## 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.

## • The provider may call Express Scripts Non-formulary medications are available at MTFs only if both of (pharmacy benefit manager for TRICARE): the following are met: o The prescription is written by a military provider or, at the 1-866-684-4488 MAIL ORDER discretion of the MTF, a civilian provider to whom the patient or the completed form may be faxed to Express was referred by the MTF. Scripts: and ETAIL o The non-formulary medication is determined to be medically 1-866-684-4477 Ē necessarv. This form must be submitted to the MTF pharmacy directly (not The patient may attach the completed form through Express Scripts). Please contact your local MTF for more to the prescription and mail it to: Express Scripts, information. There are no cost shares at MTFs. P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TpharmPA@express-scripts.com Please complete patient and physician information (please print): Step Patient Name: Physician Name: Address: Address: Sponsor ID# Phone #:

Step

Date of Birth:

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.

Secure Fax #:

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 the rapeutic failure.

Step 3	I certify the above is true to the best of my knowledge. Plea	se sign and date:	
	Prescriber Signature	Date	

[ 28 July 2016 ]