

TRICARE Pharmacy Program Medical Necessity Form for Extended-Cycle Oral Contraceptives



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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.

- **The vast majority of contraceptives are on the DoD Uniform Formulary. NOTE that the extended-cycle product JOLESSA (an equivalent to Seasonale) IS formulary and is packaged as a 91-day supply for extended-cycle use.** For information about the status of specific products, please consult the TRICARE Formulary Search Tool at http://pec.ha.osd.mil/formulary_search.php. **Seasonique** and equivalents (for example, Amethia, Camrese); **Seasonale** and equivalents (for example, Introvale, Quasense)—with the exception of Jolessa brand; and **LoSeasonique** and equivalents (for example, Amethia Lo, Camrese Lo), all of which are packaged as a 91-day supply for extended-cycle use, are non-formulary but available to most beneficiaries at the non-formulary cost share. Please 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, retirees) to obtain non-formulary contraceptives 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 one of these products instead of a formulary contraceptive is medically necessary. If determined to be medically necessary, non-active duty beneficiaries may obtain these products 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. If a non-formulary oral contraceptive (OC) is determined to be medically necessary, 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.
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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 Name of non-formulary medication: _____

*Note that **Jolessa**, an equivalent to Seasonale, is an extended-cycle OC and is formulary, and does not require medical necessity.*

Please explain why the patient cannot be treated with the formulary medication Jolessa. Jolessa is an extended-cycle oral contraceptive (equivalent to Seasonale) and is packaged as a 91 day supply for extended cycle use.

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

_____	_____
Prescriber Signature	Date