

TRICARE Prior Authorization Request Form for semaglutide oral tablet (Rybelsus)



6513

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.

PLEASE NOTE: For Active Duty Service Members, even if coverage will NOT BE APPROVED per this form, it still must be initially submitted to the TPharm Contractor for review. Subsequent reconsideration is allowed at the appropriate Military Treatment Facility.

For initial review by the TPharm Contractor;

- 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):

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

Step 2 Please complete the clinical assessment:

1. Is the patient GREATER THAN or EQUAL to 18 years of age?	<input type="checkbox"/> Yes Proceed to question 2	<input type="checkbox"/> No Stop Coverage not approved
2. Does the patient have a documented diagnosis of type 2 diabetes mellitus ¹ ?	<input type="checkbox"/> Yes Proceed to question 3	<input type="checkbox"/> No Stop Coverage not approved
3. Has the patient tried and had an inadequate response to metformin, or has a contraindication to metformin?	<input type="checkbox"/> Yes Proceed to question 4	<input type="checkbox"/> No Stop Coverage not approved
4. Is the patient able to adhere to the administration requirements (take on an empty stomach with no more than 4 oz. of water at least 30 min before the first meal of the day)?	<input type="checkbox"/> Yes Proceed to question 5	<input type="checkbox"/> No Stop Coverage not approved
5. Is the patient a female AND pregnant?	<input type="checkbox"/> Yes Stop Coverage not approved	<input type="checkbox"/> No Proceed to question 6
6. Does the patient have a history of pancreatitis?	<input type="checkbox"/> Yes Stop Coverage not approved	<input type="checkbox"/> No Proceed to question 7
7. Does the patient have a personal or family history of medullary thyroid carcinoma (MTC)?	<input type="checkbox"/> Yes Stop Coverage not approved	<input type="checkbox"/> No Proceed to question 8
8. Does the patient have multiple endocrine neoplasia syndrome type 2 (MEN2)?	<input type="checkbox"/> Yes Stop Coverage not approved	<input type="checkbox"/> No Proceed to question 9

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9. Patient and provider acknowledge that Rybelsus has not been shown to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease?

Yes
Sign and date below

No
Stop
Coverage not approved

¹ Non-FDA approved uses are not approved including weight loss (obesity) or type 1 diabetes mellitus

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

Prescriber Signature

Date

[25 Aug 2023]