

TRICARE Pharmacy Program Medical Necessity Form for Lexapro (escitalopram)



5535

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.

- Formulary antidepressants include citalopram, fluoxetine, paroxetine immediate release (IR), and Zoloft (sertraline); bupropion immediate /sustained release (SR), Effexor / Effexor XR (venlafaxine), mirtazapine, and nefazodone.
- Lexapro is non-formulary, but available to most beneficiaries at the non-formulary cost share. Other non-formulary antidepressants are Cymbalta, Paxil CR, Prozac Weekly, Sarafem, and Wellbutrin XL.
- You do **NOT** need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Lexapro 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 Lexapro *instead of a formulary medication* is medically necessary. If Lexapro 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 Lexapro 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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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 a formulary medication.

1. Has the patient failed an adequate trial, been unable to tolerate, or have contraindications that preclude treatment with at least two formulary SSRIs? Please explain below.	<input type="checkbox"/> Yes Please explain below, then sign and date	<input type="checkbox"/> No Please go to Question 2
Medication	Explanation - describe the therapeutic failure, intolerance, or contraindication (Note: an adequate trial is in general considered to be at least 6 weeks in duration.)	
Citalopram		
Fluoxetine		
Paroxetine IR		
Sertraline (Zoloft)		
2. Has the patient previously responded to Lexapro, and changing to a formulary SSRI would incur unacceptable risk? (e.g., patient is currently stabilized on therapy with Lexapro and changing to a formulary SSRI would present a risk of destabilization.) Please explain below.		

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

Prescriber Signature	Date
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