/PA requirements.
- 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 AND a non-Active duty beneficiary has met step therapy/PA requirements, 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 AND the patient has met step therapy/PA requirements, in which case it will be available to Active duty service members at no cost share.

MAIL ORDER and RETAIL		MTF	
	• 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**		• Non-formulary medications are available at MTFs only if **both** of the following are met: o 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. o 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.

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 the formulary uroselective alpha blockers tamsulosin (Flomax) and Uroxatral (alfuzosin). NOTE: Doxazosin and terazosin are also on formulary at the generic (Tier 1 copay); however, patients are not required to try a non-selective alpha blocker before medical necessity will be approved for Rapaflo.

Please indicate which of the reasons below (1-4) applies. You MUST circle a reason AND supply a specific written clinical explanation.

Formulary Medication	Reason	Clinical Explanation
Tamsulosin (Flomax)	1 2 3 4	
Uroxatral (alfuzosin)	1 2 3 4	

1. Use of the formulary medication is contraindicated (e.g., due to hypersensitivity or moderate to severe hepatic insufficiency).
2. The patient has experienced significant adverse effects from the formulary medication.
3. Use of the formulary medication has resulted in therapeutic failure.
4. The patient requires a drug that can be crushed or sprinkled on food.

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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