

# TRICARE Pharmacy Program Medical Necessity Form for Beyaz, Natazia, Safyral



5637

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.

- Beyaz, Estrostep Fe, Femcon Fe, Loestrin 24 Fe, Lo Loestrin Fe, Natazia, Ovcon 35, Ovcon 50, Safyral, and their equivalents if available, and the extended-cycle oral contraceptives Lybrel, Seasonale (with the exception of Jolessa brand equivalent, which is formulary), Seasonique, LoSeasonique, and their equivalents if available, are non-formulary. **Beyaz, Sayfral, and Natazia are non-formulary, but available to most beneficiaries at the non-formulary cost share. All other commercially available oral contraceptives are formulary.** The non-oral contraceptive products NuvaRing and Ortho Evra are also formulary. Note that it is TRICARE's policy to substitute A-rated generic medications for brand name medications when available.
- 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 is medically necessary. If a non-formulary medication is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

<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</b> it to: <b>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 formulary oral contraceptives.

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

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_____	_____
Prescriber Signature	Date