



## 1:1:1 Program Referral Form TRICARE West Region

The 1:1:1 Program assists beneficiaries who are identified as exhibiting potentially unsafe behaviors with regard to their controlled, prescribed medications.

Express Scripts, Inc (ESI), manager of TRICARE's pharmacy benefit, has a process in place to identify beneficiaries they believe are engaging in unsafe behavior with their controlled, prescribed medications. These beneficiaries are identified and enrolled into the 1:1:1 Program. This program allows the beneficiary TRICARE coverage for care from one provider, one retail pharmacy, and one hospital or emergency room.

Use this form to request that a TriWest Medical Director review a beneficiary referral for the 1:1:1 Program ONLY. Please complete the information below and fax this form to 1-866-576-2833.

**Include any clinical notes, appropriate pharmacy data and other support information.**

### Patient Information:

Sponsor Name: \_\_\_\_\_ Sponsor SSN: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Beneficiary Date of Birth: \_\_\_\_\_

Relationship to Sponsor:  Self  Spouse  Dependent  Other \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Referral Information:

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Referral Originated from:  ESI  MTF  Civilian  TriWest  
 Other (please specify) \_\_\_\_\_

Please fax this completed form and any additional information to:

**1-866-576-2833**

Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services. Privacy Act Statement – This information is protected under the Privacy Act of 1974 and shall be handled as “for official use only.” Violations of this may be punishable by fines, imprisonment, or both.