

TRICARE Pharmacy Program Medical Necessity Form for Self Monitoring Blood Glucose Systems Test Strips (SMBGSs)



5640

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.

- Self Monitoring Blood Glucose Systems Test Strips (SMBGSs) on the DoD Uniform Formulary include Accu-Chek Aviva, Ascensia Contour, Embrace, FreeStyle Lite, Glucocard 01, Glucocard Vital, Precision Xtra, and TRUEtest. **All other SMBGS test strip brands are non-formulary, but available to most beneficiaries at the non-formulary cost share.**
- You do NOT need to complete this form in order for non-Active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary products 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 product is medically necessary. If a non-formulary product 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 product 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 use the formulary products. Circle a reason code if applicable. You **MUST** supply a specific written clinical explanation as to why all of the formulary products are unacceptable.

Formulary Product	Reason	Clinical Explanation
Accu-Chek Aviva	1 2 3 4	
Ascensia Contour		
Embrace		
FreeStyle Lite		
Glucocard 01		
Glucocard Vital		
Precision Xtra		
TRUEtest		

Acceptable clinical reason for not using a formulary product are:

1. The patient reasonably would not be able to use a formulary blood glucose meter and strips appropriately or effectively instead of the requested blood glucose meter and formulary excluded strips.
2. The patient has a documented physical or mental health disability requiring a special monitor (e.g. visual impairment).
3. The patient is using an insulin pump with a glucose meter that communicates results wirelessly to the pump and no formulary alternative is available (for example, One Touch Ultra link meter [One Touch Ultra test strips], One Touch Ping meter [One Touch Ultra test strips], Nova Max Link meter [Nova Max test strips]).
4. The patient is receiving peritoneal dialysis or the intravenous immune globulin (IVIG) preparation Octagam and the provider is concerned about the glucose dehydrogenase-pyrroloquinolinequinone interaction (GDH-PQQ) .

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

Prescriber Signature	Date