

TRICARE Pharmacy Program Medical Necessity Form for Buprenorphine buccal film (Belbuca)



6140

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.

- **Formulary medications are tramadol IR (Ultram, generics), buprenorphine transdermal (Butrans), buprenorphine sublingual (Subutex), butorphanol intranasal (Stadol), pentazocine/naloxone (Talwin NX), tramadol ODT (Rybix).** Buprenorphine buccal film (Belbuca) 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.
- Active duty service members may not fill prescriptions for a non-formulary medication 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 Express Scripts (pharmacy benefit manager for TRICARE): 1-866-684-4488 or the completed form may be faxed to Express Scripts: 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. • This form must be submitted to the MTF pharmacy directly (not through Express Scripts). 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 be treated with the formulary medications. Circle a reason code if applicable. You **MUST** supply a specific written clinical explanation as to why each of the formulary medications would be unacceptable.

Formulary Alternatives	Reason	Clinical Explanation
tramadol IR (Ultram, generics), buprenorphine transdermal (Butrans), buprenorphine sublingual (Subutex), butorphanol intranasal (Stadol), pentazocine/naloxone (Talwin NX), tramadol ODT (Rybix)	1 2	

- Acceptable clinical reasons for not using a formulary alternative are:**
1. Patient has experienced or is likely to experience significant adverse effects from all formulary agents.
 2. Formulary agents resulted or are likely to result in therapeutic failure.

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

_____	_____
Prescriber Signature	Date