

US Family Health Plan Medical Necessity Form for Antara, Fibricor, Tricor, Trilipix, Lovaza, and Welchol Page 1 of 2

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) US Family Health Plan pharmacy program (USFHP).

- Atilipidemics on the DoD Uniform Formulary include: fibric acid derivatives (gemfibrozil, Lipofen, Lofibra (generics), Triglide and generic fenofibrate products); niacin immediate- and extended-release (Niacor, Niaspan); bile acid sequestrants (cholestyramine products and colestipol); the HMG CoA-reductase inhibitors (statins) and their combination products; and ezetimibe (Zetia). These products are available at a \$9 (brand) or \$3 (generic) cost share. (Fenoglide is not covered under the US Family Health Plan Pharmacy program.)
- Lovaza, formerly called Omacor (prescription omega-3 fatty acids), Welchol (colesevelam), and the fenofibrate products Antara, Fibricor, Tricor, and Trilipix are non-formulary, but available to most beneficiaries at a \$22 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 \$22 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 \$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

1. Please indicate which medication is being prescribed:		
<input type="checkbox"/> Antara (micronized fenofibrate) <input type="checkbox"/> Fibricor (fenofibric acid) <input type="checkbox"/> Tricor (nanocrystallized fenofibrate) <input type="checkbox"/> Trilipix (fenofibric acid)	Go to section 2 below	
<input type="checkbox"/> Lovaza (formerly Omacor) (prescription omega-3 fatty acids)	Go to section 3 on next page	
<input type="checkbox"/> Welchol (colesevelam)	Go to section 4 on next page	
Antara (micronized fenofibrate), Fibricor (fenofibric acid), Tricor (nanocrystallized fenofibrate) or Trilipix (fenofibric acid)		
2. Please explain why the patient cannot be treated with a formulary fenofibrate product. You must supply a specific written clinical explanation. Circle reason 1 if applicable.		
Formulary Medication	Reason	Clinical Explanation
Generic fenofibrate, generic fenofibrate micronized, Lipofen, Lofibra [generics], and Triglide	1	

1. A formulary fenofibrate product is contraindicated.

**Step
2**

Lovaza (prescription omega-3 fatty acids) (formerly Omacor)		
3. Please indicate which of the reasons below (1-3) applies to each of the formulary medications listed in the table. You MUST circle a reason AND supply a specific written clinical explanation for EACH formulary medication.		
Formulary Medication	Reason	Clinical Explanation
Fibric acid derivatives (gemfibrozil, fenofibrate)	1 2 3	
Niacin (e.g., Niaspan)	1 2 3	

1. The formulary medication is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced or is likely to experience significant adverse effects with the formulary medication.
3. The formulary medication resulted in therapeutic failure.

Welchol tablets (colesevelam)		
4. Please indicate which of the reasons below (1-5) applies to each of the formulary bile acid sequestrants listed in the table. You MUST circle a reason AND supply a specific written clinical explanation for EACH formulary medication.		
Formulary Medication	Reason	Clinical Explanation
Cholestyramine powder for oral suspension (Questran, Questran Light, Prevalite, generics)	1 2 3 4 5	
Colestipol tablets (Colestid) or granules for oral suspension (Colestid, generics)	1 2 3 4 5	

1. The formulary medication is contraindicated (e.g., due to hypersensitivity).
2. The patient has experienced or is likely to experience significant adverse effects with the formulary medication.
3. The formulary medication resulted in therapeutic failure.
4. The patient has a history of GI obstruction and requires treatment with a bile acid sequestrant.
5. The patient is pregnant and requires treatment with a bile acid sequestrant.

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

_____ Date _____
 Prescriber Signature