

TRICARE Pharmacy Program Medical Necessity Form for
lactic acid/ citric acid/ potassium bitartrate vaginal gel (**Phexxi**)



JOHNS HOPKINS
MEDICINE

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.

- **Nonoxynol-9 spermicide, norethindrone tablets, norgestimate/ethinyl estradiol tablets, etonogestrel/ethinyl estradiol vaginal ring, medroxyprogesterone injection are the formulary products on the DoD Uniform Formulary.** Lactic acid/citric acid/potassium bitartrate (Phexxi) 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"> • 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. • 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
Nonoxynol-9 spermicide	1	
Norethindrone tablets	1	
Norgestimate/ethinyl estradiol tablets	1	
Etonogestrel/ethinyl estradiol vaginal ring	1	
Medroxyprogesterone injection	1	

Clinical exception can be considered for:

1. Patient has experienced significant adverse effects from formulary agents

TRICARE Pharmacy Program Medical Necessity Form for
lactic acid/ citric acid/ potassium bitartrate vaginal gel (**Phexxi**)

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

Prescriber Signature

Date

[11 Nov 2020]

For Internal Use Only	
<input type="checkbox"/> Approved:	Duration of Approval: ____month(s)
<input type="checkbox"/> Denied:	Authorized By:
<input type="checkbox"/> Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: