

TRICARE Pharmacy Program Medical Necessity Form for Calcium Channel Blockers— Non-dihydropyridines (Verelan, Verelan PM, Covera HS, and Cardizem LA)



5545

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.

- Long-acting verapamil and diltiazem products on the DoD Uniform Formulary are verapamil sustained release (e.g., Isoptin SR) and diltiazem sustained and extended release (e.g., Diltia XR, Cartia XR, Taztia XT). The following products **are non-formulary, but available to most beneficiaries at the non-formulary cost share: Verelan** (verapamil extended release); **Verelan PM** and **Covera HS** (verapamil extended release for bedtime dosing); **Cardizem LA** (diltiazem extended release for bedtime dosing) and **Matzim LA** (diltiazem extended release for bedtime dosing) .
- 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, 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.

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.
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There is no expiration date for approved medical necessity determinations.

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 medication:**

1. Verelan, Verelan PM, or Covera HS is required because use of all other verapamil long-acting products is contraindicated (e.g., due to hypersensitivity to a dye or other inert ingredient), and treatment with Verelan, Verelan PM, or Covera HS is not contraindicated. **Please explain below:**

2. Cardizem LA or Matzim LA is required because use of all other diltiazem long-acting products is contraindicated (e.g., due to hypersensitivity to a dye or other inert ingredient), and treatment with Cardizem LA or Matzim LA is not contraindicated. **Please explain below:**

3. The patient is stabilized on a non-formulary medication (Verelan, Verelan PM, Covera HS, or Cardizem LA), is clinically fragile (multiple comorbidities), and changing to a formulary verapamil or diltiazem product would incur an unacceptable risk to the patient (e.g., destabilization, abrupt worsening of symptoms). **Please explain below:**

Step 3 **I certify that the above is correct to the best of my knowledge (Please sign and date):**

Prescriber Signature

Date