



DEFENSE
HEALTH AGENCY

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

7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

20104 201311982 14
JOHN Q PUBLIC
123 ANY ST
ANYCITY, ST 12345

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; and find your nearest participating TRICARE pharmacies at 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 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,

Douglas J. Robb, DO, MPH
Lieutenant General, USAF, MC, CFS
Director, DHA

Attachment:

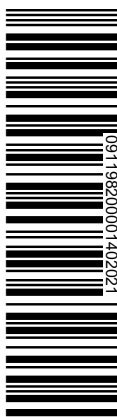
1. Formulary Alternatives for Non-formulary or Prior Authorization Medications

Formulary Alternatives for H.P. Acthar Gel

Prior Authorization Change Effective December 18, 2013

Upon Approval of Prior Authorization (PA)	Alternative Medication
West Syndrome (Infantile Spasms; ICD-9 345.60-345.61) – Must meet PA criteria	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$13 at Retail; \$17 through Home Delivery Sabril® (vigabatrin) – powder for oral solution
Multiple Sclerosis/Optic Neuritis (ICD-9 340; 377.30) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet
Protein-wasting Nephropathies (ICD-9 583.9) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet Note: Preferred treatments include individualized treatment with immunosuppressives, such as corticosteroids, calcineurin inhibitors, mycophenolate, and cyclophosphamide/chlorambucil. All are covered by TRICARE. Rituximab for infusion may also be covered§.
Acute Gout (4th line) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery diclofenac potassium (generics) - tablet diclofenac sodium DR, ER (generics) – tablet naproxen sodium, naproxen sodium ER (generics) – tablet ibuprofen (generics) – tablet etodolac, etodolac ER (generics) – tablet, capsule fenoprofen (generics) – tablet indomethacin, indomethacin ER (generics) – capsule ketorolac (generics) – tablet meloxicam (generics) – tablet nabumetone (generics) – tablet oxaprozin (generics) – tablet piroxicam (generics) – tablet sulindac (generics) – tablet tolmetin sodium (generics) – tablet, capsule prednisone (generics) – tablet Cost share** = \$13 at Retail; \$17 through Home Delivery † Cataflam® (diclofenac potassium) - tablet Arthrotec® (diclofenac/misoprostil) - capsule Anaprox, Anaprox DS® (naproxen sodium) – tablet Celebrex® (celecoxib) – capsule Vimovo® (naproxen/esomeprazole) – tablet Colcrys® (colchicine) – tablet

Use outside of published PA criteria or for other diagnoses shall be considered case-by-case on appeal



** Listed retail cost shares are for up to 30 days supply, Home Delivery cost shares are for up to a 90 days supply

† Mandatory generic substitution required when generics available

* Appeal may be requested upon denial of PA

§ Home infusion therapy program – contact Managed Care Support Contractors for further details.

Health Net Federal Services, LLC
TRICARE North Region
1-877-TRICARE (1-877-874-2273)

Humana Military Healthcare Services, Inc.
TRICARE South Region
1-800-444-5445

UnitedHealthcare Military & Veterans
TRICARE West Region
1-877-988-West (1-877-988-9378)

For more information on Prior Authorization, go to:

<http://www.tricare.mil/mybenefit/home/Prescriptions/Medications/PriorAuthorizations?>

Has your permanent address changed?

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



DEFENSE
HEALTH AGENCY

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

7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

20104 201311982 28

JOHN Q PUBLIC
123 ANY ST
ANYCITY, ST 12345

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; and find your nearest participating TRICARE pharmacies at 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 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,

Douglas J. Robb, DO, MPH
Lieutenant General, USAF, MC, CFS
Director, DHA

Attachment:

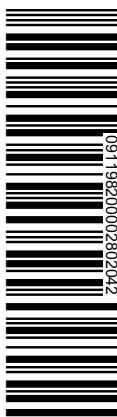
1. Formulary Alternatives for Non-formulary or Prior Authorization Medications

Formulary Alternatives for H.P. Acthar Gel

Prior Authorization Change Effective December 18, 2013

Upon Approval of Prior Authorization (PA)	Alternative Medication
West Syndrome (Infantile Spasms; ICD-9 345.60-345.61) – Must meet PA criteria	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$13 at Retail; \$17 through Home Delivery Sabril® (vigabatrin) – powder for oral solution</p>
Multiple Sclerosis/Optic Neuritis (ICD-9 340; 377.30) – Must meet PA criteria*	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet</p>
Protein-wasting Nephropathies (ICD-9 583.9) – Must meet PA criteria*	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet</p> <p>Note: Preferred treatments include individualized treatment with immunosuppressives, such as corticosteroids, calcineurin inhibitors, mycophenolate, and cyclophosphamide/chlorambucil. All are covered by TRICARE. Rituximab for infusion may also be covered§.</p>
Acute Gout (4th line) – Must meet PA criteria*	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$5 at Retail; \$0 through Home Delivery diclofenac potassium (generics) - tablet diclofenac sodium DR, ER (generics) – tablet naproxen sodium, naproxen sodium ER (generics) – tablet ibuprofen (generics) – tablet etodolac, etodolac ER (generics) – tablet, capsule fenoprofen (generics) – tablet indomethacin, indomethacin ER (generics) – capsule ketorolac (generics) – tablet meloxicam (generics) – tablet nabumetone (generics) – tablet oxaprozin (generics) – tablet piroxicam (generics) – tablet sulindac (generics) – tablet tolmetin sodium (generics) – tablet, capsule prednisone (generics) – tablet</p> <p>Cost share** = \$13 at Retail; \$17 through Home Delivery † Cataflam® (diclofenac potassium) - tablet Arthrotec® (diclofenac/misoprostil) - capsule Anaprox, Anaprox DS® (naproxen sodium) – tablet Celebrex® (celecoxib) – capsule Vimovo® (naproxen/esomeprazole) – tablet Colcrys® (colchicine) – tablet</p>

Use outside of published PA criteria or for other diagnoses shall be considered case-by-case on appeal



** Listed retail cost shares are for up to 30 days supply, Home Delivery cost shares are for up to a 90 days supply

† Mandatory generic substitution required when generics available

* Appeal may be requested upon denial of PA

§ Home infusion therapy program – contact Managed Care Support Contractors for further details.

Health Net Federal Services, LLC
TRICARE North Region
1-877-TRICARE (1-877-874-2273)

Humana Military Healthcare Services, Inc.
TRICARE South Region
1-800-444-5445

UnitedHealthcare Military & Veterans
TRICARE West Region
1-877-988-West (1-877-988-9378)

For more information on Prior Authorization, go to:

<http://www.tricare.mil/mybenefit/home/Prescriptions/Medications/PriorAuthorizations?>

Has your permanent address changed?

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



DEFENSE
HEALTH AGENCY

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

7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

20104 201311982 42
JOHN Q PUBLIC
123 ANY ST
ANYCITY, ST 12345

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; and find your nearest participating TRICARE pharmacies at 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 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,

Douglas J. Robb, DO, MPH
Lieutenant General, USAF, MC, CFS
Director, DHA

Attachment:

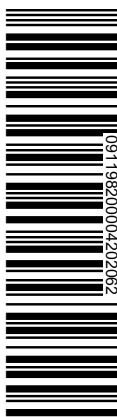
1. Formulary Alternatives for Non-formulary or Prior Authorization Medications

Formulary Alternatives for H.P. Acthar Gel

Prior Authorization Change Effective December 18, 2013

Upon Approval of Prior Authorization (PA)	Alternative Medication
West Syndrome (Infantile Spasms; ICD-9 345.60-345.61) – Must meet PA criteria	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$13 at Retail; \$17 through Home Delivery Sabril® (vigabatrin) – powder for oral solution
Multiple Sclerosis/Optic Neuritis (ICD-9 340; 377.30) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet
Protein-wasting Nephropathies (ICD-9 583.9) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet Note: Preferred treatments include individualized treatment with immunosuppressives, such as corticosteroids, calcineurin inhibitors, mycophenolate, and cyclophosphamide/chlorambucil. All are covered by TRICARE. Rituximab for infusion may also be covered§.
Acute Gout (4th line) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery diclofenac potassium (generics) - tablet diclofenac sodium DR, ER (generics) – tablet naproxen sodium, naproxen sodium ER (generics) – tablet ibuprofen (generics) – tablet etodolac, etodolac ER (generics) – tablet, capsule fenoprofen (generics) – tablet indomethacin, indomethacin ER (generics) – capsule ketorolac (generics) – tablet meloxicam (generics) – tablet nabumetone (generics) – tablet oxaprozin (generics) – tablet piroxicam (generics) – tablet sulindac (generics) – tablet tolmetin sodium (generics) – tablet, capsule prednisone (generics) – tablet Cost share** = \$13 at Retail; \$17 through Home Delivery † Cataflam® (diclofenac potassium) - tablet Arthrotec® (diclofenac/misoprostil) - capsule Anaprox, Anaprox DS® (naproxen sodium) – tablet Celebrex® (celecoxib) – capsule Vimovo® (naproxen/esomeprazole) – tablet Colcrys® (colchicine) – tablet

Use outside of published PA criteria or for other diagnoses shall be considered case-by-case on appeal



** Listed retail cost shares are for up to 30 days supply, Home Delivery cost shares are for up to a 90 days supply

† Mandatory generic substitution required when generics available

* Appeal may be requested upon denial of PA

§ Home infusion therapy program – contact Managed Care Support Contractors for further details.

Health Net Federal Services, LLC
TRICARE North Region
1-877-TRICARE (1-877-874-2273)

Humana Military Healthcare Services, Inc.
TRICARE South Region
1-800-444-5445

UnitedHealthcare Military & Veterans
TRICARE West Region
1-877-988-West (1-877-988-9378)

For more information on Prior Authorization, go to:

<http://www.tricare.mil/mybenefit/home/Prescriptions/Medications/PriorAuthorizations?>

Has your permanent address changed?

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



DEFENSE
HEALTH AGENCY

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

7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

20104 201311982 56
JOHN Q PUBLIC
123 ANY ST
ANYCITY, ST 12345

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; and find your nearest participating TRICARE pharmacies at 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 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,

Douglas J. Robb, DO, MPH
Lieutenant General, USAF, MC, CFS
Director, DHA

Attachment:

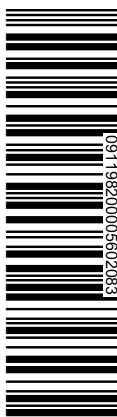
1. Formulary Alternatives for Non-formulary or Prior Authorization Medications

Formulary Alternatives for H.P. Acthar Gel

Prior Authorization Change Effective December 18, 2013

Upon Approval of Prior Authorization (PA)	Alternative Medication
West Syndrome (Infantile Spasms; ICD-9 345.60-345.61) – Must meet PA criteria	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$13 at Retail; \$17 through Home Delivery Sabril® (vigabatrin) – powder for oral solution
Multiple Sclerosis/Optic Neuritis (ICD-9 340; 377.30) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet
Protein-wasting Nephropathies (ICD-9 583.9) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet Note: Preferred treatments include individualized treatment with immunosuppressives, such as corticosteroids, calcineurin inhibitors, mycophenolate, and cyclophosphamide/chlorambucil. All are covered by TRICARE. Rituximab for infusion may also be covered§.
Acute Gout (4th line) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery diclofenac potassium (generics) - tablet diclofenac sodium DR, ER (generics) – tablet naproxen sodium, naproxen sodium ER (generics) – tablet ibuprofen (generics) – tablet etodolac, etodolac ER (generics) – tablet, capsule fenoprofen (generics) – tablet indomethacin, indomethacin ER (generics) – capsule ketorolac (generics) – tablet meloxicam (generics) – tablet nabumetone (generics) – tablet oxaprozin (generics) – tablet piroxicam (generics) – tablet sulindac (generics) – tablet tolmetin sodium (generics) – tablet, capsule prednisone (generics) – tablet Cost share** = \$13 at Retail; \$17 through Home Delivery † Cataflam® (diclofenac potassium) - tablet Arthrotec® (diclofenac/misoprostil) - capsule Anaprox, Anaprox DS® (naproxen sodium) – tablet Celebrex® (celecoxib) – capsule Vimovo® (naproxen/esomeprazole) – tablet Colcrys® (colchicine) – tablet

Use outside of published PA criteria or for other diagnoses shall be considered case-by-case on appeal



** Listed retail cost shares are for up to 30 days supply, Home Delivery cost shares are for up to a 90 days supply

† Mandatory generic substitution required when generics available

* Appeal may be requested upon denial of PA

§ Home infusion therapy program – contact Managed Care Support Contractors for further details.

Health Net Federal Services, LLC
TRICARE North Region
1-877-TRICARE (1-877-874-2273)

Humana Military Healthcare Services, Inc.
TRICARE South Region
1-800-444-5445

UnitedHealthcare Military & Veterans
TRICARE West Region
1-877-988-West (1-877-988-9378)

For more information on Prior Authorization, go to:

<http://www.tricare.mil/mybenefit/home/Prescriptions/Medications/PriorAuthorizations?>

Has your permanent address changed?

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



DEFENSE
HEALTH AGENCY

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

7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

20104 201311982 70
JOHN Q PUBLIC
123 ANY ST
ANYCITY, ST 12345

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; and find your nearest participating TRICARE pharmacies at 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 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,

Douglas J. Robb, DO, MPH
Lieutenant General, USAF, MC, CFS
Director, DHA

Attachment:

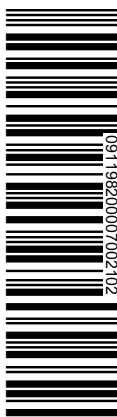
1. Formulary Alternatives for Non-formulary or Prior Authorization Medications

Formulary Alternatives for H.P. Acthar Gel

Prior Authorization Change Effective December 18, 2013

Upon Approval of Prior Authorization (PA)	Alternative Medication
West Syndrome (Infantile Spasms; ICD-9 345.60-345.61) – Must meet PA criteria	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery</p> <p>H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$13 at Retail; \$17 through Home Delivery</p> <p>Sabril® (vigabatrin) – powder for oral solution</p>
Multiple Sclerosis/Optic Neuritis (ICD-9 340; 377.30) – Must meet PA criteria*	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery</p> <p>H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$5 at Retail; \$0 through Home Delivery</p> <p>prednisone (generics) – tablet</p>
Protein-wasting Nephropathies (ICD-9 583.9) – Must meet PA criteria*	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery</p> <p>H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$5 at Retail; \$0 through Home Delivery</p> <p>prednisone (generics) – tablet</p> <p>Note: Preferred treatments include individualized treatment with immunosuppressives, such as corticosteroids, calcineurin inhibitors, mycophenolate, and cyclophosphamide/chlorambucil. All are covered by TRICARE. Rituximab for infusion may also be covered§.</p>
Acute Gout (4th line) – Must meet PA criteria*	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery</p> <p>H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$5 at Retail; \$0 through Home Delivery</p> <p>diclofenac potassium (generics) - tablet diclofenac sodium DR, ER (generics) – tablet naproxen sodium, naproxen sodium ER (generics) – tablet ibuprofen (generics) – tablet etodolac, etodolac ER (generics) – tablet, capsule fenoprofen (generics) – tablet indomethacin, indomethacin ER (generics) – capsule ketorolac (generics) – tablet meloxicam (generics) – tablet nabumetone (generics) – tablet oxaprozin (generics) – tablet piroxicam (generics) – tablet sulindac (generics) – tablet tolmetin sodium (generics) – tablet, capsule prednisone (generics) – tablet</p> <p>Cost share** = \$13 at Retail; \$17 through Home Delivery †</p> <p>Cataflam® (diclofenac potassium) - tablet Arthrotec® (diclofenac/misoprostil) - capsule Anaprox, Anaprox DS® (naproxen sodium) – tablet Celebrex® (celecoxib) – capsule Vimovo® (naproxen/esomeprazole) – tablet Colcrys® (colchicine) – tablet</p>

Use outside of published PA criteria or for other diagnoses shall be considered case-by-case on appeal



** Listed retail cost shares are for up to 30 days supply, Home Delivery cost shares are for up to a 90 days supply

† Mandatory generic substitution required when generics available

* Appeal may be requested upon denial of PA

§ Home infusion therapy program – contact Managed Care Support Contractors for further details.

Health Net Federal Services, LLC
TRICARE North Region
1-877-TRICARE (1-877-874-2273)

Humana Military Healthcare Services, Inc.
TRICARE South Region
1-800-444-5445

UnitedHealthcare Military & Veterans
TRICARE West Region
1-877-988-West (1-877-988-9378)

For more information on Prior Authorization, go to:

<http://www.tricare.mil/mybenefit/home/Prescriptions/Medications/PriorAuthorizations?>

Has your permanent address changed?

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



DEFENSE
HEALTH AGENCY

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

7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

20104 201311982 84
JOHN Q PUBLIC
123 ANY ST
ANYCITY, ST 12345

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; and find your nearest participating TRICARE pharmacies at 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 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,

Douglas J. Robb, DO, MPH
Lieutenant General, USAF, MC, CFS
Director, DHA

Attachment:

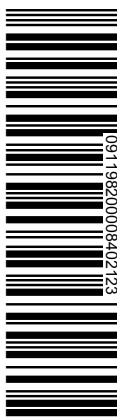
1. Formulary Alternatives for Non-formulary or Prior Authorization Medications

Formulary Alternatives for H.P. Acthar Gel

Prior Authorization Change Effective December 18, 2013

Upon Approval of Prior Authorization (PA)	Alternative Medication
West Syndrome (Infantile Spasms; ICD-9 345.60-345.61) – Must meet PA criteria	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery</p> <p>H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$13 at Retail; \$17 through Home Delivery</p> <p>Sabril® (vigabatrin) – powder for oral solution</p>
Multiple Sclerosis/Optic Neuritis (ICD-9 340; 377.30) – Must meet PA criteria*	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery</p> <p>H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$5 at Retail; \$0 through Home Delivery</p> <p>prednisone (generics) – tablet</p>
Protein-wasting Nephropathies (ICD-9 583.9) – Must meet PA criteria*	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery</p> <p>H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$5 at Retail; \$0 through Home Delivery</p> <p>prednisone (generics) – tablet</p> <p>Note: Preferred treatments include individualized treatment with immunosuppressives, such as corticosteroids, calcineurin inhibitors, mycophenolate, and cyclophosphamide/chlorambucil. All are covered by TRICARE. Rituximab for infusion may also be covered§.</p>
Acute Gout (4th line) – Must meet PA criteria*	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery</p> <p>H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$5 at Retail; \$0 through Home Delivery</p> <p>diclofenac potassium (generics) - tablet diclofenac sodium DR, ER (generics) – tablet naproxen sodium, naproxen sodium ER (generics) – tablet ibuprofen (generics) – tablet etodolac, etodolac ER (generics) – tablet, capsule fenoprofen (generics) – tablet indomethacin, indomethacin ER (generics) – capsule ketorolac (generics) – tablet meloxicam (generics) – tablet nabumetone (generics) – tablet oxaprozin (generics) – tablet piroxicam (generics) – tablet sulindac (generics) – tablet tolmetin sodium (generics) – tablet, capsule prednisone (generics) – tablet</p> <p>Cost share** = \$13 at Retail; \$17 through Home Delivery †</p> <p>Cataflam® (diclofenac potassium) - tablet Arthrotec® (diclofenac/misoprostil) - capsule Anaprox, Anaprox DS® (naproxen sodium) – tablet Celebrex® (celecoxib) – capsule Vimovo® (naproxen/esomeprazole) – tablet Colcrys® (colchicine) – tablet</p>

Use outside of published PA criteria or for other diagnoses shall be considered case-by-case on appeal



** Listed retail cost shares are for up to 30 days supply, Home Delivery cost shares are for up to a 90 days supply

† Mandatory generic substitution required when generics available

* Appeal may be requested upon denial of PA

§ Home infusion therapy program – contact Managed Care Support Contractors for further details.

Health Net Federal Services, LLC
TRICARE North Region
1-877-TRICARE (1-877-874-2273)

Humana Military Healthcare Services, Inc.
TRICARE South Region
1-800-444-5445

UnitedHealthcare Military & Veterans
TRICARE West Region
1-877-988-West (1-877-988-9378)

For more information on Prior Authorization, go to:

<http://www.tricare.mil/mybenefit/home/Prescriptions/Medications/PriorAuthorizations?>

Has your permanent address changed?

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



DEFENSE
HEALTH AGENCY

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

7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

20104 201311982 98

JOHN Q PUBLIC
123 ANY ST
ANYCITY, ST 12345

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; and find your nearest participating TRICARE pharmacies at 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 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,

Douglas J. Robb, DO, MPH
Lieutenant General, USAF, MC, CFS
Director, DHA

Attachment:

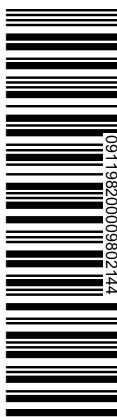
1. Formulary Alternatives for Non-formulary or Prior Authorization Medications

Formulary Alternatives for H.P. Acthar Gel

Prior Authorization Change Effective December 18, 2013

Upon Approval of Prior Authorization (PA)	Alternative Medication
West Syndrome (Infantile Spasms; ICD-9 345.60-345.61) – Must meet PA criteria	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$13 at Retail; \$17 through Home Delivery Sabril® (vigabatrin) – powder for oral solution</p>
Multiple Sclerosis/Optic Neuritis (ICD-9 340; 377.30) – Must meet PA criteria*	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet</p>
Protein-wasting Nephropathies (ICD-9 583.9) – Must meet PA criteria*	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet</p> <p>Note: Preferred treatments include individualized treatment with immunosuppressives, such as corticosteroids, calcineurin inhibitors, mycophenolate, and cyclophosphamide/chlorambucil. All are covered by TRICARE. Rituximab for infusion may also be covered§.</p>
Acute Gout (4th line) – Must meet PA criteria*	
<p>Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection</p> <p>Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.</p>	<p>Cost share** = \$5 at Retail; \$0 through Home Delivery diclofenac potassium (generics) - tablet diclofenac sodium DR, ER (generics) – tablet naproxen sodium, naproxen sodium ER (generics) – tablet ibuprofen (generics) – tablet etodolac, etodolac ER (generics) – tablet, capsule fenoprofen (generics) – tablet indomethacin, indomethacin ER (generics) – capsule ketorolac (generics) – tablet meloxicam (generics) – tablet nabumetone (generics) – tablet oxaprozin (generics) – tablet piroxicam (generics) – tablet sulindac (generics) – tablet tolmetin sodium (generics) – tablet, capsule prednisone (generics) – tablet</p> <p>Cost share** = \$13 at Retail; \$17 through Home Delivery † Cataflam® (diclofenac potassium) - tablet Arthrotec® (diclofenac/misoprostil) - capsule Anaprox, Anaprox DS® (naproxen sodium) – tablet Celebrex® (celecoxib) – capsule Vimovo® (naproxen/esomeprazole) – tablet Colcrys® (colchicine) – tablet</p>

Use outside of published PA criteria or for other diagnoses shall be considered case-by-case on appeal



** Listed retail cost shares are for up to 30 days supply, Home Delivery cost shares are for up to a 90 days supply

† Mandatory generic substitution required when generics available

* Appeal may be requested upon denial of PA

§ Home infusion therapy program – contact Managed Care Support Contractors for further details.

Health Net Federal Services, LLC
TRICARE North Region
1-877-TRICARE (1-877-874-2273)

Humana Military Healthcare Services, Inc.
TRICARE South Region
1-800-444-5445

UnitedHealthcare Military & Veterans
TRICARE West Region
1-877-988-West (1-877-988-9378)

For more information on Prior Authorization, go to:

<http://www.tricare.mil/mybenefit/home/Prescriptions/Medications/PriorAuthorizations?>

Has your permanent address changed?

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



DEFENSE
HEALTH AGENCY

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

7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

20104 201311982 112

JOHN Q PUBLIC
123 ANY ST
ANYCITY, ST 12345

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; and find your nearest participating TRICARE pharmacies at 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 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,

Douglas J. Robb, DO, MPH
Lieutenant General, USAF, MC, CFS
Director, DHA

Attachment:

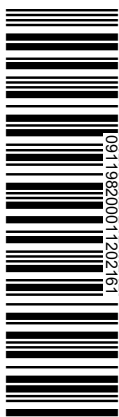
1. Formulary Alternatives for Non-formulary or Prior Authorization Medications

Formulary Alternatives for H.P. Acthar Gel

Prior Authorization Change Effective December 18, 2013

Upon Approval of Prior Authorization (PA)	Alternative Medication
West Syndrome (Infantile Spasms; ICD-9 345.60-345.61) – Must meet PA criteria	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$13 at Retail; \$17 through Home Delivery Sabril® (vigabatrin) – powder for oral solution
Multiple Sclerosis/Optic Neuritis (ICD-9 340; 377.30) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet
Protein-wasting Nephropathies (ICD-9 583.9) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet Note: Preferred treatments include individualized treatment with immunosuppressives, such as corticosteroids, calcineurin inhibitors, mycophenolate, and cyclophosphamide/chlorambucil. All are covered by TRICARE. Rituximab for infusion may also be covered§.
Acute Gout (4th line) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery diclofenac potassium (generics) - tablet diclofenac sodium DR, ER (generics) – tablet naproxen sodium, naproxen sodium ER (generics) – tablet ibuprofen (generics) – tablet etodolac, etodolac ER (generics) – tablet, capsule fenoprofen (generics) – tablet indomethacin, indomethacin ER (generics) – capsule ketorolac (generics) – tablet meloxicam (generics) – tablet nabumetone (generics) – tablet oxaprozin (generics) – tablet piroxicam (generics) – tablet sulindac (generics) – tablet tolmetin sodium (generics) – tablet, capsule prednisone (generics) – tablet Cost share** = \$13 at Retail; \$17 through Home Delivery † Cataflam® (diclofenac potassium) - tablet Arthrotec® (diclofenac/misoprostil) - capsule Anaprox, Anaprox DS® (naproxen sodium) – tablet Celebrex® (celecoxib) – capsule Vimovo® (naproxen/esomeprazole) – tablet Colcrys® (colchicine) – tablet

Use outside of published PA criteria or for other diagnoses shall be considered case-by-case on appeal



** Listed retail cost shares are for up to 30 days supply, Home Delivery cost shares are for up to a 90 days supply

† Mandatory generic substitution required when generics available

* Appeal may be requested upon denial of PA

§ Home infusion therapy program – contact Managed Care Support Contractors for further details.

Health Net Federal Services, LLC
TRICARE North Region
1-877-TRICARE (1-877-874-2273)

Humana Military Healthcare Services, Inc.
TRICARE South Region
1-800-444-5445

UnitedHealthcare Military & Veterans
TRICARE West Region
1-877-988-West (1-877-988-9378)

For more information on Prior Authorization, go to:

<http://www.tricare.mil/mybenefit/home/Prescriptions/Medications/PriorAuthorizations?>

Has your permanent address changed?

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



DEFENSE
HEALTH AGENCY

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

7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

20104 201311982 126

JOHN Q PUBLIC
123 ANY ST
ANYCITY, ST 12345

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; and find your nearest participating TRICARE pharmacies at 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 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,

Douglas J. Robb, DO, MPH
Lieutenant General, USAF, MC, CFS
Director, DHA

Attachment:

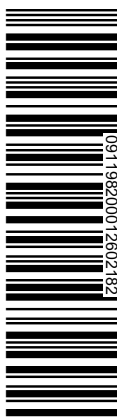
1. Formulary Alternatives for Non-formulary or Prior Authorization Medications

Formulary Alternatives for H.P. Acthar Gel

Prior Authorization Change Effective December 18, 2013

Upon Approval of Prior Authorization (PA)	Alternative Medication
West Syndrome (Infantile Spasms; ICD-9 345.60-345.61) – Must meet PA criteria	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$13 at Retail; \$17 through Home Delivery Sabril® (vigabatrin) – powder for oral solution
Multiple Sclerosis/Optic Neuritis (ICD-9 340; 377.30) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet
Protein-wasting Nephropathies (ICD-9 583.9) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet Note: Preferred treatments include individualized treatment with immunosuppressives, such as corticosteroids, calcineurin inhibitors, mycophenolate, and cyclophosphamide/chlorambucil. All are covered by TRICARE. Rituximab for infusion may also be covered§.
Acute Gout (4th line) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery diclofenac potassium (generics) - tablet diclofenac sodium DR, ER (generics) – tablet naproxen sodium, naproxen sodium ER (generics) – tablet ibuprofen (generics) – tablet etodolac, etodolac ER (generics) – tablet, capsule fenoprofen (generics) – tablet indomethacin, indomethacin ER (generics) – capsule ketorolac (generics) – tablet meloxicam (generics) – tablet nabumetone (generics) – tablet oxaprozin (generics) – tablet piroxicam (generics) – tablet sulindac (generics) – tablet tolmetin sodium (generics) – tablet, capsule prednisone (generics) – tablet Cost share** = \$13 at Retail; \$17 through Home Delivery † Cataflam® (diclofenac potassium) - tablet Arthrotec® (diclofenac/misoprostil) - capsule Anaprox, Anaprox DS® (naproxen sodium) – tablet Celebrex® (celecoxib) – capsule Vimovo® (naproxen/esomeprazole) – tablet Colcrys® (colchicine) – tablet

Use outside of published PA criteria or for other diagnoses shall be considered case-by-case on appeal



** Listed retail cost shares are for up to 30 days supply, Home Delivery cost shares are for up to a 90 days supply

† Mandatory generic substitution required when generics available

* Appeal may be requested upon denial of PA

§ Home infusion therapy program – contact Managed Care Support Contractors for further details.

Health Net Federal Services, LLC
TRICARE North Region
1-877-TRICARE (1-877-874-2273)

Humana Military Healthcare Services, Inc.
TRICARE South Region
1-800-444-5445

UnitedHealthcare Military & Veterans
TRICARE West Region
1-877-988-West (1-877-988-9378)

For more information on Prior Authorization, go to:

<http://www.tricare.mil/mybenefit/home/Prescriptions/Medications/PriorAuthorizations?>

Has your permanent address changed?

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



DEFENSE
HEALTH AGENCY

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

7700 ARLINGTON BOULEVARD, SUITE 5101
FALLS CHURCH, VIRGINIA 22042-5101

20104 201311982 140

JOHN Q PUBLIC
123 ANY ST
ANYCITY, ST 12345

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; and find your nearest participating TRICARE pharmacies at 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 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,

Douglas J. Robb, DO, MPH
Lieutenant General, USAF, MC, CFS
Director, DHA

Attachment:

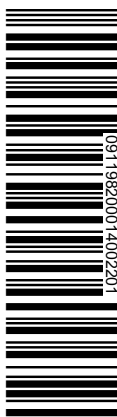
1. Formulary Alternatives for Non-formulary or Prior Authorization Medications

Formulary Alternatives for H.P. Acthar Gel

Prior Authorization Change Effective December 18, 2013

Upon Approval of Prior Authorization (PA)	Alternative Medication
West Syndrome (Infantile Spasms; ICD-9 345.60-345.61) – Must meet PA criteria	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$13 at Retail; \$17 through Home Delivery Sabril® (vigabatrin) – powder for oral solution
Multiple Sclerosis/Optic Neuritis (ICD-9 340; 377.30) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet
Protein-wasting Nephropathies (ICD-9 583.9) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery prednisone (generics) – tablet Note: Preferred treatments include individualized treatment with immunosuppressives, such as corticosteroids, calcineurin inhibitors, mycophenolate, and cyclophosphamide/chlorambucil. All are covered by TRICARE. Rituximab for infusion may also be covered§.
Acute Gout (4th line) – Must meet PA criteria*	
Cost share** = \$13 at Retail; \$17 through Home Delivery H.P. Acthar Gel® (corticotropin) - injection Without an approved Prior Authorization: At Retail, 100% patient responsibility (you pay full cost for the medication) At Home Delivery, the medication will be unavailable.	Cost share** = \$5 at Retail; \$0 through Home Delivery diclofenac potassium (generics) - tablet diclofenac sodium DR, ER (generics) – tablet naproxen sodium, naproxen sodium ER (generics) – tablet ibuprofen (generics) – tablet etodolac, etodolac ER (generics) – tablet, capsule fenoprofen (generics) – tablet indomethacin, indomethacin ER (generics) – capsule ketorolac (generics) – tablet meloxicam (generics) – tablet nabumetone (generics) – tablet oxaprozin (generics) – tablet piroxicam (generics) – tablet sulindac (generics) – tablet tolmetin sodium (generics) – tablet, capsule prednisone (generics) – tablet Cost share** = \$13 at Retail; \$17 through Home Delivery † Cataflam® (diclofenac potassium) - tablet Arthrotec® (diclofenac/misoprostil) - capsule Anaprox, Anaprox DS® (naproxen sodium) – tablet Celebrex® (celecoxib) – capsule Vimovo® (naproxen/esomeprazole) – tablet Colcrys® (colchicine) – tablet

Use outside of published PA criteria or for other diagnoses shall be considered case-by-case on appeal



** Listed retail cost shares are for up to 30 days supply, Home Delivery cost shares are for up to a 90 days supply

† Mandatory generic substitution required when generics available

* Appeal may be requested upon denial of PA

§ Home infusion therapy program – contact Managed Care Support Contractors for further details.

Health Net Federal Services, LLC
TRICARE North Region
1-877-TRICARE (1-877-874-2273)

Humana Military Healthcare Services, Inc.
TRICARE South Region
1-800-444-5445

UnitedHealthcare Military & Veterans
TRICARE West Region
1-877-988-West (1-877-988-9378)

For more information on Prior Authorization, go to:

<http://www.tricare.mil/mybenefit/home/Prescriptions/Medications/PriorAuthorizations?>

Has your permanent address changed?

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