

US Family Health Plan Medical Necessity Form for Liraglutide/insulin degludec (**Xultophy**)

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. US Family Health Plan is a TRICARE contractor for DoD.

MAIL ORDER	<p>If the prescription is to be filled through the USFHP Mail Order Pharmacy, check here <input type="checkbox"/></p> <ul style="list-style-type: none"> The completed form 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 St, Brighton, MA 02135 	RETAIL	<p>If the prescription is to be filled at a retail pharmacy, check here <input type="checkbox"/></p> <ul style="list-style-type: none"> The provider may call 1-877-880-7007 OR The completed form may be faxed to 617-562-5296
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- The formulary medication in this drug class (Glucagon-Like Peptide-1 Receptor Antagonists) are exenatide once weekly (Bydureon), Bydureon BCise, Trulicity, AND insulin glargine (Lantus).** Liraglutide/insulin degludec (Xultophy) 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.

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 agents. Circle a reason code if it applies. You MUST provide a specific written clinical explanation to support why the formulary medications would be unacceptable.

Formulary Agent	Reason	Clinical Explanation
exenatide once weekly (Bydureon), Bydureon BCise, Trulicity, AND insulin glargine (Lantus)	1	

Clinical exception can be considered for:

1. Use of formulary agents exenatide once weekly (Bydureon), Bydureon BCise, Trulicity, AND insulin glargine (Lantus) have resulted in therapeutic failure.

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

_____	_____
Prescriber Signature	Date