

# US Family Health Plan

## Medical Necessity Form for

### Dihydropyridine Calcium Channel Blockers

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.

The completed form may be faxed to 855-273-5735

OR

The patient may attach the completed form to the prescription and **mail** it to:  
**Attn: Pharmacy, 77 Warren St, Brighton, MA 02135**

QUESTIONS? **Call 1-877-880-7007**

Clinical documentation may be required for approval.

**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 any of the formulary alternatives:  
 Please indicate which of the reasons below (1-4) applies to each of the formulary alternatives listed in the table. You **MUST** circle a reason **AND** supply a written clinical explanation specific for **EACH** formulary alternative.

| Formulary Alternative  | Reason  | Clinical Explanation |
|--|---------|----------------------|
| Amlodipine (Norvasc)   | 1 2 3 4 |                      |
| Felodipine (Plendil)   | 1 2 3 4 |                      |
| Nifedipine extended release (for example, Procardia XL, Adalat CC) | 1 2 3 4 |                      |
| Nisoldipine core coat (Sular core coat)                            | 1 2 3 4 |                      |

1. The formulary alternative is contraindicated (e.g., due to hypersensitivity).
  2. The patient has experienced significant adverse effects with the formulary alternative.
  3. Use of the formulary alternative resulted in therapeutic failure.
- The patient is stabilized on a non-formulary CCB, is clinically fragile (multiple comorbidities), and changing to a formulary alternative would incur an unacceptable risk to the patient (for example, destabilization, abrupt worsening of symptoms).

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

|                      |       |
|----------------------|-------|
| _____                | _____ |
| Prescriber Signature | Date  |