

TRICARE Pharmacy Program Medical Necessity Form for Aplenzin



5614

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 formulary bupropion extended-release product on the DoD Uniform Formulary is bupropion XL (Wellbutrin XL, Budeprion XL, generics). **Aplenzin is non-formulary, but available to most beneficiaries at the formulary cost share.**
- 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 the non-formulary medication instead of the formulary medication is medically necessary. If the 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 Aplenzin for Active duty service members unless it is determined to be medically necessary instead of the formulary medication bupropion XL (Wellbutrin XL, Budeprion XL, generics), 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.
-----------------------------	---	-----	--

Step 1 Please complete patient and physician information (please print)

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

Please note: Aplenzin contains the same active ingredient as Wellbutrin XL, except Aplenzin contains the hydrobromide (HBr) salt of bupropion instead of the hydrochloride (HCl) salt.

Step 2

1. Has the patient tried bupropion HCl XL (Wellbutrin XL, Budeprion XL, generics)?	<input type="checkbox"/> Yes Proceed to Question 2	<input type="checkbox"/> No Proceed to Question 3
2. Please provide an explanation of the patient's experience with the bupropion HCl XL product, then proceed to step 3:		
3. Please provide patient-specific clinical justification as to why the bupropion HCl XL product cannot be used, then proceed to step 3:		

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

_____	_____
Prescriber signature	Date