

US Family Health Plan Pharmacy Program Medical Necessity Form for Adrenergic Beta-blockers (ABAs) (Bystolic)

This form applies to the US Family Health Plan Pharmacy Program (USFHP). The form must be completed and signed by the prescriber.

- Bystolic (nebivolol) is an adrenergic beta blocker used in hypertension. Bystolic is non-formulary, but available to most beneficiaries at a \$22 cost share. ABAs on the DoD Uniform Formulary include Coreg CR at a \$9 copay, and multiple generics at a \$3 copay: acebutolol, atenolol chlorthalidone, betaxolol, bisoprolol HCTZ, carvedilol immediate release, labetalol, metoprolol tartrate HCTZ, metoprolol succinate extended release, nadolol bendroflumethiazide, penbutolol, pindolol, propranolol HCTZ, and propranolol extended release.
- The purpose of this form is to provide information that will be used to determine if the use of Bystolic instead of a formulary medication(s) is medically necessary. If Bystolic is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the \$9 formulary cost share.

MAIL ORDER	If the prescription is to be filled through the USFHP Mail Order Pharmacy, check here <input type="checkbox"/>	RETAIL	If the prescription is to be filled at a retail pharmacy, check here <input type="checkbox"/>
	<ul style="list-style-type: none"> The completed form and the prescription may be faxed to 1-617-562-5296 OR The patient may attach the completed form to the prescription and mail it to: Attn: Pharmacy, 77 Warren Street, Brighton, MA 02135 		<ul style="list-style-type: none"> The provider may call: 1-877-880-7007 <li style="text-align: center;">OR The completed form may be faxed to 1-617-562-5296

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 a formulary alternative:

2 Please indicate which of the reasons below (1-2) applies.

Formulary Alternative	Reason	Clinical Explanation
Bisoprolol +/- HCTZ	1 2	
Coreg IR (carvedilol immediate release)	1 2	
Coreg CR (carvedilol extended release)	1 2	
Metoprolol succinate extended release	1 2	
Metoprolol tartrate +/- HCTZ	1 2	
Acebutolol	1 2	
Atenolol +/- chlorthalidone	1 2	
Betaxolol	1 2	
Labetalol	1 2	
Nadolol +/- bendroflumethiazide	1 2	
Penbutolol	1 2	
Pindolol	1 2	
Propranolol +/- HCTZ	1 2	
Propranolol extended release	1 2	
Timolol	1 2	

- Use of the formulary ABA is contraindicated (e.g., due to hypersensitivity).
- The patient previously responded to Bystolic and changing to any formulary alternative would incur an unacceptable clinical risk to the patient.

Step 3 I certify the above is correct and accurate to the best of my knowledge.

3 Please sign and date

Prescriber Signature	Date
Latest revision: Dec. 2010	