

TRICARE Pharmacy Program Medical Necessity Form for
Oxycodone (Xtampza ER)



6156

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.

- The formulary alternatives on the DoD Uniform Formulary are: **oxycodone controlled release (Oxycontin, generic) and other long acting narcotic analgesics, including fentanyl transdermal system (Duragesic, generics), morphine sulfate sustained release (MS Contin, generics). Oxycodone (Xtampza ER) 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: 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 	MTF	<ul style="list-style-type: none"> • Nonformulary 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 nonformulary medication is determined to be medically necessary. • 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 the reason code if it applies. You MUST provide a supporting patient-specific clinical explanation why use of the formulary agents would be unacceptable.

Formulary Agent	Reason	Clinical Explanation
oxycodone controlled release (Oxycontin, generic) and other long acting narcotic analgesics, including fentanyl transdermal system (Duragesic, generics), morphine sulfate sustained release (MS Contin, generics)	1 2	

Clinical exception can be considered for:

1. The patient has had therapeutic failure of at least TWO formulary long acting narcotic analgesics.
2. There is no alternative formulary agent due to swallowing difficulties or dysphagia.

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

_____ Date _____
 Prescriber Signature