

TRICARE Pharmacy Program Medical Necessity Form for Ozempic



6743

This form applies to the TRICARE Pharmacy Program (TPharm). The form must be completed and signed by the prescriber.

- **Trulicity is the formulary products on the DoD Uniform Formulary.** Ozempic is non-formulary, but available to most beneficiaries at the non-formulary 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 medications 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 medication is medically necessary. If a non-formulary medication is determined to be medically necessary, non-Active Duty beneficiaries may obtain it at the formulary cost share at the mail and retail point of service.
- Non-formulary medications are not to be dispensed at the MTF, unless it is determined to be medically necessary. You must complete this form for non-Active Duty beneficiaries trying to obtain non-formulary medications at MTFs. There is no cost share for non-Active Duty beneficiaries at the MTF point of service.
- Active Duty Service Members (ADSM) may not fill prescriptions for a non-formulary medication at any DoD pharmacy point of service (MTF, Mail or Retail) unless it is determined to be medically necessary. You must complete this form for ADSMs trying to obtain non-formulary medications. There is no cost share for ADSMs at any DoD pharmacy point of service.
- 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 explain why the patient cannot be treated with the formulary agent. Circle the reason code if applicable. You MUST provide a specific written clinical explanation to support why the formulary agent would be unacceptable.

Formulary Agent	Reason	Clinical Explanation
Trulicity	1	

Acceptable clinical reason for not using the formulary agents is:

1. The patient has experienced significant adverse effects from the formulary GLP1 RA product Trulicity that are not expected to occur with use of the non-preferred products.

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

3	
Prescriber Signature	Date