

TRICARE Pharmacy Program Medical Necessity Form for
tirzepatide (Mounjaro)



6756

This form applies to the TRICARE Pharmacy Program (TPharm). The form must be completed and signed by the prescriber.

- **Dulaglutide (Trulicity) are the formulary products on the DoD Uniform Formulary.** Mounjaro 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 at the mail and retail point of service.
- Non-formulary medications are not to be dispensed at the MTF, unless it is determined to be medically necessary. You must complete this form for non-Active Duty beneficiaries trying to obtain non-formulary medications at MTFs. There is no cost share for non-Active Duty beneficiaries at the MTF point of service.
- Active Duty Service Members (ADSM) may not fill prescriptions for a non-formulary medication at any DoD pharmacy point of service (MTF, Mail or Retail) unless it is determined to be medically necessary. You must complete this form for ADSMs trying to obtain non-formulary medications. There is no cost share for ADSMs at any DoD pharmacy point of service.
- **PLEASE NOTE:** For Active Duty Service Members, even if coverage will NOT BE APPROVED per this form, it still must be initially submitted to the TPharm Contractor for review. Subsequent reconsideration is allowed at the appropriate Military Treatment Facility.

For initial review by the TPharm Contractor;
• 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

Step 1 Please complete patient and physician information (please print):

1 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
Trulicity	1	

Clinical exception can be considered for:

- 1. Patient has experienced significant adverse effects from Trulicity which is not expected to occur with Mounjaro.

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

3 _____
Prescriber Signature Date