

TRICARE Pharmacy Program Medical Necessity Form for Nucynta (tapentadol)



5617

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.

- Nucynta (tapentadol) is a Schedule II high potency opioid analgesic indicated for short-term therapy in the relief of moderate to severe acute pain. **Nucynta is non-formulary, but available to most beneficiaries at the non-formulary cost share.** Opioid analgesics on the DoD Uniform Formulary include Opana (oxymorphone immediate-release) and multiple generics: codeine, hydromorphone, levorphanol, meperidine, methadone, morphine sulfate immediate-release, and oxycodone immediate-release.
- The purpose of this form is to provide information that will be used to determine if the use of Nucynta instead of a formulary medication is medically necessary. If Nucynta is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- TRICARE will not cover Nucynta for Active duty service members unless it is determined to be medically necessary instead of a formulary medication, 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.
--------------------------------------	--	------------	--

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 a formulary medication:

Please explain why the patient cannot be treated with a formulary medication. A specific written clinical explanation is required for each formulary medication.

Formulary Medication	Reason	Clinical Explanation
Codeine	1	
Hydromorphone	1	
Levorphanol	1	
Meperidine	1	
Methadone	1	
Morphine sulfate IR	1	
Opana (oxymorphone IR)	1	
Oxycodone IR	1	

Acceptable clinical reasons for not using a formulary medication are:

1. Use of the formulary opioid analgesic is contraindicated (e.g., due to hypersensitivity).

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

_____	_____
Prescriber Signature	Date