

# TRICARE Pharmacy Program Medical Necessity Form for Livalo (pitavastatin)



5635

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 HMG-CoA reductase inhibitors [statins] on the DoD Uniform Formulary are: Advicor, Altoprev, Caduet, Crestor, Lescol/XL, Lipitor, lovastatin (Mevacor), pravastatin (Pravachol), Simcor, simvastatin (Zocor), and Vytorin. These products are available at the formulary cost share. Of these, **lovastatin, pravastatin, simvastatin, and Lipitor are the preferred step 1 agents**; other formulary statins may be subject to step therapy and prior authorization. **Livalo (pitavastatin) is non-formulary, but available to most beneficiaries at the non-formulary cost share and may be subject to step therapy and prior authorization.**
- 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 it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954</b> or <b>email the form only to: 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):

<b>1</b>	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 statins. The formulary statins are the preferred step 1 agents lovastatin, pravastatin, simvastatin, and Lipitor, and the non-preferred step 2 agents Advicor, Altoprev, Caduet, Crestor, Lescol/XL, Simcor, and Vytorin.

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

_____	_____
Prescriber Signature	Date