



TRICARE
MANAGEMENT
ACTIVITY

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

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

May 2013

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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,

Allen W. Middleton, SES
Acting Deputy Director, TMA

Attachment:

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

Formulary Alternatives for Non-formulary Medications

Cost Share Changes Effective **17 July** , 2013

Non-Formulary (Tier 3) Medications	Formulary Medications (Tier 1 & Tier 2)
Newer Sedative Hypnotic-1 (SED-1s)	
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"> • Zolpidem sublingual low dose (Intermezzo)* 	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"> • Zolpidem IR (generic) • Zolpidem ER (generic)* • Zaleplon (generic) 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"> • Eszopiclone (Lunesta)* • Doxepin (Silenor)*

Cost Share Changes Effective **14 August**, 2013

Non-Formulary (Tier 3) Medications	Formulary Medications (Tier 1 & Tier 2)
Topical Pain Agents	
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"> • Diclofenac 1.5% solution (Pennsaid) • Diclofenac 1.3% patch (Flector) 	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"> • Diclofenac 1% gel (Voltaren)
Topical Pain Agent Subject to Prior Authorization**	
	Cost share = \$17 at Retail for up to a 30 day supply; \$13 through Home Delivery for up to a 90 day supply † (Only Upon Approval of Prior Authorization**) <ul style="list-style-type: none"> • Lidocaine 5% patch (Lidoderm)**

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

* Step therapy applies – must try zolpidem immediate release (IR) or zaleplon first. More information on step therapy criteria can be found at <http://www.tricare.mil/pharmacy>

**Due to the high potential for non FDA-approved use, a prior authorization is required for all Lidoderm refills and new prescriptions. 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. More information on prior authorization criteria for this agent can be found at <http://www.tricare.mil/pharmacy>

Has your permanent address changed?

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