



**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS**

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FALLS CHURCH, VIRGINIA 22042-5101

TRICARE  
MANAGEMENT  
ACTIVITY

August 2013

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John Q. Sample

1237 Anytown Street

Anytown, CA 12890

Dear TRICARE Beneficiary:

Our records indicate you may be taking a prescription drug(s) that will be moving to non-formulary (Tier 3) or requires 'prior authorization' as recommended by the Department of Defense Pharmacy and Therapeutics Committee (DoD P&T). The DoD P&T oversees the TRICARE Management Activity drug formulary.

The affected drug(s) and alternatives are listed on the attachment to assist you in making the best decision regarding your pharmacy needs. We recommend you talk to your health care provider about the options prior to the effective date listed on the attachment.

All of the preferred products on the attachment are available through TRICARE Pharmacy Home Delivery, or at a retail network pharmacy with the associated cost share. They may also be available at Military Treatment Facility (MTF) pharmacies in your area. We encourage you to consider TRICARE Pharmacy Home Delivery as a convenient and cost-effective way to receive your regular prescriptions if an MTF is not an option. Learn more about home delivery at [www.tricare.mil/homedelivery](http://www.tricare.mil/homedelivery); and find your nearest participating TRICARE pharmacies at [www.express-scripts.com/TRICARE/pharmacy](http://www.express-scripts.com/TRICARE/pharmacy).

Please keep in mind, you will be responsible for the full cost if you do not have an approved prior authorization for a medication that requires prior authorization. The request for prior authorization can be submitted by your physician with a review by Express Scripts. Express Scripts is contracted by DoD to process retail pharmacy claims and fill TRICARE Pharmacy Home Delivery prescriptions for TRICARE beneficiaries.

For more information on formulary, non-formulary, prior authorization, or additional questions, you or your provider can go to [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy) or contact the TRICARE Pharmacy Program at (877) 363-1303.

We at TRICARE are proud to serve our Nation's military heroes and their families and are committed to providing the best possible health care.

Sincerely,

D. Robb, DO, MPH Major General, USAF, MC, CFS  
Deputy Director, TMA

Attachment:

1. Formulary Alternatives for Non-formulary or Prior Authorization Medications

## Formulary Alternatives for Non-formulary Medications

### Cost Share Changes Effective September 25, 2013

Non-Formulary (Tier 3) Medications	Formulary Medications (Tier 1 & Tier 2)
Diabetes, Non-Insulin	
Cost share = \$44 at Retail for up to a 30 day supply; \$43 through Home Delivery for up to a 90 day supply <ul style="list-style-type: none"> <li>• Canagliflozin (Invokana)**</li> </ul>	Cost share = \$5 at Retail for up to a 30 day supply; \$0 through Home Delivery for up to a 90 day supply † <ul style="list-style-type: none"> <li>• Metformin (generic)</li> <li>• Glipizide (generic)</li> <li>• Glipizide ER (generic)</li> <li>• Glyburide (generic)</li> <li>• Glimepiride (generic)</li> <li>• Glipizide/metformin (generic)</li> <li>• Glyburide/metformin (generic)</li> </ul> Cost share = \$17 at Retail for up to a 30 day supply; \$13 through Home Delivery for up to a 90 day supply † <ul style="list-style-type: none"> <li>• Sitagliptin (Januvia)*</li> <li>• Sitagliptin/metformin (Janumet)*</li> <li>• Sitagliptin/metformin XR (Janumet XR)*</li> <li>• Sitagliptin/simvastatin (Juvissync)*</li> </ul>

† Mandatory generic substitution required when generics available. Prior authorization required for brand name medications.

\*Step therapy applies – Januvia, Janumet, Janumet XR, and Juvissync requires a trial of metformin or sulfonylurea prior to use, or meet Prior Authorization requirements. More information on prior authorization criteria for this agent can be found at <http://www.tricare.mil/pharmacy> formulary.

\*\* Step therapy applies – All current and new users of canagliflozin (Invokana) must try metformin or sulfonylurea or Januvia or Janumet or Janumet XR or Juvissync first, or meet Prior Authorization requirements. Without an approved Prior Authorization, the beneficiary is responsible for 100% of the cost for the medication at the retail pharmacy and at Home Delivery, the medication will be unavailable. More information on prior authorization criteria for this agent can be found at <http://www.tricare.mil/pharmacy> formulary.

Has your permanent address changed?

If so, please contact DEERS at (800) 538-9552, or [www.tricare.mil/deers](http://www.tricare.mil/deers)