

TRICARE Pharmacy Program Medical Necessity Form for Sumavel DosePro (sumatriptan needle-free injection)



5623

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.

- Imitrex STATdose (sumatriptan syringe, generics) is the formulary sumatriptan syringe injection product on the DoD Uniform Formulary. **Sumavel DosePro is non-formulary, but available to most beneficiaries 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 the non-formulary Sumavel DosePro product (sumatriptan needle-free injection syringe) instead of the formulary Imitrex STATdose product (sumatriptan injection syringe) is medically necessary. If the non-formulary Sumavel DosePro is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- TRICARE will not cover the Sumavel DosePro for Active duty service members unless it is determined to be medically necessary instead of the formulary product, in which case it will be available to Active duty service members at no cost share.

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 the formulary sumatriptan syringe injection product: Please indicate which of the reasons below (1-2) applies for the formulary medication listed in the table. You **MUST** circle a reason **AND** supply a specific written clinical explanation.

Formulary Medication	Reason	Clinical Explanation
Imitrex STATdose (sumatriptan injection syringe, generics)	1 2	

1. The patient has a needle phobia.
2. The patient has dexterity issues and cannot manipulate the Imitrex STATdose/generics injection.

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

Step 3

Prescriber Signature	Date
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