

TRICARE Pharmacy Program Medical Necessity Form for Tekamlo (aliskiren and amlodipine)



5644

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.

- Tekamlo and Tribenzor are non-formulary. All other commercially-available Angiotensin II Receptor Blocker agents, also called ARBs, and Direct Renin Inhibitor agents are formulary. In addition, the following formulary agents are the preferred agents and will not require prior authorization: losartan and losartan-HTCZ [Cozaar and Hyzaar], Diovan and Diovan HCT, Exforge and Exforge HCT, Micardis and Micardis HCT, and Twynsta. The other formulary agents listed below are non-preferred and might require prior authorization. **Tekamlo and Tribenzor are non-formulary, but available to most beneficiaries at the nonformulary 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 medications. Circle the reason code if applicable. You **MUST** supply a specific written clinical explanation as to why all of the formulary medications would be unacceptable.

Formulary Medications	Reason	Clinical Explanation
<p>Preferred medications (do not require prior authorization):</p> <ul style="list-style-type: none"> • Losartan and losartan HCTZ [Cozaar/Hyzaar] • Diovan and Diovan HCT • Exforge and Exforge HCT 	1	
<p>Non-preferred medications (might require prior authorization):</p> <ul style="list-style-type: none"> • Edarbi • Tekturna and Tekturna HCT • Teveten and Teveten HCT • Valturna 		

Acceptable clinical reason for not using a formulary products:

1. Use of the formulary agents contraindicated.

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

_____ Prescriber Signature	_____ Date
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