

TRICARE Pharmacy Program Medical Necessity Form for Loestrin 24 Fe and Lo Loestrin Fe



5537

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. For information about the status of specific products, please consult the TRICARE Formulary Search Tool at: http://pec.ha.osd.mil/formulary_search.php. **Loestrin 24 Fe and Lo Loestrin Fe are non-formulary, but available to most beneficiaries at the non-formulary cost share.**
- Formulary alternatives include Loestrin Fe 1/20 and Loestrin 1/20, which include the same active ingredients as Loestrin 24 Fe; Aviane, Lessina, or equivalents; and Yaz or equivalents, which is also packaged as a 24-day regimen.
- 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.

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.
--------------------------------------	---	------------	--

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 medications. Circle a reason code if applicable. You **MUST** supply a specific written clinical explanation as to why each of the formulary medications would be unacceptable.

Formulary Alternative	Reason	Clinical Explanation
EE 20 mcg; 1.0 mg norethindrone (Loestrin 1/20 or Loestrin Fe 1/20 and equivalents)	1	
EE 20 mcg; 3 mg drospirenone (Yaz and equivalents, e.g. Gianvi, Loryna) (24-day regimen)	1 2 3	
EE 20 mcg; 1.0 mg levonorgestrel (equivalents include Aviane, Lessina, Lutera, Orsythia, Sronyx)	1 2 3	

EE = ethinyl estradiol.

Acceptable clinical reasons for not using a formulary alternative are:

1. Use of the formulary alternative is contraindicated (e.g., due to hypersensitivity). **Please explain above.** (Loestrin 1/20, Loestrin Fe 1/20, and equivalents contain the same active ingredients as Loestrin 24 Fe and Lo Loestrin Fe.)
2. The patient has been unable to tolerate the formulary alternative. **Please explain above.**
3. Use of the formulary alternative is precluded due to other clinical consideration. **Please explain above.**

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

_____ Prescriber Signature	_____ Date
-------------------------------	---------------