



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

SKYLINE FIVE, SUITE 810, 5111 LEESBURG PIKE
FALLS CHURCH, VIRGINIA 22041-3206

TRICARE
MANAGEMENT
ACTIVITY

Dear TRICARE Beneficiary:

In February 2011, the TRICARE Management Activity approved the medication recommendations from the Department of Defense Pharmacy & Therapeutics Committee. The approvals allow us to provide you new formulary-based alternatives for prescriptions that are becoming non-formulary. Our records indicate you may be taking a prescription drug that will become non-formulary (Tier 3). We are writing to assist you in making the best decision regarding your pharmacy needs.

You have options to discuss with your health care provider. Enclosed for your information is a "List of Formulary Alternatives for Non-Formulary Medications." We recommend you to talk to your health care provider about changing to one of the covered alternatives listed in the table.

All of the alternatives are available through TRICARE Pharmacy Home Delivery or at a TRICARE retail network pharmacy with the associated co-pay. They may also be available at Military Treatment Facility pharmacies in your area. We encourage you to consider Home Delivery as a very convenient and cost-effective way to receive your prescriptions. You can learn more at: www.tricare.mil/homedelivery

Should you choose to continue with a non-formulary medication, please understand that you will be responsible for the Tier 3 (\$22) co-pay for a 30-day supply at retail pharmacy, or a 90-day supply through Home Delivery. The non-formulary co-pay may be reduced if 'medical necessity' can be established by your physician with an Express Scripts Inc. review. Express Scripts Inc. is contracted by the Department of Defense to fill prescriptions for TRICARE beneficiaries at retail pharmacies and Home Delivery. For more information on formulary, non-formulary and 'medical necessity' please go to:
www.tricare.mil/mybenefit/home/Prescriptions/Medications/UniformFormulary

For questions, or additional information, you or your provider may contact the TRICARE Pharmacy Program at (877) 363-1303. Our team is committed to providing the best possible health care to you and your family. We appreciate the opportunity to continue serving your pharmacy needs.

Sincerely,

C. S. Hunter
RADM, MC, USN
Deputy Director

List of Formulary Alternatives for Non-formulary Medications

Co-pay Changes Effective April 13, 2011

Non-Formulary (Tier 3) Medications	Formulary Medications (Tier 1 & Tier 2)
HMG-COA "Statin" medications	
Co-pay = \$22 Livalo® (pitavastatin) - tablet	Co-pay = \$9* Advicor®, Altoprev® (lovastatin) - tablet Lipitor® (atorvastatin) - tablet Lescol®, Lescol XL® (fluvastatin) - tablet, capsule Simcor® (simvastatin/niacin) - tablet Crestor® (rosuvastatin) - tablet Co-pay = \$3 lovastatin (generics) - tablet pravastatin (generics) - tablet Simvastatin (generics) - tablet
Fibric Acid Derivatives	
Co-pay = \$22 Fibricor® (fenofibric acid) - tablet	Co-pay = \$9 Lipofen® (fenofibrate) - tablet Lofibra® (fenofibrate) - tablet Triglide® (fenofibrate) - tablet Lopid® (gemfibrozil) - tablet Co-pay = \$3 fenofibrate (generics); - tablet fenofibrate micronized (generics); - tablet gemfibrozil (generics) - tablet
Oral Contraceptive	
Co-pay = \$22 Natazia® (estradiol valerate/diengest) - tablet	Co-pay = \$3 Gianvi® (Yaz®-type generics) - tablet Ocella® (Yasmin®-type generics) - tablet Nordette®-type generics- tablet Tri-Lo Sprintec® (Ortho Tricylen Lo®-type generics) - tablet Desogen®-type generics- tablet ON 7/7/7®, Tri-Norinyl®-type generics- tablet Lo/Ovral®-type generics- tablet Enpresse® (Trivora®-type generics) - tablet
Oral Anti-diabetic Agents (biguanides)	
Copay = \$22 Fortamet®, Glumetza® (metformin ER/SR) - tablet	Copay = \$9 Glucophage®, Glucophage XR® (metformin) - tablet Riomet® (metformin) – oral liquid Co-pay = \$3 Metformin, metformin ER (generics) - tablet
Oral Anti-diabetic Agents (glitazones)	
Copay = \$22 Avandia® (rosiglitazone) - tablet Avandamet® (rosiglitazone/metformin) - tablet Avandaryl® (rosiglitazone/glymeperide) - tablet	Copay = \$9 Actos® (pioglitazone) Actoplus Met®, Actoplus Met XR® (pioglitazone/ metformin) - tablet

*Note: Prior authorization criteria apply to some strengths of some medications in this class

Has your permanent address changed?

If so, please contact DEERS at 1-800-538-9552 or at www.tricare.mil/deers