

To access the Table of Contents, click on the Bookmark Symbol on the left. It is above the Attachment (Paper Clip) Symbol.

# Formulary Search Tool

## User Guide

January 2023

*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..... 3

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.ibsa.pharmacy.list.poduf@mail.mil](mailto:dha.ibsa.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 [militaryrx.express-scripts.com/tricareformulary](https://militaryrx.express-scripts.com/tricareformulary) and is available on the Express Scripts TRICARE website, [militaryrx.express-scripts.com](https://militaryrx.express-scripts.com)

## 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](#).

EXPRESS SCRIPTS® | TRICARE®

Log In Register

### TRICARE Formulary Search

View current coverage, prices, and fill locations for medications.

Medication  
Q ex. Simvastatin 20mg Tablet

Patient biological sex  
Select...

Patient age  
Select...

Search

OR

New  
Filter and sort medications by strength, form, route, and type.  
[Advanced medication search](#)

[Why do we ask about patient biological sex and age?](#)

Helpful links:  
[TRICARE Website](#)  
[Express Scripts TRICARE Website](#)  
[TRICARE Pricing and Deductible Information](#)  
[Prior Authorization Form - Compounded Medications \(PDF\)](#)  
[TRICARE Formulary Search Tool User Guide](#)  
[DAW Prior Authorization Form](#)  
[Formulary Related Drug Lists](#)

Start a new prescription:  
[Home Delivery Order Form](#)  
[Learn about ePrescribing](#)

This page was last updated on 12/20/2022

### 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

# Searching for a Medication

[Go To Table of Contents](#)

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.

## TRICARE Formulary Search

View current coverage, prices, and fill locations for medications.

Medication 1

Patient biological sex 2

male

Patient age 3

50

4

Search

[Why do we ask about patient biological sex and age?](#)

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.

Medication

Atorvastatin 40 Mg Tablet - Generic

Atorvastatin 10 Mg Tablet - Generic

Atorvastatin 10 Mg Tablet - Generic

Atorvastatin 80 Mg Tablet - Generic

Atorvastatin 20 Mg Tablet - Generic

Atorvastatin 40 Mg Tablet - Generic

Atorvastatin 10 Mg Tablet - Generic

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.

TRICARE Formulary Search

View current coverage, prices, and fill locations for medications.

Medication

Q ex. Simvastatin 20mg Tablet

Patient biological sex Patient age

Select... Select...

Search

Why do we ask about patient biological sex and age?

New  
Filter and sort medications by strength, form, route, and type.  
[Advanced medication search](#)

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.

Step 1: Medication and beneficiary information

Medication name

1 Q Atorvastatin Calcium

Patient biological sex Patient age

2 male 3 50

4 Cancel Next

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.

Step 2: Refine your medication search

Search result(s) for Atorvastatin Calcium

[Edit medication or beneficiary information](#)

5

Strength

Form

Route

Type

Medication name

10 MG

Tablet

Oral

All

Clear All

Atorvastatin Calcium	10 Mg	Tablet	Oral	Generic	<div>6</div> <div>Select</div>
Lipitor	10 Mg	Tablet	Oral	Brand	<div>Select</div>

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.

Search ▸ Medicine for male, 50 years old

Atorvastatin Calcium

Print this page

About this drug | Other drug options

Results for:  
Atorvastatin Calcium 10 Mg Tablet, Oral - Generic

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Covered Basic Core Formulary (BCF) medication	\$0.00	\$0.00
Home Delivery • Up to a 3-month supply • Secure delivery to your door	Covered	\$0.00	\$12.00
Retail • Up to a 1-month supply	Covered	\$0.00	\$14.00

Start a New Search

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 [page 8](#) to learn more about this page. The “Other drug options” link shows other medication options available under the TRICARE plan. See [page 9](#) 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 [pages 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

**Atorvastatin Calcium** 1  
10 mg Tablet

**Chemical Name:** atorvastatin - oral (pronounced (a-TOR-va-STAT-in))  
**Drug Type:** Antihyperlipidemic-Hmgcoa Reductase Inhibitors(Statins)

2 **Alternate Names**    **Medicine Images**    **Frequently Asked Questions**

BRAND NAME EXAMPLE	SUPPLIED AS	STRENGTH
Lipitor	TABLET	10 MG


GENERIC NAME EXAMPLE	SUPPLIED AS	STRENGTH
Atorvastatin Calcium	TABLET	10 MG

Disclaimer

**Atorvastatin Calcium** 3  
10 mg Tablet

**Chemical Name:** atorvastatin - oral (pronounced (a-TOR-va-STAT-in))  
**Drug Type:** Antihyperlipidemic-Hmgcoa Reductase Inhibitors(Statins)

**Alternate Names**    **Medicine Images**    **Frequently Asked Questions**

IMAGE	DRUG INFORMATION AND IMPRINTS
	<p>Drug name &amp; Dosage: ATORVASTATIN 10 MG TABLET</p> <p>Imprint Side 1: APO</p> <p>Imprint Side 2: A10</p> <p>Manufacturer(s)/Distributor(s): APOTEX CORP, NORTHSTAR RX LL, LEGACY PHARMACE, CAMBRIDGE THERA, PD-RX PHARM, AHP, MAJOR PHARMACEU, QUALLANT PHARMA, DENTON PHARMA I, AVPAK, CARDINAL HEALTH, GSMS, INC., A-S MEDICATION</p>

**Alternate Names**    **Medicine Images**    4 **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.

Other Drug Options

1

Lipitor 10 Mg, Tablet

Other options under your plan:

2

UF Class: AL ANTILIPIDEMICS-1  
UF Sub Class: DEFAULT  
Medication

Atorvastatin Calcium  
GENERIC

View Coverage

Classes are subject to change without prior notice.

[Print this 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 [page 10](#) 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.

[Search](#) » Medicine for male, 50 years old

[Print this page](#)

Lipitor

Brand name medication for Atorvastatin Calcium

[About this drug](#) | [Atorvastatin Calcium coverage details](#) | [Other drug options](#)

Generic

Brand

Results for:

[Edit medication details](#)

Lipitor 10 Mg Tablet, Oral - Brand

Pharmacy	Coverage	Active duty	Non-active duty
<div><div></div><div>Military (MTF)</div></div>	<div><div></div><div>Coverage rules apply</div><div>Basic Core Formulary (BCF) medication</div><div>Generic is required</div></div>	\$0.00	\$0.00
<div><div><div>Home Delivery</div><div><div>• Up to a 3-month supply</div><div>• Secure delivery to your door</div></div></div></div>	<div><div></div><div>Coverage rules apply</div><div>Generic is required</div></div>	\$0.00	\$34.00
<div><div><div>Retail</div><div><div>• Up to a 1-month supply</div></div></div></div>	<div><div></div><div>Coverage rules apply</div><div>Limited fills</div><div>Generic is required</div></div>	\$0.00	\$38.00

# 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.

[Search](#) › Medicine for male, 50 years old [Print this page](#)

## Atorvastatin Calcium

[About this drug](#) | [Other drug options](#)

Results for Atorvastatin Calcium 10 Mg, Tablet

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	<a href="#">Covered</a> Basic Core Formulary (BCF) medication	\$0.00	\$0.00
Home Delivery • Up to a 3-month supply • Secure delivery to your door	<a href="#">Covered</a>	\$0.00	\$12.00
Retail • Up to a 1-month supply	<a href="#">Covered</a>	\$0.00	\$14.00

[Start a New Search](#)

## Coverage Guide

### Atorvastatin Calcium 10 Mg, Tablet

Pharmacy: Military (MTF)

What's covered by your plan

This is a [Basic Core Formulary \(BCF\)](#) medication.  
Check to see if this product is at your local MTF pharmacy.

The coverage terms for this medication are subject to change.

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.

Search » Medicine for male, 50 years old

Print this page

Rosuvastatin Calcium

Generic equivalent for Crestor

About this drugCrestor coverage detailsOther drug options

Results for Rosuvastatin Calcium 5 Mg, Tablet

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Covered Basic Core Formulary (BCF) medication	\$0.00	\$0.00
Home Delivery • Up to a 3-month supply • Secure delivery to your door	Covered	\$0.00	\$0.00
Retail • Up to a 1-month supply	Covered	\$0.00	\$0.00

Start a New Search

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.

Search » Medicine for male, 50 years old

Print this page

Crestor

Brand name medication for Rosuvastatin Calcium

About this drugRosuvastatin Calcium coverage detailsOther drug options

Results for:  
Crestor 5 Mg Tablet, Oral - Brand

Edit medication details

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Coverage rules apply Uniform Formulary (UF) medication Generic is required	\$0.00	\$0.00
Home Delivery • Up to a 3-month supply • Secure delivery to your door	Coverage rules apply Generic is required	\$0.00	\$34.00
Retail • Up to a 1-month supply	Coverage rules apply Limited fills Generic is required	\$0.00	\$38.00

Start a New Search

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 medication'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.



EXPRESS SCRIPTS®

13

# 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.

Donepezil Hcl				
<a href="#">About this drug</a>   <a href="#">Other drug options</a>				
Results for Donepezil Hcl 5 Mg, Tablet				
Pharmacy	Coverage		Active duty	Non-active duty
Military (MTF)	<a href="#">Covered</a> Extended Core Formulary (ECF) medication		\$0.00	\$0.00
Home Delivery • Up to a 3-month supply • Secure delivery to your door	<a href="#">Covered</a>		\$0.00	\$12.00
Retail • Up to a 1-month supply	<a href="#">Covered</a>		\$0.00	\$14.00

Coverage Guide

Donepezil Hcl 5 Mg, Tablet

Pharmacy: Military (MTF)

---

What's covered by your plan

This is a [Extended Core Formulary \(ECF\)](#) medication  
Check to see if this product is at your local MTF pharmacy.

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.

[Search](#)
Medicine for male, 50 years old

[Print this page](#)

Victoza

[About this drug](#)
[Other drug options](#)

Results for:

Victoza 0.6 Mg/0.1 Pen Injector (ml), Subcutaneous - Brand

[Edit medication details](#)

Pharmacy	Coverage	Active duty	Non-active duty
<div> <div> <div> <div></div> <div>Military (MTF)</div> </div> </div> </div>	<div> <div> <div></div> <div>Coverage rules apply</div> </div> <div> <div>Non-formulary medication</div> <div>Prior authorization (PA) required</div> <div>Medical necessity form required</div> </div> </div>	<div> <div>----</div> <div>Non-formulary</div> </div>	<div> <div>----</div> <div>Non-formulary</div> </div>
<div> <div> <div> <div></div> <div>Home Delivery</div> </div> <div> <div>• Up to a 3-month supply</div> <div>• Secure delivery to your door</div> </div> </div> </div>	<div> <div> <div></div> <div>Coverage rules apply</div> </div> <div> <div>Prior authorization (PA) required</div> <div>Quantity limitations</div> <div>Medical necessity form available</div> </div> </div>	<div> <div>----</div> <div>Non-formulary</div> </div>	<div> <div>\$68.00</div> </div>
<div> <div> <div> <div></div> <div>Retail</div> </div> <div> <div>• Up to a 1-month supply</div> </div> </div> </div>	<div> <div> <div></div> <div>Coverage rules apply</div> </div> <div> <div>Limited fills</div> <div>Prior authorization (PA) required</div> <div>Quantity limitations</div> <div>Medical necessity form available</div> </div> </div>	<div> <div>----</div> <div>Non-formulary</div> </div>	<div> <div>\$68.00</div> </div>

[Start a New Search](#)

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 [Page 15](#) 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 [Page 16](#) 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.

1

**What's covered by your plan**

**Non-formulary medication**

This product is not included on the Uniform Formulary. Military 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.

2

**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 [page 23](#) to learn more about the PA form.

**3. Medical Necessity form required:** A link to the Medical Necessity form is provided. See [page 25](#) 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

×



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.

## Coverage Guide

Victoza 0.6 Mg/0.1, Pen Injector (ml)

Pharmacy: Home Delivery

General rules that affect this medication's coverage

- 1** 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](tel:1-866-684-4488).
- 2** This medication is covered for a maximum of 3 pens at retail or if available up to 9 pens at Home Delivery or MTF

This medication is covered under your plan; however, it is a non-preferred product.
- 3** **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.
- 4** **Medical necessity form available**

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.
- 5**

The coverage terms for this medication are subject to change.

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 [page 25](#) 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.

## Coverage Guide

Victoza 0.6 Mg/0.1, Pen Injector (ml)

Pharmacy: Retail

What's covered by your plan

- Fill limits**

After 2 fill(s) at any retail pharmacy, you will pay a higher cost for this and certain other drugs you take on a long-term basis. To avoid paying more, please tell us how you want to get this product either: i) through the TRICARE Home Delivery Pharmacy Program or ii) from a military pharmacy. Please call [877-882-3335](tel:877-882-3335) to select one of these options.
- General rules that affect this medication's coverage**

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](tel:1-866-684-4488).
- Fill limits**

This medication is covered for a maximum of 3 pens at retail or if available up to 9 pens at Home Delivery or MTF.

This medication is covered under your plan; however, it is a non-preferred product.
- 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.
- Medical necessity form available**

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.
- General information**

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](#).

1. **Fill limits:** Explains retail fill limit policy and options for moving the script to Home Delivery or a MTF. See [www.health.mil/selectdruglist](http://www.health.mil/selectdruglist) 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 [page 25](#) 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.

[Search](#) » Medicine for male, 50 years old

[Print this page](#)

Imatinib Mesylate

Specialty Medication

[About this drug](#) | [Other drug options](#)

Results for Imatinib Mesylate 100 Mg, Tablet

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	<a href="#">Uniform Formulary (UF) medication</a>	\$0.00	\$0.00
Home Delivery <ul style="list-style-type: none"><li>• Up to a 3-month supply</li><li>• Secure delivery to your door</li></ul>	<a href="#">Covered</a>	\$0.00	\$12.00
Retail <ul style="list-style-type: none"><li>• Up to a 1-month supply</li></ul>	<a href="#">Coverage rules apply</a> Specialty Medication	\$0.00	\$14.00

[Start a New Search](#)

Imatinib Mesylate 100 Mg, Tablet

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.

General rules that affect this medication's coverage

**Specialty Medication**

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

**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.


## Imatinib Mesylate 100 Mg, Tablet


Pharmacy: Home Delivery

What's covered by your plan

 This medication is covered with delivery by Express Scripts Pharmacy.

General rules that affect this medication's coverage

 **Specialty Medication**  
If you fill this drug through the TRICARE Home Delivery Pharmacy Program, you may also receive personalized clinical support. To find out more, please call [1-888-455-4342](tel:1-888-455-4342).

 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.

### 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 60-day 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 in-network 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.

Dexilant

[About this drug](#) [Other drug options](#)

Results for Dexilant 30 Mg, Capsule, Delayed Release, Biphasic

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Not Covered	---	---
Home Delivery <ul style="list-style-type: none"><li>• Up to a 3-month supply</li><li>• Secure delivery to your door</li></ul>	Not Covered	---	---
Retail <ul style="list-style-type: none"><li>• Up to a 1-month supply</li></ul>	Not Covered	---	---

Start a New Search

Other Drug Options

Dexilant 30 Mg, Capsule, Delayed Release, Biphasic

UF Class: PROTON PUMP INHIBITORS

UF Sub Class: CAPSULES AND TABLETS

Other options under your plan:

Medication

Esomeprazole

Generic

See Co-pays and Coverage

Omeprazole

Generic

See Co-pays and Coverage

Pantoprazole








Generic

See Co-pays and Coverage

- 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.

Ofev			
<a href="#">About this drug</a>   <a href="#">Other drug options</a>			
Results for Ofev 150 Mg, Capsule			
Pharmacy	Coverage	Active duty	Non-active duty
 Military (MTF)	 <a href="#">Coverage rules apply</a> Uniform Formulary (UF) medication Prior authorization (PA) required Days supply limitations	\$0.00	\$0.00
 Home Delivery	 <a href="#">Not Available</a>	---	---
<ul style="list-style-type: none"><li>• Up to a 3-month supply</li><li>• Secure delivery to your door</li></ul> <div> Ofev 150 Mg, Capsule is not available through the TRICARE Home Delivery Pharmacy Program.</div>			
 Retail	 <a href="#">Coverage rules apply</a> Prior authorization (PA) required	\$0.00	\$38.00
<ul style="list-style-type: none"><li>• Up to a 1-month supply</li></ul>			
<a href="#">Start a New Search</a>			

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.


## Coverage Guide

### Ofev 150 Mg, Capsule

Pharmacy: Home Delivery

---

What's covered by your plan

 **Not Available**  
This drug is not available through the TRICARE Home Delivery Pharmacy Program. Please check with the [local pharmacy in your plan's retail network](#) or call your toll-free Member Services number.

---

The coverage terms for this medication are subject to change.

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 TRICARE'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.

[Search](#) ▶ Medicine for male, 50 years old

[Print this page](#)

## Copiktra

Specialty Medication

[About this drug](#) | [Other drug options](#)

Results for:

**Copiktra 25 Mg Capsule, Oral - Brand**

[Edit medication details](#)

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	<a href="#">Coverage rules apply</a> Uniform Formulary (UF) medication Prior authorization (PA) required Days supply limitations Limited Distribution Drug (LDD)	\$0.00	\$0.00
Home Delivery <ul style="list-style-type: none"><li>• Up to a 3-month supply</li><li>• Secure delivery to your door</li></ul>	<div> <b>Not Available</b> Limited Distribution Drug (LDD)</div> <div> Copiktra 25 Mg, Capsule is not available through the TRICARE Home Delivery Pharmacy Program.</div>	---	---
Retail <ul style="list-style-type: none"><li>• Up to a 1-month supply</li></ul>	<a href="#">Coverage rules apply</a> Prior authorization (PA) required Days supply limitations Specialty Medication Limited Distribution Drug (LDD)	\$0.00	\$38.00

# Coverage Guide



## 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](tel: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 – 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.



# Coverage Guide



## Copiktra 25 Mg, Capsule

Pharmacy: Home Delivery

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.

The coverage terms for this medication are subject to change.

## Coverage Guide – Home Delivery

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	<ul style="list-style-type: none"><li>AnovoRx</li></ul>	No
Chenodal	Chenodiol	250 MG	Tablet	<ul style="list-style-type: none"><li>Eversana</li></ul>	No
Cholbam	Cholic Acid	50 MG, 250 MG	Capsule	<ul style="list-style-type: none"><li>Eversana</li></ul>	No
Copiktra	Duvelisib	15 MG, 25 MG	Capsule	<ul style="list-style-type: none"><li>Biologics</li><li>Optum</li><li>US Bioservices</li></ul>	No



# Coverage Guide



## 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](tel: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 – Retail

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

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.



# 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.

### Retail Coverage Guide

## Tekturna

Brand name medication for Aliskiren

[About this drug](#) | [Aliskiren coverage details](#) | [Other drug options](#)

### Results for Tekturna 150 Mg, Tablet

Pharmacy	Coverage
<b>Military (MTF)</b>	<a href="#">Coverage rules apply</a> Non-formulary medication Prior authorization (PA) required Generic is required
<b>Home Delivery</b> <ul style="list-style-type: none"><li>Up to a 3-month supply</li><li>Secure delivery to your door</li></ul>	<a href="#">Coverage rules apply</a> Step therapy required Prior authorization (PA) required Generic is required
<b>Retail</b> <ul style="list-style-type: none"><li>Up to a 1-month supply</li></ul>	<a href="#">Coverage rules apply</a> Limited fills Step therapy required Prior authorization (PA) required Generic is required

[Start a New Search](#)

### Tekturna 150 Mg, Tablet

Pharmacy: Retail

---

#### What's covered by your plan

4

**Fill limits**  
After 2 fill(s) at any retail pharmacy, you will pay a higher cost for this and certain other drugs you take on a long-term basis. To avoid paying more, please tell us how you want to get this product either: i) through the TRICARE Home Delivery Pharmacy Program or ii) from a military pharmacy. Please call [877-882-3335](#) to select one of these options.

---

#### General rules that affect this medication's coverage

3

Certain manufacturers' versions of this drug may be restricted due to Section 703 of the 2008 NDAA. Available at Mail Order. Limited availability at retail with prior authorization. Non-formulary copay will be charged; no copay reduction allowed. To view the Section 703 list [Click here](#). See prior authorization form for details [Click here](#).

1

Must try agents containing Candesartan, Irbesartan, Losartan, Telmisartan, or Valsartan first. Prescribers may call ESI for override if not appropriate.

This medication is covered under your plan; however, it is a non-preferred product.

2

**Generic is required**  
This is a brand-name medicine. The generic equivalent is required: [Aliskiren](#). If you cannot take the generic equivalent, ask your doctor to complete the [Brand-name Request form \(PDF\)](#).

1

**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.

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.

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 [page 24](#) 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.



# 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.



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.

\* 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:






## 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.

**Brand over Generic Prior Authorization Request Form**


5613

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE pharmacy program (TPHARM). Express Scripts is the TPHARM contractor for DoD.

**1**

- The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477
- The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TpharmPA@express-scripts.com

**Step 1** Please complete patient and physician information (Please Print)

Patient Name:	Physician Name:
Address:	Address:
Sponsor ID #	Phone #:
Date of Birth:	Secure Fax #:

Please indicate which medication is being prescribed:

**Step 2** Please consider the following:

- 32 CFR 199.21 (j)(2) Use of generic drugs under the pharmacy benefits program. The pharmacy benefits program generally requires mandatory substitution of generic drugs listed with an "A" rating in the current Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book) published by the FDA and generic equivalents of grandfather or Drug Efficacy Study Implementation (DESI) category drugs for brand name drugs. In cases in which there is a clinical justification for a brand name drug in lieu of a generic equivalent, under the standards and procedures of paragraph (h)(3) of this section, the generic substitution policy is waived.
- The generic products are A-rated by the Food and Drug Administration for bioequivalence and therapeutic equivalence to the brand name product. An A-rated product will produce comparable absorption and blood levels to the brand name product. It is the judgment of the FDA that based on its determination of therapeutic equivalence between generic and innovator drug products, "products evaluated as therapeutically equivalent can be expected to have equivalent clinical effect whether the product is brand name or generic drug product."

1. Has the patient tried the generic product?	<input type="checkbox"/> Yes Proceed to Question 2	<input type="checkbox"/> No Proceed to Question 4
2. Did the patient experience a significant adverse reaction to the generic?	<input type="checkbox"/> Yes Proceed to Question 3	<input type="checkbox"/> No Proceed to Question 3

3. Please provide an explanation of the patient's experience with the generic, then proceed to Step 3:

4. Please provide patient-specific clinical justification as to why the A-rated generic product cannot be used, then proceed to Step 3:

**Step 3** I certify that the above is correct and accurate to the best of my knowledge. Please sign and date:

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_

[ 5 May 2018 ]

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.

\* 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:

<https://providerportal.surescripts.net/ProviderPortal/doc>




## 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 may 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.

**TRICARE Pharmacy Program Medical Necessity Form for  
Adlyxin, Byetta, Victoza, Tanzeum, Ozempic**



**6113**

**1** This form applies to the TRICARE Pharmacy Program (TPHarm). The medical necessity criteria outlined on this form also apply at Military Treatment Facilities (MTFs). The form must be completed and signed by the prescriber.

- The formulary alternatives on the DoD Uniform Formulary are: Bydureon, Bydureon BCise, and Trulicity. Adlyxin, Byetta, Tanzeum, Ozempic, and Victoza are non-formulary, but available to most beneficiaries at the non-formulary cost share.
- You do NOT need to complete this form in order for non-Active duty beneficiaries (spouses, dependents, and retirees) to obtain non-formulary medications at the non-formulary cost share. The purpose of this form is to provide information that will be used to determine if the use of a non-formulary medication is medically necessary. If a non-formulary medication is determined to be medically necessary, non-Active duty beneficiaries may obtain it at the formulary cost share.
- Active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary. There is no cost share for active duty service members at any DoD pharmacy point of service.

**2** MAIL ORDER and RETAIL

- The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477
- The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TPharmPA@express-scripts.com

**MTF**

- Nonformulary medications are available at MTFs only if both of the following are met:
  - The prescription is written by a military provider or, at the discretion of the MTF, a civilian provider to whom the patient was referred by the MTF.
  - The nonformulary medication is determined to be medically necessary.
- Please contact your local MTF for more information. There are no cost shares at MTFs.

**3** **Step 1** Please complete patient and physician information (please print):

Patient Name:	Physician Name:
Address:	Address:
Sponsor ID #	Phone #:
Date of Birth:	Secure Fax #:

**Step 2** Please explain why the patient cannot be treated with the formulary agent. Circle the reason code if applicable. You MUST provide a specific written clinical explanation to support why the formulary agent would be unacceptable.

Formulary Agent	Reason	Clinical Explanation
Formulary GLP-1 receptor agonists Bydureon, Bydureon BCise, Trulicity	1	

Acceptable clinical reason for not using the formulary agents is:

- The patient has experienced significant adverse effects from the formulary GLP1 RA products (Bydureon/Bydureon BCise and Trulicity) that are not expected to occur with use of the non-preferred products (Adlyxin, Byetta, Ozempic, Tanzeum, and Victoza).

**Step 3** I certify the above is true to the best of my knowledge. Please sign and date:

Prescriber Signature
Date

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 servicemember may be submitted electronically through the Surescripts PA Portal: <https://providerportal.surescripts.net/ProviderPortal/dod>. 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 Prior Authorization Request Form for Compounded Medications	
 6084	
<small>To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE pharmacy program (TPHARM). Express Scripts is the TPHARM contractor for DoD.</small>	
<b>1</b> MAIL ORDER and RETAIL	<ul style="list-style-type: none"><li>The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477</li><li>The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: <a href="mailto:TPharmPA@express-scripts.com">TPharmPA@express-scripts.com</a></li></ul>
<b>Step 1</b> Please complete patient and physician information (please print):	
Patient Name: _____ Physician Name: _____	
Address: _____ Address: _____	
Sponsor ID #: _____ Phone #: _____	
Date of Birth: _____ Secure Fax #: _____	
<b>Step 2</b> ** Please note that only 1 form is required for each compounded product. Document the active ingredient(s) in this compound: _____	
<b>Step 3</b> Please complete the clinical assessment:	
1. What is the diagnosis? _____	
2. What is the route of administration? _____	
3. What are the directions for use? _____	
4. What is the proposed duration of therapy? _____	
5. What is the reason that a compounded product is being prescribed rather than a commercially-available product? _____ _____ _____	
6. Has the patient tried commercially available products for the diagnosis provided? <input type="checkbox"/> Yes Proceed to 7 <input type="checkbox"/> No SKIP to question 8	
7. Please provide all products tried and the results of therapy: _____ _____ _____	
continue to next page	

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.

