

# Prior Authorization Request Form for Ozempic, Mounjaro



6740

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE pharmacy program (TPHARM). Express Scripts is the TPHARM contractor for DoD.

- 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**

## Step 1 Please complete patient and physician information (please print):

<b>1</b>	Patient Name: _____	Physician Name: _____
	Address: _____	Address: _____
	Sponsor ID # _____	Phone #: _____
	Date of Birth: _____	Secure Fax #: _____

## Step 2 Please complete the clinical assessment:

<b>2</b>	1. Trulicity is available to TRICARE beneficiaries at a lower copay than Ozempic or Mounjaro. Trulicity also has an indication to reduce the risk of major adverse cardiovascular events in adults with Type 2 diabetes mellitus (T2DM) who have established cardiovascular disease or multiple cardiovascular risk factors; Mounjaro does not have this indication.	<input type="checkbox"/> Acknowledged Proceed to question 2	
	2. Does the patient have a diagnosis of type 2 diabetes mellitus?	<input type="checkbox"/> Yes Proceed to question 3	<input type="checkbox"/> No <b>STOP</b> Coverage not approved
	3. Has the patient tried metformin (alone or in combination) and failed to achieve blood sugar control?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 4
	4. Has the patient experienced any of the following adverse events while receiving metformin: impaired renal function that precludes treatment with metformin or a history of lactic acidosis?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 5
	5. Does the patient have a contraindication to metformin?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No <b>STOP</b> Coverage not approved

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

<b>3</b>	_____	_____
	Prescriber Signature	Date