TRICARE Pharmacy Program Medical Necessity Form for Emsam Patch

5527

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.

- Monoamine oxidase inhibitor (MAOI) antidepressants on the DoD Uniform Formulary include phenelzine (Nardil), tranylcypromine (Parnate, generics), and isocarboxazid (Marplan). **Emsam (selegiline transdermal patch) is non-formulary, but available to most beneficiaries at the non-formulary cost share.** Formulary antidepressants include Effexor / Effexor XR (venlafaxine); citalopram, fluoxetine, paroxetine immediate release, and sertraline; bupropion immediate/sustained release; mirtazapine; and nefazodone.
- You do NOT need to complete this form in order for non-active duty beneficiaries (spouses, dependents, and retirees) to obtain Emsam patch 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 Emsam patch 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		MTF	
	• 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**		• Non-formulary medications are available at MTFs only if **both** of the following are met: o 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. o 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

1. **Please explain why the patient cannot be treated with any of the formulary alternatives:**

Please indicate which of the reasons below (1-5) applies to each of the formulary alternatives listed in the table. You MUST circle a reason AND supply a written clinical explanation specific for EACH formulary alternative.

Formulary Alternative	Reason	Clinical Explanation
Phenelzine (Nardil)	1 2 3 4 5	
Tranylcypromine (Parnate, generics)	1 2 3 4 5	
Isocarboxazid (Marplan)	1 2 3 4 5	
Note: dietary restrictions apply to the two highest strengths of the patch, as well as the oral MAOI antidepressants.		

Acceptable clinical reasons for not using a formulary alternative are:

1. The formulary alternative is contraindicated (e.g., due to a hypersensitivity reaction).
2. The patient has experienced or is likely to experience significant adverse effects with the formulary alternative.
3. The formulary alternative resulted in therapeutic failure.
4. The patient previously responded to Emsam patch and changing to a formulary MAOI antidepressant would incur an unacceptable clinical risk (e.g., patient is currently stabilized on therapy and changing to a formulary MAOI antidepressant would present a risk of destabilization).
5. The patient is unable to take oral medications.

Step 3

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

______________________________ Prescriber Signature

______________ Date

Latest revision: April 2007