

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

October 2025

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Table of Contents

Search Page	3
Searching for a Medication	4
Advanced Medication Search	5
Search Results	6
Drug Information	8
Other Drug Options	9
Copays and Coverage	10
Basic Core Formulary Medication	11
Brand Medication	12
Extended Core Formulary Medication	13
Non-Formulary Medication	14
Coverage Guide – MTF	15
Coverage Guide – Home Delivery	16
Coverage Guide – Retail	17
Specialty Medication	18
Non-Covered Medication	20
Unavailable at Point of Service	21
Limited Distribution Drugs	22
Non-Federal Ceiling Price Program (Section 703)	25
Forms	26

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 and is available on the Express Scripts TRICARE website, 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](#).

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

TRICARE Formulary Search

①

Q Atorvastatin 10 Mg Tablet - Generic

②

male

③

50

④

Search

Why do we ask about patient biological sex and age?

4. Press “Search” to display medication information.

Medication

Q Atorvastatin 10 Mg Tablet - Generic

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

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

New

Filter and sort medications by strength, form, route, and type.

[Advanced medication search](#)

- Step 1: Medication and beneficiary information

Medication name

1

Patient biological sex

2

Patient age

3

4

6

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 female, 32 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)	 Covered Basic Core Formulary (BCF)	\$0.00	\$0.00
 Home Delivery <ul style="list-style-type: none">• Pricing based on up to a 90-day supply• Secure delivery to your door	 Covered	\$0.00	\$13.00
 Retail <ul style="list-style-type: none">• Pricing based on up to a 30-day supply	 Covered	\$0.00	\$16.00

[Start a New Search](#)

- 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.

+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
+	+	+	+	+	+	+	+	+	+	+	+	+	+	Go to Table of Contents				+
+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+

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.

Please note that a drug that is a partial lot recall or has been withdrawn, the drug will continue to be searchable and be available, within limits of the benefit, until the drug is removed entirely from the market. Once a drug is removed from the market entirely, or is a full recall, the drug will no longer be searchable.

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

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

4

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 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.
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 will be 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 female, 32 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

Lipitor 10 Mg, Tablet

Pharmacy	Coverage	Active duty	Non-active duty
<div>Military (MTF)</div>	<div>Covered with limitations</div> <div>Basic Core Formulary (BCF)</div> <div>Generic is preferred</div>	\$0.00	\$0.00
<div>Home Delivery</div> <div><div>Pricing based on up to a 90-day supply</div><div>Secure delivery to your door</div></div>	<div>Covered with limitations</div> <div>Generic is required</div>	\$0.00	\$38.00
<div>Retail</div> <div><div>Pricing based on up to a 30-day supply</div></div>	<div>Covered with limitations</div> <div>Limited fills</div> <div>Generic is required</div>	\$0.00	\$43.00

Start a New Search

Feedback

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.

[Start a New Search](#)

- ## Coverage Guide

The coverage terms for this medication are subject to change.

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.

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

- Clicking the “Rosuvastatin Calcium coverage details” link will toggle to the generic medication as well.

- 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.

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.

Search Medicine for female, 48 years old

Print this page

Crestor

Brand name medication for Rosuvastatin Calcium

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

Results for
Crestor 5 Mg, Tablet

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Covered with limitations Uniform Formulary (UF) Generic is preferred	\$0.00	\$0.00
Home Delivery <ul style="list-style-type: none"> Pricing based on up to a 90-day supply Secure delivery to your door 	Covered with limitations Generic is required	\$0.00	\$38.00
Retail <ul style="list-style-type: none"> Pricing based on up to a 30-day supply 	Covered with limitations Limited fills Generic is required	\$0.00	\$43.00

Start a New Search

Coverage Guide

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.

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.

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

Results for Donepezil Hcl 5 Mg, Tablet

Pharmacy	Coverage	Active duty	Non-active duty
 Military (MTF)	<div>  Covered Extended Core Formulary (ECF) </div>	\$0.00	\$0.00
 Home Delivery	<div>  Covered </div> <ul style="list-style-type: none"> Pricing based on up to a 90-day supply Secure delivery to your door 	\$0.00	\$13.00
 Retail	<div>  Covered </div> <ul style="list-style-type: none"> Pricing based on up to a 30-day supply 	\$0.00	\$16.00

[Start a New Search](#)

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.

Coverage Guide

Donepezil Hcl 5 Mg, Tablet

3

Pharmacy: Military (MTF)

What's covered by your plan

This is an Extended Core Formulary (ECF) drug

Check to see if this drug is available at the military pharmacy.

The coverage terms for this medication are subject to change.

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 13](#) 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 Xadago for \$76.00 provided a Prior Authorization is approved. If Medical Necessity is approved, the beneficiary will pay the brand copay. See [page 16](#) 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 Xadago for \$76.00. 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 17](#) for a detailed Retail Coverage Rule explanation.

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:** 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.

Drug alternatives that preferred under the TRICARE benefit, or fall under Uniform Formulary category (see the screen shot below for a definition and access additional definitions [HERE](#)) can be accessed by clicking on the 'find other drug options hyperlink.

2. **Prior Authorization (PA) form required:** A link to the PA form is included. See [page 26](#) 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.
4. This 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. More definitions can be accessed from '[Common Terms](#)' hyperlink.

4

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 Xadago at the Home Delivery pharmacy or a MTF.

1. This states that the medication is covered in certain situations. For more info, call toll free number.
2. This section confirms that this is a non-preferred product. Alternatives are provided on in the ‘About this drug’ and ‘Other drug options’ hyperlink on the search landing page. 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 22](#) 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 24](#) to learn more.
5. Coverage rules for the medication may change.

Coverage Guide

Xadago 100 Mg, Tablet

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](#).

2

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.

Feedback

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October 2025

Express Scripts

16

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.

1. **Fill limits:** Explains retail fill limit policy and options for moving the prescription to Home Delivery or a MTF.
See 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 confirms that this is a non-preferred product. Alternatives are provided on in the 'About this drug' and 'Other drug options' hyperlink on the search landing page. 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 26](#) 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 28](#) to learn more.
6. Coverage rules for the medication may change and prices may vary at different retail pharmacies.

For more accurate information on your specific benefit and prescription, sign into your portal.

Feedback

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 female, 36 years old

Print this page

Imatinib Mesylate

Specialty Drug

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

Results for
Imatinib Mesylate 100 Mg, Tablet

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Covered with limitations Uniform Formulary (UF) Days supply limitations Specialty Drug	\$0.00	\$0.00
Home Delivery <ul style="list-style-type: none">Pricing based on up to a 90-day supplySecure delivery to your door	Covered with limitations Days supply limitations Specialty Drug	\$0.00	\$13.00
Retail <ul style="list-style-type: none">Pricing based on up to a 30-day supply	Covered with limitations Specialty Drug	\$0.00	\$16.00

Start a New Search

Feedback

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.

Imatinib Mesylate 100 Mg, Tablet

Pharmacy: Military (MTF)

What's covered by your plan

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

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

General rules that affect this medication's coverage

Specialty Drug

This is a specialty drug. Check to see if this drug is available at the military pharmacy.

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

Feedback

The coverage terms for this medication are subject to change.

Specialty Medication (Continued)

Coverage Guide – Home Delivery

1. 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.

Coverage Guide – Retail

2. 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.

Coverage Guide

Imatinib Mesylate 100 Mg, Tablet

Pharmacy: Home Delivery

General rules that affect this medication's coverage

Specialty Drug

⚠️ This drug is available through TRICARE Home Delivery. For more information, call 1-877-882-3324.

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

The coverage terms for this medication are subject to change.

Coverage Guide

Imatinib Mesylate 100 Mg, Tablet

Pharmacy: Retail

General rules that affect this medication's coverage

Specialty Drug

⚠️ This is a specialty drug. Check to see if this drug is available at your local pharmacy. [Learn more.](#)

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

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.

Feedback

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. List of other drug options for
Dexilant 30 Mg, Capsule.

Dexilant 30 Mg, Capsule, Delayed Release, Biphasic

Other options under your plan:

UF Class: PP PROTON PUMP INHIBITORS

MEDICATION

Lansoprazole
GENERIC

Rabeprazole Sodium
GENERIC

Classes are subject to change without prior notice.

Unavailable at Point of Service

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

Lenalidomide

Specialty Drug

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

Results for
Lenalidomide 10 Mg Capsule, Oral - Generic

[Edit medication details](#)

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Covered with limitations Uniform Formulary (UF) Prior authorization (PA) required Days supply limitations Specialty Drug	\$0.00	\$0.00
Home Delivery <ul style="list-style-type: none">Up to a 90 days supplySecure delivery to your door	<div> Not Available</div> <div> Lenalidomide 10 Mg, Capsule is not available through the TRICARE Home Delivery Pharmacy Program.</div>	---	---
Retail <ul style="list-style-type: none">Up to a 30 days supply	Covered with limitations Prior authorization (PA) required Days supply limitations Specialty Drug	\$0.00	\$16.00

[Start a New Search](#)

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.

Coverage Guide

Lenalidomide 10 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.

1. 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.

2. 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.

Coverage Guide

Copiktra 25 Mg, Capsule

Pharmacy: Military (MTF)

What's covered by your plan

This is a Uniform Formulary (UF) Drug

i Check with your local military pharmacy to find out if it carries this drug. Please note that generics are preferred, so the brand-name version may not be available.

Limited Distribution Drug

⚠️ This drug is not available through TRICARE Home Delivery. This drug is only available at specific pharmacies. Check to see if this drug is available at the military pharmacy. [Learn more](#) or call 1-877-363-1303 for more information.

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**.

 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.

Prior authorization (PA) required

To receive coverage, this drug must be approved through a [coverage review](#). Your prescriber must request the review using either: 1) an electronic PA system or 2) a [Prior Authorization form \(PDF\)](#). Without this, you may pay full price for the drug at retail and it will not be covered at home delivery and/or the military pharmacy. Contact your prescriber to help you with this.

The coverage terms for this medication are subject to change.

Coverage Guide

Copiktra 25 Mg, Capsule

Pharmacy: Home Delivery

What's covered by your plan

Limited Distribution Drug

ⓘ This drug is not available through TRICARE Home Delivery. This drug is only available at specific pharmacies. [Learn more](#) or call [1-877-363-1303](#) for more information.

The coverage terms for this medication are subject to change.

Limited Distribution Drugs (Continued)



TRICARE Specialty Program (Prescription Benefit Coverage)

Specialty Drugs Not available through TRICARE Home Delivery,
with Limited Distribution – February 2025

2

Pharmacy contact information located at end of document

Copiktra	BIOLOGICS
Cortrophin Gel	ACCREDITO, ACARIA, WALGREENS, PRIME, CVS SPECIALTY (CAREMARK), OPTUM
Cuvitru	ACCREDITO, CVS SPECIALTY (CAREMARK), OPTUM, OPTIONCARE, WALGREENS, KABAFUSION/AT HOME INFUSION, NUFACOR
Cystadane (Generic: Betaine Anhydrous)	ANOVORX

1. Coverage Guide – Retail
- In this example, the medication is available only at specific pharmacies.
2. Clicking the hyperlink will display the list of in-network pharmacies that carry the medication.
3. The maximum day supply of medication allowed at retail is also provided.

Coverage Guide

Copiktra 25 Mg, Capsule

Pharmacy: Retail

What's covered by your plan

Limited Distribution Drug

This drug is not available through TRICARE Home Delivery. This drug is only available at specific pharmacies. [Learn more](#) or call 1-877-363-1303 for more information.

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.

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.

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.
2. Prescribers may submit a prior authorization form for approval if the preferred medication is not appropriate.
3. 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 for the patient to obtain the brand

Starting August 31, 2025, coverage for weight loss medications, including Wegovy, Zepbound, Contrave, Qsymia, and others, will be limited to certain beneficiaries. [Learn more about this change](#)

Search **Medicine for female, 36 years old**

Tekturna

Brand name medication for Aliiskiren

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

Results for
Tekturna 150 Mg, Tablet

Pharmacy	Coverage
Military (MTF)	Covered with limitations Non-formulary Step therapy required Prior authorization (PA) required Generic is preferred
Home Delivery	Covered with limitations Generic is required Step therapy required Prior authorization (PA) required
Retail	Covered with limitations Limited fills Generic is required Step therapy required Prior authorization (PA) required

[Start a New Search](#)

Tekturna 150 Mg, Tablet

Pharmacy: Retail

What's covered by your plan

Fill limits

After 2 fills(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

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](#).

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.

Generic is required

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

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.

This page was last updated on 10/16/2025

4. 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.
5. 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.

Prior Authorization (PA) form

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.

2

*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/dod>

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

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