

This document contains Express Scripts, Inc. proprietary information and/or data, and material of Express Scripts and/or its licensor(s) that is subject to copyright protection. Recipient, by accepting this document, agrees that it will not duplicate, use, or disclose-in whole or in part-this document, or the information contained therein, or any part thereof, except as permitted below or as otherwise specifically authorized in writing by Express Scripts Inc.

Express Scripts authorizes the Department of Defense ("DoD") to reproduce copies of this document at DoD locations, and to otherwise internally use and share the document, including with DoD providers, in support of DoD administration and deployment of electronic health records. Changes or updates to this document may only be made by Express Scripts. Express Scripts may periodically release updated versions of the document. Contact ExpressScripts-MTFPharmacyTeam@express-scripts.com for the most current version of this document.

EXEMPT FROM PUBLIC DISCLOSURE: Information contained herein is confidential information of Express Scripts, Inc. and is exempt from public disclosure under 5 U.S.C. §552 (b). Do not disclose outside of the recipient organization of the United States Government." TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.



## **Contents**

Search Page	
Searching for a Medication	4
Advanced Medication Search	5
Search Results	7
Drug Information	8
Other Drug Options	9
CoPays and Coverage	10
Basic Core Formulary Medication	11
Brand Medication	12
Extended Core Formulary Medication	14
Non-Formulary Medication	15
Coverage Guide - MTF	16
Coverage Guide – Home Delivery	17
Coverage Guide – Retail	18
Specialty Medication	19
Non-Covered Medication	21
Unavailable at Point of Service	22
Limited Distribution Drugs	23
Non-Federal Ceiling Price Program (Section 703)	27
Forms	29

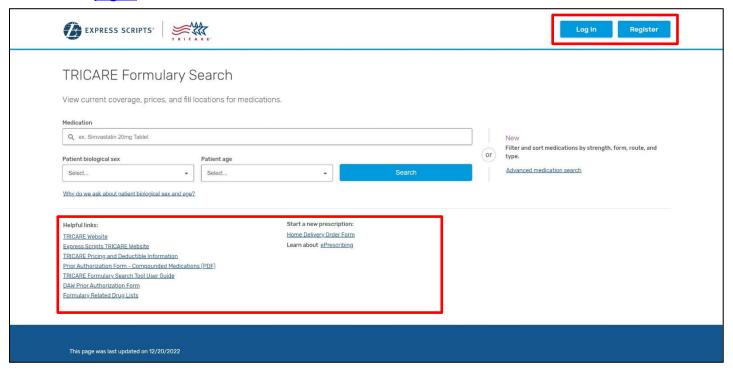
For questions or concerns about the Formulary Search Tool, email: dha.jbsa.pharmacy.list.poduf@mail.mil The Formulary Search Tool (FST) is a website maintained by Express Scripts to educate TRICARE® beneficiaries, providers, pharmacists and staff about medications, check for generic name equivalents, and determine if the medication is covered under the TRICARE Pharmacy benefit. A medication search yields:

- Medication formulary status
- Where the medication can be filled: MTF Pharmacy, Home Delivery and Retail Network Pharmacies
- Copayments and limitations
- Coverage review requirements and forms including Prior Authorization and Medical Necessity
- Alternative medications, including their cost at Home Delivery and Retail Network Pharmacies

The TRICARE Formulary Search Tool can be accessed directly at <u>militaryrx.express-scripts.com/tricareformulary</u> and is available on the Express Scripts TRICARE website, <u>militaryrx.express-scripts.com</u>

# Search Page

The "Log In" button provides TRICARE beneficiaries access to their Express Scripts account and a list of their current medications. The Search Tool can be used without logging into the beneficiary's online account. Beneficiaries who are logged into their account will have access to their prescription history. The "Register" button redirects to the Express Scripts TRICARE website account registration page. The search function is covered on page 4.



#### **Helpful Links**

This section includes:

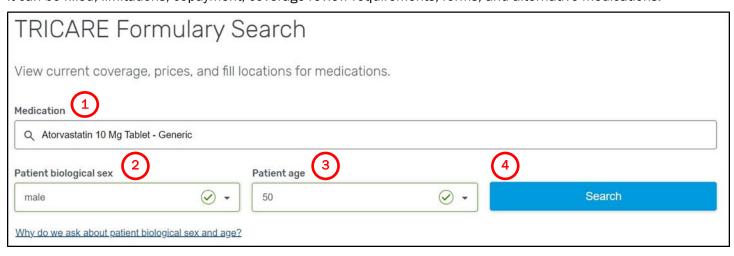
- Hyperlinks to the TRICARE and Express Scripts TRICARE websites
- Hyperlink to TRICARE Pricing and Deductible Information, which explains why medication or pricing received may be different than Formulary Search Tool results
- Hyperlinks to the Compound Medication Prior Authorization form and the Home Delivery Order form
- Hyperlink to ePrescribing instructions



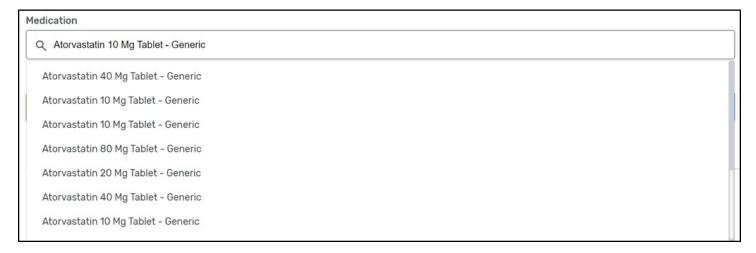
## Go To Table of Contents

# Searching for a Medication

The TRICARE Formulary Search page is where the user begins to obtain the formulary status of a medication, where it can be filled, limitations, copayment, coverage review requirements, forms, and alternative medications.



1. Type the full name or a partial spelling of the medication you are searching for. Select the best option from the drop-down list. The name of the medication appears as it is typed.



- 2. Select the patient's biological sex, or gender, from the drop-down menu. Some medications are used only for biological males or for biological females. Answering this question helps ensure the correct drug and benefit information is displayed.
- 3. Select the patient's age from the drop-down menu. Some medications may not be covered for certain age ranges. Answering this question helps ensure the correct drug and benefit information is displayed.

To learn why the patient's biological sex and patient age information is needed, click the link "Why do we ask about patient biological sex and age?"

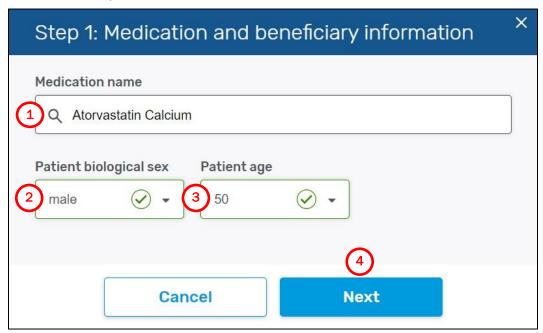
4. Press "Search" to display medication information.

## **Advanced Medication Search**

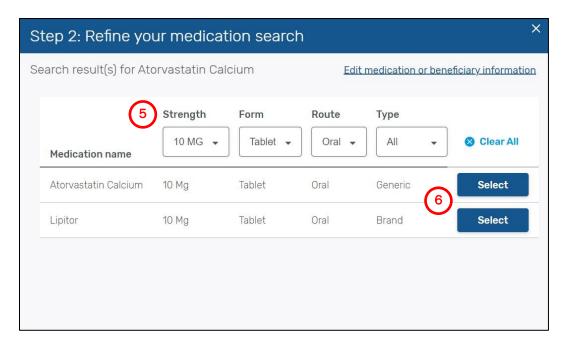
The new advanced medication search allows the user to filter and sort medications by strength, form, route, and type.



1. Type the full name or a partial spelling of the medication you are searching for. The name of the medication appears as it is typed.



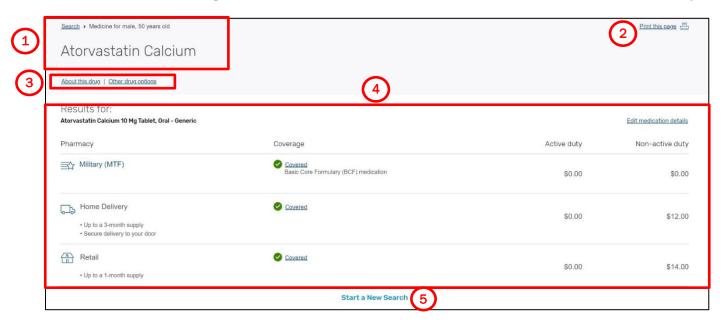
- 2. Select the patient's biological sex, or gender, from the drop-down menu. Some medications are used only for biological males or for biological females. Answering this question helps ensure the correct drug and benefit information is displayed.
- 3. Select the patient's age from the drop-down menu. Some medications may not be covered for certain age ranges. Answering this question helps ensure the correct drug and benefit information is displayed.
- 4. Select "Next" to display medication information.



- 5. Refine the medication search by selecting the strength, form, route, and type of medication.
- 6. Press "Select" to display medication information.

## Search Results

The Search Results screen shows if the medication is covered at the MTF, Home Delivery or Retail, if the provider is required to fill out forms needing approval before the medication can be dispensed, and the medication copayment.



- 1. The name of the medication searched for is displayed. This example is for atorvastatin calcium. Above the drug name is a "Search" hyperlink. Clicking this link returns to the Search screen allowing the user to start a new search. Next to the hyperlink is the biological sex and age used in the drug search.
- 2. Clicking the "Print this page" link will print the Search Results page.
- 3. The "About this drug" link shows alternate names for the medication and frequently asked questions. See <u>page 8</u> to learn more about this page. The "Other drug options" link shows other medication options available under the TRICARE plan. See <u>page 9</u> to view the screen detail.
- 4. This section shows the results of the medication search. In the top left of section 4, the name, strength and form of the medication searched for is displayed. Below the medication name are the search results. Details about the search results are below:

**Pharmacy**: This section shows the three points of service, Military (MTF), Home Delivery, and Retail, available to TRICARE beneficiaries. The Home Delivery and Retail options also show the month supply a patient can receive for the copayment amount. Note: MTF quantities are similar to Home Delivery. In the example above, using Home Delivery, a non-active duty beneficiary can receive up to a 3-month supply of atorvastatin calcium for \$12.00.

**Coverage:** This section gives coverage details specific to each point of service to include any prior authorization requirements. Military coverage will indicate if the medication is Covered (Basic Core Formulary or Extended Core Formulary), Uniform Formulary, Non-formulary medication, or Not Covered. Coverage requirements are listed, including a hyperlink to view rule details.

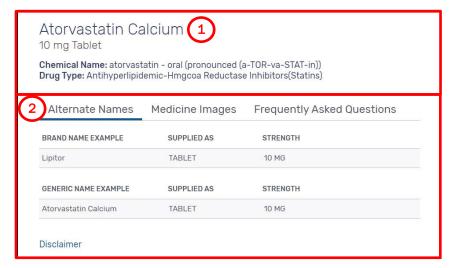
Home Delivery and Retail Coverage also indicates if the medication is Covered, Coverage Rules Apply or Not Covered. If Coverage rules apply to the medication, a hyperlink will be available to view rule specifics. See <u>pages</u> 14-16 for additional information about Coverage rules for all points of service.

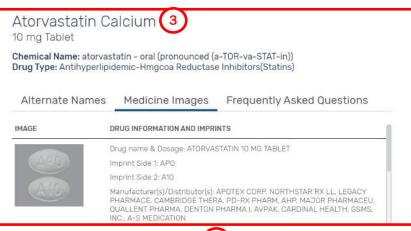
**Active duty** and **Non-active duty**: These two columns show the medication copayment at each point of service for active duty and non-active duty.

5. Click "Start a New Search" to search for a different medication.



# **Drug Information**





Alternate Names Medicine Images Frequently Asked Questions

+ What is the most important information I should know about atorvastatin calcium?

+ What is atorvastatin calcium?

+ How should I take atorvastatin calcium?

+ What happens if I miss a dose?

+ What happens if I overdose?

+ What are the possible side effects of atorvastatin calcium?

+ What other drugs will affect atorvastatin calcium?

The Drug Information screen can be accessed by clicking the link, "About this Drug" from the Search Results screen.

- 1. The name, strength, and type of medication is displayed. Below, the medication's chemical name phonetic spelling is given along with the drug type.
- 2. The Alternate Names tab lists brand and generic names of the medication, how the medication is supplied (in terms of formulation), and strength.

Below this is the disclaimer which appears on each tab.

3. The Medicine Images tab shows images of the drug, drug information and imprints.

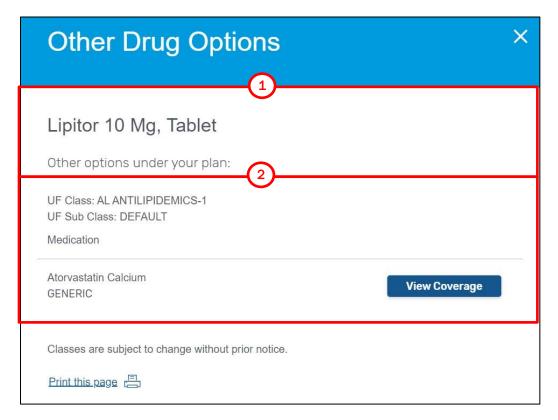
The tab appears if an image is available for the medication.

4. The Frequently Asked Questions tab lists common questions about the medication. The questions in this section are the same for all medications in the Formulary Search Tool.

Click the "+" sign next to the question to see the answer. Scroll up and down the page to see all the questions and answers.

# Other Drug Options

The Other Drug Options page is accessed by pressing the "Other Drug Options" link on the "Search Results" page.



- 1. This section shows the name and strength of the medication searched for, as well as the UF (Uniform Formulary) class and subclass.
- 2. "Other options under your plan" lists other medication options available and whether it is a brand or generic. Click the "View Coverage" button to view the copayment amount and coverage rules about the medication. See <a href="mailto:page 10">page 10</a> to view the Copays and Coverage screen.

This page can be printed by clicking the "Print this Page" link at the bottom of the screen.

To close the Other Drug Options page, click the "Close" link at the bottom of the page or click the white "X" in the upper right hand corner.

#### Other Drug Medication Logic

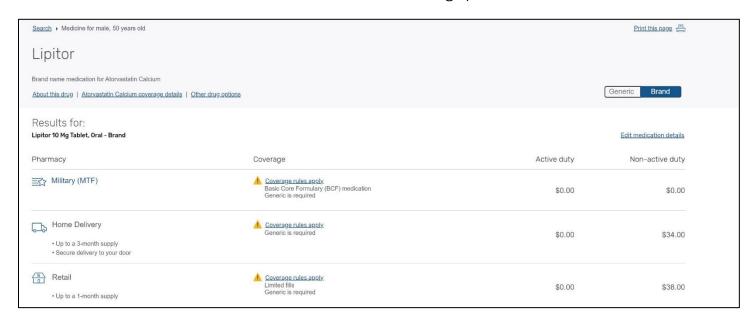
For non-formulary medications, the other drug options listed will be preferred formulary products.

For formulary medications, the other drug options listed may be formulary and non-formulary products.



# Copays and Coverage

The Copays and Coverage page is accessed by pressing the "View Coverage" button on the Other Drug Options page. This is a search result screen for a medication listed on the Other Drug Option screen.

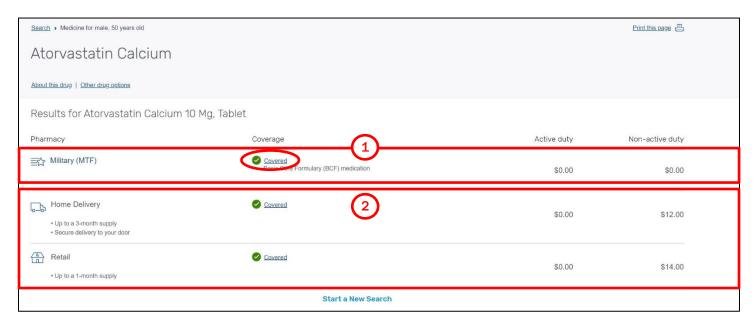


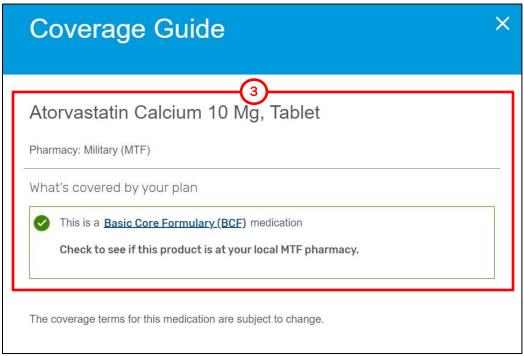
# **Basic Core Formulary Medication**

The TRICARE Basic Core Formulary is a list of medications used to treat the most common conditions. All full-service MTFs are required to ensure these medications are available.

- 1. The example below is for atorvastatin calcium. According to the search result, the medication is covered at the MTF at no cost for both active duty and non-active duty.
- 2. The medication is also covered at Home Delivery and Retail. Cost shares for a 90-day supply through Home Delivery and a 30-day supply at retail are listed. Medications for active duty at Home Delivery and Retail Network pharmacy are no cost.

There are no forms for the provider to complete for this medication.





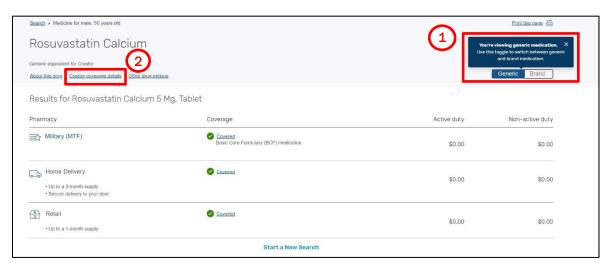
3. The Coverage Guide can be accessed by clicking the "Covered" hyperlink. The guide shows the drug is covered at the MTF and it is a Basic Core Formulary medication.

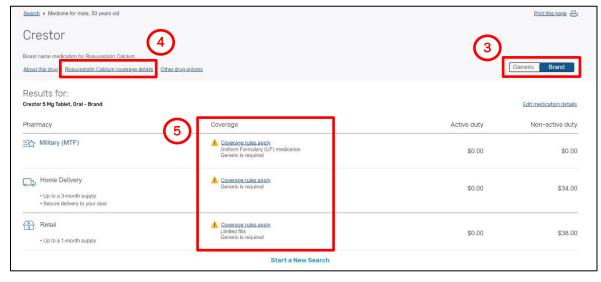


## **Brand Medication**

The search results for a brand medication that has a preferred generic equivalent will default to the preferred medication, which is usually the generic equivalent, when available. In the example below, Crestor is the brand medication and, the search results display rosuvastatin calcium, the generic equivalent for Crestor.

Search results for a brand medication that **does not** have a generic equivalent will only show the brand medication.





1. A blue box will appear to the right of the screen to alert the user they are viewing the generic drug.

The Generic button is highlighted blue to show the generic medication is being displayed.

To toggle to the brand medication, click the Brand button.

- 2. Clicking the "Crestor coverage details" link will also toggle to the brand medication.
- 3. The Brand button is highlighted blue to show the brand medication is being displayed.

To toggle back to the generic medication, click the Generic button

- 4. Clicking the "Rosuvastatin Calcium coverage details" link will toggle to the generic medication as well.
- 5. The coverage results for Crestor show a generic is required when the medication is filled at all points of service. Click the "Coverage rules apply" link to see more information.

# **Brand Medication Cont.**

## Go To Table of Contents

## Crestor 5 Mg, Tablet

Pharmacy: Home Delivery

General rules that affect this med 6 n's coverage





#### Generic is required

This is a brand-name medicine. The generic equivalent is required: **ROSUVASTATIN CALCIUM**. If you cannot take the generic equivalent, ask your doctor to complete the Brand-name Request form (PDF).

The coverage terms for this medication are subject to change.

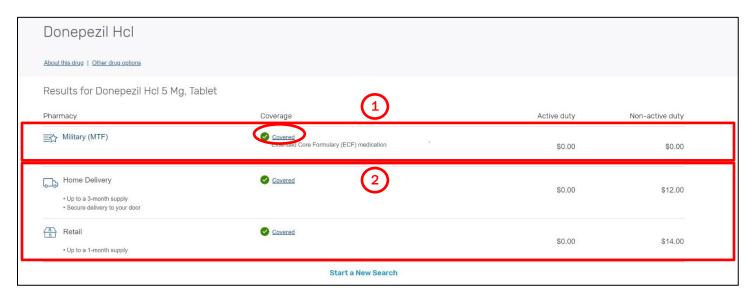
6. The Coverage Rules state that a generic is required. If the patient is unable to take the generic, a Brand-name Request form may be submitted for review. See page 24 for an example of the form.

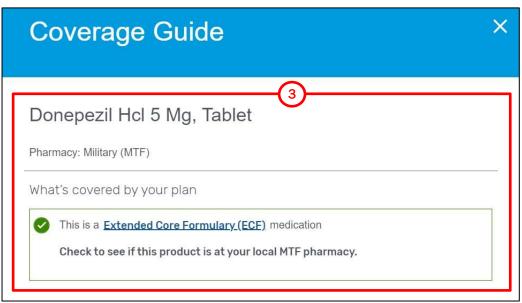
# **Extended Core Formulary Medication**

The Extended Core Formulary includes medications in therapeutic classes that are used to treat complex conditions. Not all MTF pharmacies carry these drugs. Beneficiaries should check with their local MTF to see if they have the medication.

- 1. The example below is for donepezil HCl. According to the search result, the medication is covered and is an Extended Core Formulary (ECF) medication.
- 2. The medication is also covered at Home Delivery and Retail. Applicable cost shares for a 90-day supply through Home Delivery and a 30-day supply at retail are listed. Medications for active duty at Home Delivery and Retail Network pharmacy are no cost.

There are no forms for the provider to complete for this medication.

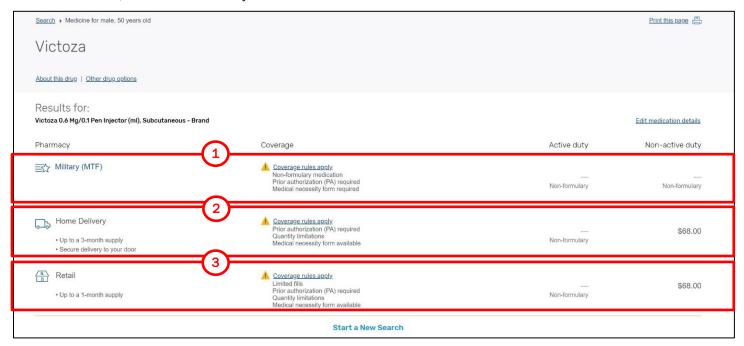




3. The Coverage Guide can be accessed by clicking the "Covered" hyperlink. The guide shows the medication is covered at the MTF and it is an Extended Core Formulary medication.

# Non Formulary Medication

A non-formulary medication is a product that is not included on TRICARE's Uniform Formulary. However, under certain situations, the medication may be covered.



- 1. At the MTF, this medication is not typically carried because it is not included on the Uniform Formulary. However, if the beneficiary can't take other available drug options, this product or another version may be approved for use and made available through the MTF. In the example above, both a PA and Medical Necessity form are required. See Page 14 for a detailed MTF Coverage Rule explanation.
- 2. A non-active duty beneficiary using Home Delivery can receive up to a 3-month supply of Victoza for \$68.00 provided a Prior Authorization is approved. If Medical Necessity is approved, the beneficiary will pay the brand copay. See <a href="Page 15">Page 15</a> for a detailed Home Delivery Coverage Rule explanation.
- 3. At the retail pharmacy, Prior Authorization approval is also required in order for the beneficiary to receive up to a 1-month supply of Victoza for \$68.00. Beneficiaries may also submit a Medical Necessity form. If it is approved, the beneficiary will pay the brand copay. In this example, "Limited fills" means the beneficiary can fill the medication up to two times at the retail pharmacy. After the second fill, the beneficiary will pay full cost of the medication. To avoid paying more for the medication, the beneficiary can move their prescription to the MTF or Home Delivery. See <a href="Page 16">Page 16</a> for a detailed Retail Coverage Rule explanation.

# Coverage Guide - MTF

The Coverage Guide gives drug limitation details specific to each point of service. It can be accessed from the hyperlink in the Coverage section on the Search Results screen.

Victoza 0.6 Mg/0.1, Pen Injector (ml) Pharmacy: Military (MTF) What's covered by your plan Non-formulary medication This product is not included on the Uniform Formulary Illilitary Treatment Facilities are not allowed to carry this product on their formulary, but it may be available for enrolled beneficiaries to the MTF under certain circumstances. You can find other drug options available to you instead. General rules that affect this medication's coverage Prior authorization (PA) required To receive coverage, this medicine must be approved through a coverage review. Without this, you may pay full price for the medicine. Your doctor must request the review using either: 1) an electronic PA system or 2) a Prior Authorization form (PDF). Contact your doctor to help you with this. 3 Medical necessity form required This medication is covered under your plan; however, it is a non-preferred product. Medical Necessity form (PDF). Applies if you can't take a formulary alternative.

MTF coverage rules provide information for medications filled at all MTFs. This example shows coverage rules for filling Victoza.

1. What's covered by your plan: This section will explain if a medication is covered or not by TRICARE and provide instructions. In this example, the medication is non-formulary and is not carried at the MTF.

See the screen shot below for TRICARE Uniform Formulary definitions.

- 2. **Prior Authorization (PA) form required:** A link to the PA form is included. See <u>page 23</u> to learn more about the PA form.
- 3. **Medical Necessity form required:** A link to the Medical Necessity form is provided. See <u>page 25</u> to learn more about the form.

TRICARE formulary definitions can be accessed by clicking the Uniform Formulary hyperlink from the Coverage Guide page (see the circled area in the screen shot above).

The page defines what the TRICARE Uniform Formulary is. At MTFs certain medications may be further categorized into Basic Core and Extended Core formularies. Definitions for these two formularies are included.

## < The TRICARE Uniform Formulary</p>



A "formulary" is the list of medications covered by your plan. The TRICARE Uniform Formulary (UF) is a list of the generic and brand-name medications considered to be the most effective for treatment and/or the most cost-effective drugs in each therapeutic class. There are two groups in the formulary, based on the type of medication:

Basic Core Formulary (BCF)

General drugs used to treat most common conditions. All full-service MTF pharmacies are required to carry these.

Extended Core Formulary (ECF)

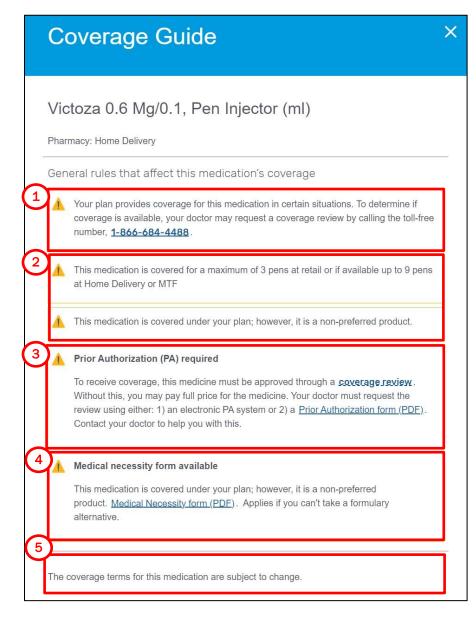
Medications used to treat complex conditions. Not all MTF pharmacies carry these drugs.

If you use your local MTF pharmacy, check to find out if it carries your medication. MTF pharmacies do not carry non-formulary drugs.

Go to Common Terms for more about the TRICARE Uniform Formulary.

# Coverage Guide - Home Delivery

The Coverage Guide gives drug limitation details specific to each point of service. It can be accessed from the Search Results screen. Home Delivery coverage rules provide medication coverage information for medications filled at Home Delivery and at MTFs.



This example shows coverage rules for filling Victoza at the Home Delivery pharmacy or a MTF.

- 1. The medication is covered in certain situations. The doctor may call the toll-free number and request a coverage review.
- 2. This section shows the maximum amount of medication the beneficiary can receive at retail and Home Delivery. In this example, a beneficiary can receive up to 9 pens per fill at mail or the MTF.

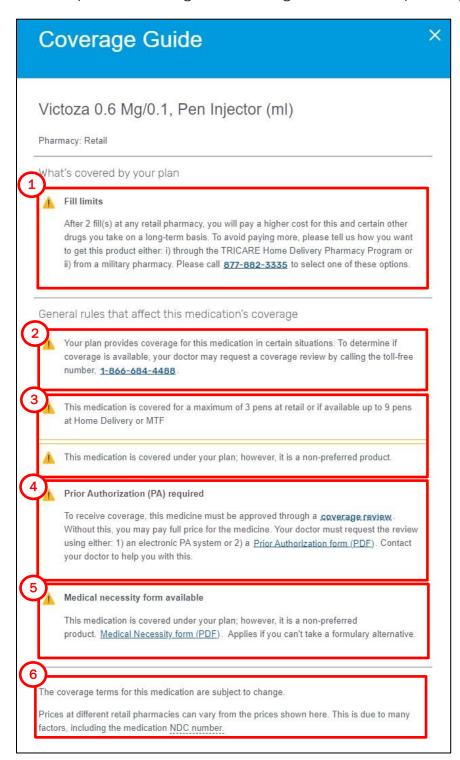
This section will also clarify if a medication is covered and if it is a preferred or non-preferred product. Beneficiaries pay a higher copay for non-preferred products.

- 3. Prior Authorization (PA) required: A PA is required for benefit coverage. The doctor may request the review via an electronic PA or by completing and submitting a PA form. A link to the PA form is included in the Coverage Guide. See page 23 to learn more about the PA form.
- 4. **Medical Necessity form available:** A link to the Medical Necessity form is provided. A non-active duty service member may qualify to receive the medication at a formulary copayment if the form is approved. See <u>page 25</u> to learn more.
- 5. Coverage rules for the medication may change.

# Coverage Guide - Retail

The Coverage Guide gives drug limitation details specific to each point of service. It can be accessed from the Search Results screen. Retail coverage rules provide medication coverage information for medications filled at retail.

This example shows coverage rules for filling Victoza at a retail pharmacy.



- 1. **Fill limits:** Explains retail fill limit policy and options for moving the script to Home Delivery or a MTF. See <a href="https://www.health.mil/selectdruglist">www.health.mil/selectdruglist</a> for more information.
- 2. The medication is covered in certain situations. The doctor may call the toll-free number and request a coverage review.
- 3. This section shows the maximum amount of medication the beneficiary can receive at retail and Home Delivery. In this example, a beneficiary can receive up to 3 pens per fill at a retail pharmacy.

This section will also clarify if a medication is covered and if it is a preferred or non-preferred product. Beneficiaries pay a higher copay for non-preferred products.

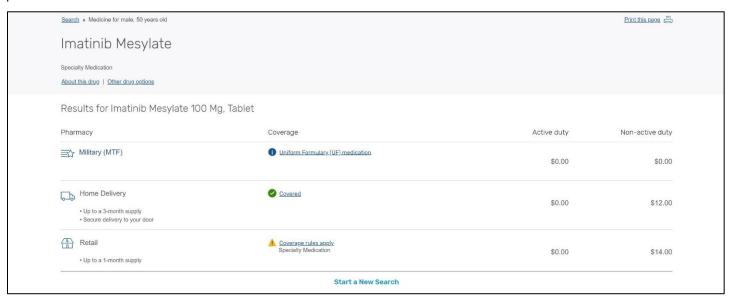
- 4. Prior Authorization (PA) required: A PA is required for benefit coverage. The doctor may request the review via an electronic PA or by completing and submitting a PA form. A link to the PA form is included in the Coverage Guide. See page 23 to learn more about the PA form.
- 5. **Medical Necessity form available:** A link to the Medical Necessity form is provided. A non-active duty service member may qualify to receive the medication at a formulary copay if the form is approved. See <a href="mailto:page 25">page 25</a> to learn more.
- 6. Coverage rules for the medication may change and prices may vary at different retail pharmacies.



# **Specialty Medication**

Specialty medications are usually high-cost and self-administered. They include injectable, oral, or infused drugs that treat serious chronic conditions. Certain specialty medications may only be available through Home Delivery or retail pharmacies in the specialty network. These pharmacies have expertise in medication management for conditions that require specialty medications. If using a MTF, call first to see if your specialty medication is available.

Imatinib Mesylate is an example of a specialty medication. The Coverage section provides coverage details for each point of service.

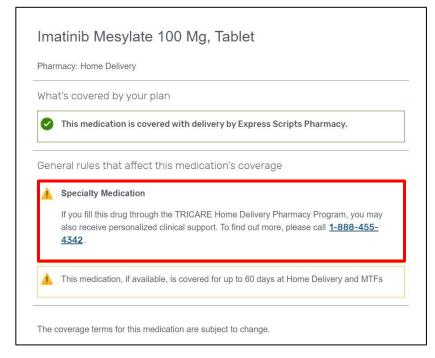




### Coverage Guide - MTF

In this example, imatinib mesylate is on the Uniform Formulary.
Beneficiaries should check with their local MTF pharmacy to find out if it carries the product.

# Specialty Medication Cont.



Coverage Guide - Home Delivery In this example, imatinib mesylate is available through Home Delivery.

Personalized clinical support is available for beneficiaries using this medication.

The maximum quantity allowed at mail is a 60day supply.

## Imatinib Mesylate 100 Mg, Tablet

Pharmacy: Retail

General rules that affect this medication's coverage



### **Specialty Medication**

This medication is only available through certain Specialty retail pharmacies in your plan's network.



This medication, if available, is covered for up to 60 days at Home Delivery and MTFs

The coverage terms for this medication are subject to change.

Prices at different retail pharmacies can vary from the prices shown here. This is due to many factors, including the medication NDC number.

Coverage Guide - Retail In this example, the medication is available only at certain retail pharmacy chains.

Clicking the hyperlink will display the list of innetwork pharmacies that carry the medication.

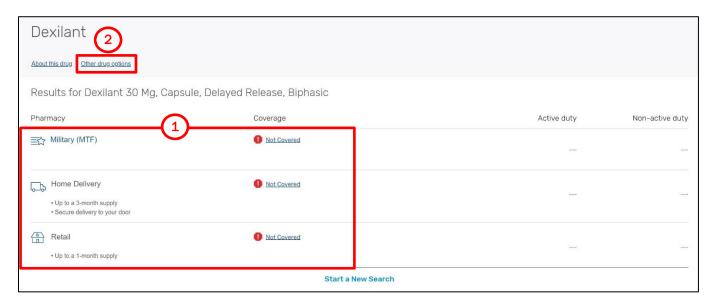
The maximum day supply of medication allowed at retail is also provided.

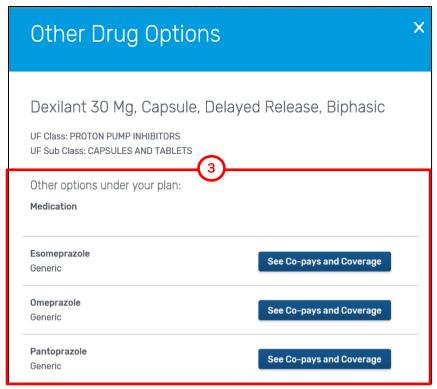


## Non-Covered Medication

Medications designated as non-covered are not covered by TRICARE because the medications have little to no clinical benefit compared to other drugs that are equally effective and cost less. These medications are not available through the TRICARE Pharmacy Benefit at the MTF, Home Delivery or Retail Pharmacies. Beneficiaries who take these medications may obtain them from a retail pharmacy and pay 100% of its cost.

- 1. The example below is for Dexilant. According to the search result, the medication is not covered by TRICARE at the MTF, Home Delivery or through the Retail Network. Also, there are no forms for the provider to complete for this medication.
- 2. Clicking "Other drug options" will provide a list of drug options.

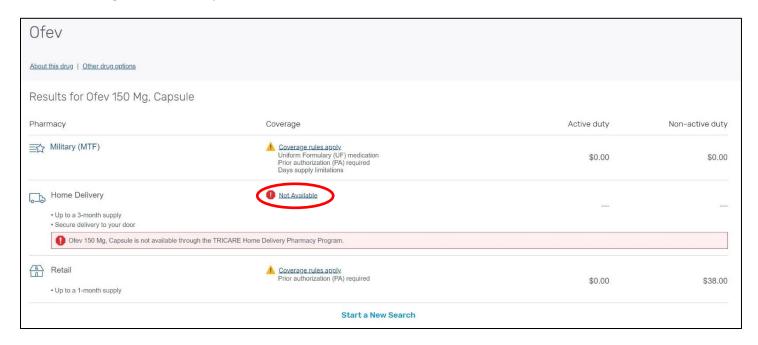




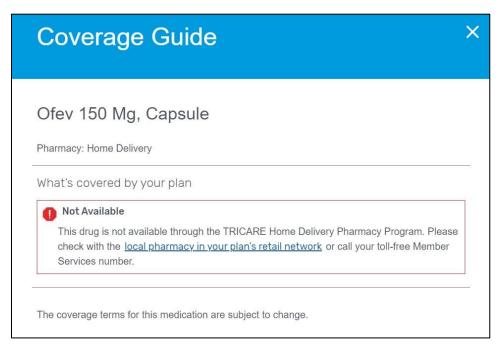
3. Partial list of other drug options for Dexilant 30 Mg, Capsule.

## Unavailable at Point of Service

Certain medications may not be available through all points of service. In this example the drug, Ofev, is not available through Home Delivery.



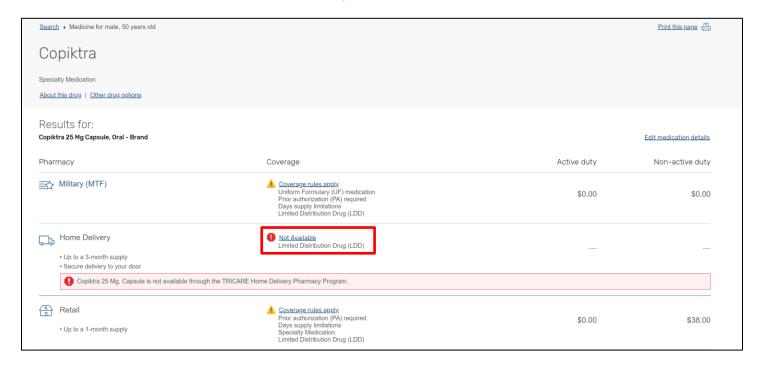
The Search results show the medication is covered at the MTF and Retail network pharmacy with PA approval. The medication is not available through Home Delivery. Clicking the "Not Available" link will go to the Coverage Guide and provide additional details.



The Home Delivery Coverage Guide states the medication is not available at Home Delivery and instructs the beneficiary to use a retail pharmacy. A link is available to locate a local pharmacy by a ZIP code search within TRCIARE's network.

# **Limited Distribution Drugs**

A limited distribution drug is created when a pharmaceutical manufacturer decides to limit the number of specialty pharmacies that have access to a particular specialty medication.



## Coverage Guide

Coverage Guide - MTF In this example, Copiktra is on the Uniform Formulary. Beneficiaries should check with their local MTF pharmacy to find out if it carries the product.

## Copiktra 25 Mg, Capsule

Pharmacy: Military (MTF)

What's covered by your plan



This is a **Uniform Formulary (UF)** Medication

Check with your local MTF pharmacy to find out if it carries this product. Please note that generic drugs are preferred, so the brand-name version may not be available.



## Limited Availability

This medication is not available through the TRICARE Home Delivery Pharmacy Program or Accredo. This medication is only available at specific pharmacies. Learn more or call your toll-free Member Services number for details.

General rules that affect this medication's coverage



⚠ This medication is covered for a maximum quantity of 28 day supply at retail and if available up to a 28 day supply at Home Delivery or MTF.

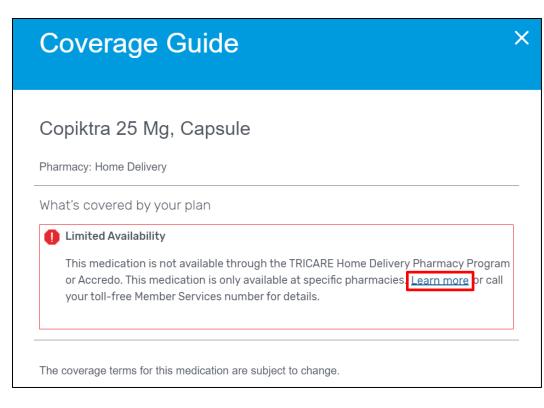


Your plan provides coverage for this medication in certain situations. To determine if coverage is available, your doctor may request a coverage review by calling the toll-free number, 1-866-684-4488



#### Prior authorization (PA) required

To receive coverage, this medicine must be approved through a coverage review. Without this, you may pay full price for the medicine. Your doctor must request the review using either: 1) an electronic PA system or 2) a Prior Authorization form (PDF). Contact your doctor to help you with this.



Coverage Guide – Home
Delivery
In this example, Copiktra is

In this example, Copiktra is not available through Home Delivery due to limited availability.

Clicking "Learn more" will redirect the user to a list of the specialty drugs not available.



## **TRICARE Specialty Program**

Specialty Drugs Not at Accredo – January 2023
\*Pharmacy Contact Information Located Below\*

Brand	Generic	Strength	Dosage Form	Retail Pharmacy	Tricare Mail Order
Carglumic Acid	Carglumic Acid	200 MG	Tablet, Dispersible	AnovoRx	No
Chenodal	Chenodiol	250 MG	Tablet	Eversana	No
Cholbam	Cholic Acid	50 MG, 250 MG	Capsule	Eversana	No
Copiktra	Duvelisib	15 MG, 25 MG	Capsule	Biologics     Optum     US     Bioservices	No

## Coverage Guide

In this example, the medication is available only at specific pharmacies.

Coverage Guide - Retail

Clicking the hyperlink will display the list of in-network pharmacies that carry the medication.

The maximum day supply of medication allowed at retail is also provided.

## Copiktra 25 Mg, Capsule

Pharmacy: Retail

What's covered by your plan



#### Limited Availability

This medication is not available through the TRICARE Home Delivery Pharmacy Program or Accredo. This medication is only available at specific pharmacies. Learn more or call your toll-free Member Services number for details.

General rules that affect this medication's coverage



#### **Specialty Medication**

This is a specialty medication, please check with your local pharmacy to find out if it carries this product. Learn more



This medication is covered for a maximum quantity of 28 day supply at retail and if available up to a 28 day supply at Home Delivery or MTF.



Your plan provides coverage for this medication in certain situations. To determine if coverage is available, your doctor may request a coverage review by calling the toll-free number, 1-866-684-4488

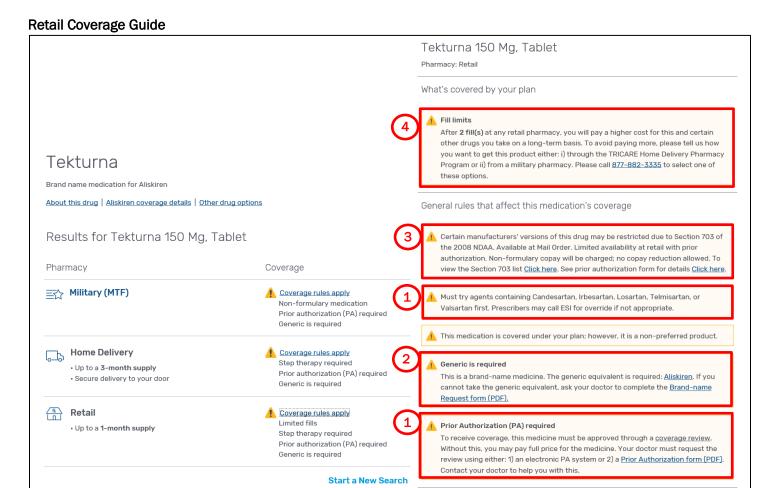


## Prior Authorization (PA) required

To receive coverage, this medicine must be approved through a coverage review. Without this, you may pay full price for the medicine. Your doctor must request the review using either: 1) an electronic PA system or 2) a Prior Authorization form (PDF). Contact your doctor to help you with this.

# Non-Federal Ceiling Price Program (Section 703)

Section 703 of the National Defense Authorization Act (NDAA) requires drug companies to provide discounted drug prices for DoD beneficiary prescriptions filled at **retail** pharmacies. When drug companies choose not to provide the discounts required by law, their products can be placed in a special non-formulary class.



- 1. In this example for Tekturna, the medication has a step therapy requirement. Beneficiaries must try a preferred medication before taking this medication. Prescribers may submit a prior authorization form for approval if the preferred medication is not appropriate.
- 2. Tekturna is a brand-name medication with an available generic. The beneficiary must try the generic equivalent, aliskiren, before taking Tekturna. If the beneficiary is unable take the generic, a Brand-name Request form must be approved in order for the patient to obtain the brand medication at a Retail Network Pharmacy. See <a href="mailto:page-24">page-24</a> for the Brand-name Request form.
- 3. This medication is also part of a special non-formulary class, 703. In order to fill the medication at a Retail pharmacy, a Medications Subject to Non-Federal Ceiling Price Requirements Filled at Network Retail Pharmacies Prior Authorization form must be approved.

The coverage terms for this medication are subject to change

many factors, including the medication NDC number.

Prices at different retail pharmacies can vary from the prices shown here. This is due to

# Non-Federal Ceiling Price Program (Section 703) Cont.

4. In addition, the brand medication is limited to two fills at retail. Upon the third retail pharmacy fill, the beneficiary will pay 100% of the medication cost. No Medical Necessity is available for this medication.

The Formulary Search Tool Coverage Guide explains the medication restrictions. Hyperlinks to access the Section 703 medication list and Prior Authorization form are also included.

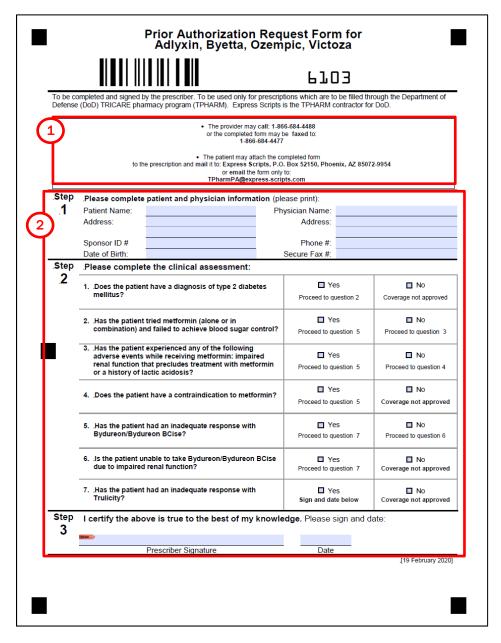
If the prescription is filled at a retail pharmacy without any prior authorization, the beneficiary will pay 100% of the medication cost.

This brand medication is available through Home Delivery if a Brand over Generic prior authorization is approved. The medication may be available at the MTF.

## **Forms**

## Prior Authorization (PA) form

Some drugs require prior authorization. Drugs requiring prior authorization may include, but are not limited to, prescription drugs specified by the DoD Pharmacy and Therapeutics (P&T) Committee, brand name drugs with generic equivalents, drugs with age limitations, and drugs prescribed for quantities exceeding normal limits.



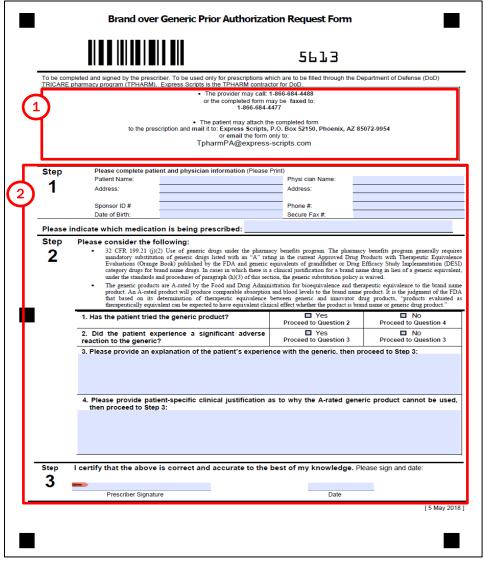
Prior Authorization Request forms should be completed and signed by the prescriber for prescriptions filled through the TRICARE pharmacy program.

- 1. This section gives four different methods (call-in, fax, mail, or e-mail) to submit a prior authorization. In addition, the PA can be submitted electronically.\*
- 2. Steps 1, 2 & 3 should be filled out completely by the provider.

<sup>\*</sup> Completing a PA electronically allows for instant approval in over half of all cases. It also saves time associated with faxing and/or calling. An electronic PA can be submitted using the Surescripts PA Portal: <a href="https://providerportal.surescripts.net/ProviderPortal/dod">https://providerportal.surescripts.net/ProviderPortal/dod</a>

#### **Brand over Generic Prior Authorization Form**

Brand-name drugs that have a generic equivalent may be dispensed only after the prescriber completes the Brand over Generic form that indicates why the brand-name drug should be used in place of the generic medication **and** approval is granted by Express Scripts.



Prior Authorization Request forms should be completed and signed by the prescriber for prescriptions filled through the TRICARE pharmacy program.

- 1. This section gives four different methods (call-in, fax, mail, or e-mail) to submit a prior authorization. In addition, the PA can be submitted electronically\*
- 2. Steps 1, 2 & 3 should be filled out completely by the provider.

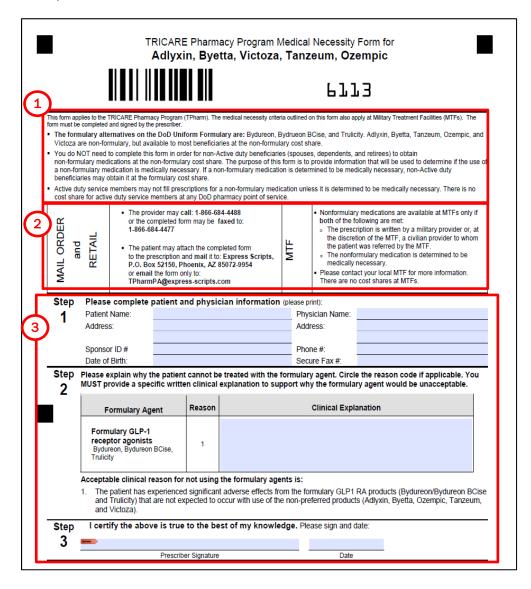
<sup>\*</sup> Completing a PA electronically allows for instant approval in over half of all cases. It also saves time associated with faxing and/or calling. An electronic PA can be submitted using the Surescripts PA Portal: <a href="https://providerportal.surescripts.net/ProviderPortal/dod">https://providerportal.surescripts.net/ProviderPortal/dod</a>

## **Medical Necessity Form**

Medical Necessity criteria is established by the DoD P&T Committee for each non-formulary medication. Active duty service members may not fill prescriptions for non-formulary medications unless medical necessity is established. If medical necessity is approved, active duty service members may receive non-formulary medication through Home Delivery or at a network retail pharmacy at no cost.

For all other eligible beneficiaries, if medical necessity is approved, the beneficiary my receive non-formulary medication at the formulary cost through Home Delivery and network retail pharmacy. If medical necessity is not approved, the beneficiary can still obtain the medication for the non-formulary copayment.

When medical necessity criteria are associated with a medication, completion and approval of the criteria are required for beneficiary access to a medication at the MTF. Medical Necessity and Prior Authorization criteria may be required to obtain access to certain medications at the MTF.



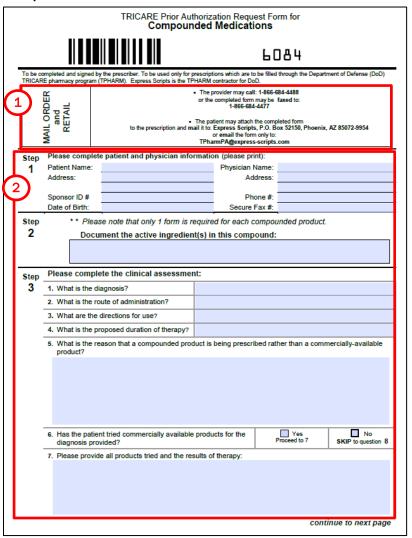
Medical Necessity forms should be completed and signed by the prescriber.

- 1. This section states the Medical Necessity form applies to non-formulary medications filled by the MTF. It also lists the formulary alternatives for the medication as well as instruction for non-active duty and active duty service members.
- 2. The center section explains how to obtain medical necessity for Home Delivery, retail, and MTF prescriptions.\*
- 3. Steps 1, 2 & 3 should be filled out completely by the provider.

\*A Medical Necessity form for active duty servicem may be submitted electronically through the Surescripts PA Portal: <a href="https://providerportal.surescripts.net/ProviderPortal/dod">https://providerportal.surescripts.net/ProviderPortal/dod</a>. If, however, a non-active duty service member is submitting a Medical Necessity form to gain copay reduction, the form may only be submitted by phone, fax, mail, or email.



### **Compounded Medications Prior Authorization Form**



TRICARE screens all compound drug prescriptions to ensure each ingredient is safe, effective and covered by TRICARE. If your compound drug does not pass the initial screening, your pharmacist may be able to use a different, approved ingredient. Your provider may prescribe a different drug or request a prior authorization.

The Compound Medication Prior Authorization form is found in the Helpful Links section on the Formulary Search Tool Search page.

- 1. The Mail Order and Retail section explains how to obtain TRICARE Prior Authorization for compounded medications at Home Delivery and retail pharmacies.
- 3. Steps 1, 2 & 3 should be filled out completely by the provider.