JOHNS HOPKINS HEALTHCARE
7231 Parkway Drive, Suite 100, Hanover, MD 21076

USFHP Pharmacy Prior Authorization Form

FAX Completed Form and Applicable Progress Notes to: (410) 424-4037

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

Questions? Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

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.

- **Several oral NSAIDs including celecoxib, diclofenac tablets, ibuprofen, meloxicam, and naproxen are the formulary products on the DoD Uniform Formulary.** Diclofenac epolamine 1.3% patch (Licart) 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		MTF	
	• 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**		• Non-formulary medications are available at MTFs only if **both** of the following are met: ◦ 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. • Please contact your local MTF for more information. There are no cost shares at MTFs.

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 it applies. You MUST supply a specific written clinical explanation as to why EACH formulary medication would be unacceptable.

Formulary Medication	Reason	Clinical Explanation
Celecoxib	1	
Diclofenac tablets	1	
Ibuprofen	1	
Meloxicam	1	
Naproxen	1	

Clinical exception can be considered for:

1. Patient has experienced significant adverse effects from at least 2 oral NSAIDs that are not expected to occur with Licart.

TRICARE Pharmacy Program Medical Necessity Form for
diclofenac epolamine 1.3% patch **(Licart)**

Step 3 **I certify that the above is correct to the best of my knowledge** (Please sign and date):

Prescriber Signature ______________________ Date ______________

[12 November 2020]

For Internal Use Only	
☐ Approved:	Duration of Approval: _____month(s)
☐ Denied:	Authorized By:
☐ Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: