

# How to find out if Munson's Pharmacy may fill your medication

Search for "Tricare Formulary Search" in an internet search engine. (Hint: In a Google search, it will be the 1<sup>st</sup> or 2<sup>nd</sup> site)

Enter the medication name, patient age, & sex in search tool, and hit **SEARCH**.

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## TRICARE Formulary Search

View current coverage, prices, and fill locations for medications.

Medicine name

Trulicity 1.5 Mg/0.5 MI Pen (2 ml) - Brand

Patient biological sex: female

Patient age: 43

Search

The search results will tell you the coverage of the medication at the MTF (Munson), home delivery, and retail point of service.

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Log In Register

Search > Medicine for male, 55 years old [Print this page](#)

## Tizanidine Hcl

About this drug | Other drug options

### Results for Tizanidine Hcl 2 Mg, Tablet

Pharmacy	Coverage	Active duty	Non-active duty
<b>Military (MTF)</b>	Uniform Formulary (UF) medication	\$0.00	\$0.00
<b>Home Delivery</b> • Up to a 3-month supply • Secure delivery to your door	Covered	\$0.00	\$10.00
<b>Retail</b> • Up to a 1-month supply	Covered	\$0.00	\$13.00

[Start a New Search](#)

In the above example you can click on the “[Uniform Formulary \(UF\) medication](#)” and a window will describe any requirements to obtain the medication at an MTF.

## How to find **Prior Authorization** or **Medical Necessity** forms in the TRICARE Formulary Search Tool:

Perform search.

Results for Trulicity 1.5 Mg/0.5, Pen Injector (ml)			
Pharmacy	Coverage	Active duty	Non-active duty
 <b>Military (MTF)</b>	 <a href="#">Coverage rules apply</a> Uniform Formulary (UF) medication Prior authorization (PA) required	\$0.00	\$0.00
 <b>Home Delivery</b> • Up to a 3-month supply • Secure delivery to your door	 <a href="#">Coverage rules apply</a> Step therapy required Prior authorization (PA) required	\$0.00	\$29.00
 <b>Retail</b> • Up to a 1-month supply	 <a href="#">Coverage rules apply</a> Limited fills Step therapy required Prior authorization (PA) required	\$0.00	\$33.00

In the above example you can click on the blue “[coverage rules apply](#)” and see requirements to get this medication at an MTF.


### Coverage Guide

#### Trulicity 1.5 Mg/0.5, Pen Injector (ml)

Pharmacy: Military (MTF)


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#### What's covered by your plan

 **This is a [Uniform Formulary \(UF\)](#) Medication**  
Check with your local MTF pharmacy to find out if it carries this product. Please note that generic drugs are preferred, so the brand-name version may not be available.

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#### General rules that affect this medication's coverage

 **Prior authorization (PA) required**  
To receive coverage, this medicine must be approved through a [coverage review](#). Without this, you may pay full price for the medicine. Your doctor must request the review using either: 1) an electronic PA system or 2) a [Prior Authorization form \(PDF\)](#). Contact your doctor to help you with this.

In this example, Trulicity is a [Uniform Formulary medication](#), but it requires a **Prior Authorization**. By clicking the blue “[Prior Authorization form \(PDF\)](#)”, you can view and print the form to give to your doctor.

**Prior Authorization Request Form for  
Bydureon/Bydureon BCise, Trulicity**



5694

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) TRICARE pharmacy program (TPHARM). Express Scripts is the TPHARM contractor for DoD.

• 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 complete the clinical assessment:

1. Does the patient have a diagnosis of type 2 diabetes mellitus?	<input type="checkbox"/> Yes Proceed to question 2	<input type="checkbox"/> No STOP Coverage not approved
2. Has the patient tried metformin (alone or in combination) and failed to achieve blood sugar control?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 3
3. Has the patient experienced any of the following adverse events that precludes treatment with metformin: impaired renal function or a history of lactic acidosis?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Proceed to question 4
4. Does the patient have a contraindication to metformin?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No STOP Coverage not approved

**Step 3** I certify the above is true to the best of my knowledge.  
 Please sign and date:

\_\_\_\_\_ Date \_\_\_\_\_  
 Prescriber Signature

L25, July 2018

**Example of a PA form for Trulicity (above)**

Once your provider fills out the form, **they must send it to Express Script** by fax, email, or mail. Your provider can also call the phone number on the form to complete the authorization over the phone.

After your provider submits the PA to Express Scripts, if approved, the authorization will be entered into the Pharmacy’s electronic record (MHS Genesis). Express Scripts will also send a letter to the patient and provider informing them of the status of the PA (i.e., approved or denied). **This may take several days.**

**Please note:** We do not stock all medications on the uniform formulary and may have to order from our distributor, which usually takes 1-3 business days.

# Understanding Formulary Designations

Formulary Message	Interpretation
This is a <b>Basic Core Formulary (BCF)</b> medication	While we may not have the medication in stock, we will obtain and fill it for you.
This is a <b>Uniform Formulary (UF)</b> medication	While we may not have the item in stock, we will obtain medication for you. If a <b>PA</b> form is required, this must be submitted and approved before we may fill the prescription.
<b>Non-Formulary</b>	Generally not available <i><b>unless written by MTF providers or by civilian providers when the patient was referred to them by the MTF.</b></i> These require <b>Medical Necessity</b> and/or <b>PA Forms</b> prior to obtaining. Please contact the Pharmacy for more details.
<b>Not covered</b>	Not a TRICARE benefit (most OTCs, any cosmetic medication, and Tier 4 agents). Patient may pay full out-of-pocket (cash) price for the medicine at a retail pharmacy.
<b>Check Local Formulary</b>	Not covered under TRICARE Pharmacy Benefit at retail or mail order, but some items may be available. Please contact Pharmacy for more information.