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# Formulary Search Tool User Guide

October 2025

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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  Log In Register

TRICARE Formulary Search

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

Medication

Patient biological sex  Patient age

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

[Advanced medication search](#)

Helpful links:

- [TRICARE Website](#)
- [Express Scripts TRICARE Website](#)
- [TRICARE Pricing and Deductible Information](#)
- [Prior Authorization Form - Compound Medications \(PDC\)](#)
- [TRICARE Formulary Search Tool User Guide](#)
- [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

# TRICARE Formulary Search

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

1 Medication

2 Patient biological sex

3 Patient age

4 Search

Why do we ask about patient biological sex and age?

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

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

Medication

- 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

## 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

Patient biological sex  Patient age

**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.
2. Select the patient's biological sex from the drop-down menu. Some medications are used only for biological males or for biological females. Answering this question helps ensure the correct drug and benefit information is displayed.
3. Select the patient's age from the drop-down menu. Some medications may not be covered for certain age ranges. Answering this question helps ensure the correct drug and benefit information is displayed.
4. Select "Next" to display medication information.
5. Refine the medication search by selecting the strength, form, route, and type of medication.
6. Press "Select" to display medication information.

Step 1: Medication and beneficiary information

Medication name

Patient biological sex  Patient age

**1** **2** **3** **4**

**Cancel** **Next**

Step 2: Refine your medication search

Search result(s) for Atorvastatin Calcium [Edit medication or beneficiary information](#)

Medication name	Strength	Form	Route	Type	<a href="#">Clear All</a>
Atorvastatin Calcium	10 MG	Tablet	Oral	All	<b>5</b> <b>6</b>
Lipitor	10 Mg	Tablet	Oral	Generic	<b>Select</b>
				Brand	<b>Select</b>

## Search Results

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

1 Atorvastatin Calcium

2 Print this page

3 About this drug | Other drug options

4 Results for Atorvastatin Calcium 10 Mg, Tablet

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

5

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 \$13.00.

**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.

+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	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.

## Drug Information

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

Atorvastatin Calcium  
10 mg Tablet 1

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

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  
10 mg Tablet 3

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	
	Drug name & Dosage: ATORVASTATIN 10 MG TABLET Imprint Side 1: APO Imprint Side 2: A10 Manufacturer(s)/Distributor(s): APOTEX CORP, NORTHSTAR RX LL, LEGACY PHARMA, CAMBRIDGE THERA, PD-RX PHARM, AHP, MAJOR PHARMACEU, QUALLENT PHARMA, DENTON PHARMA I, AVPAK, CARDINAL HEALTH, GSMS, INC, A-S MEDICATION	

Alternate Names	Medicine Images	Frequently Asked Questions
<ul style="list-style-type: none"><li>+ What is the most important information I should know about atorvastatin calcium?</li><li>+ What is atorvastatin calcium?</li><li>+ How should I take atorvastatin calcium?</li><li>+ What happens if I miss a dose?</li><li>+ What happens if I overdose?</li><li>+ What are the possible side effects of atorvastatin calcium?</li><li>+ What other drugs will affect atorvastatin calcium?</li></ul>		

## Other Drug Options

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

1. This section shows the name and strength of the medication searched for, as well as the UF (Uniform Formulary) class.
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.

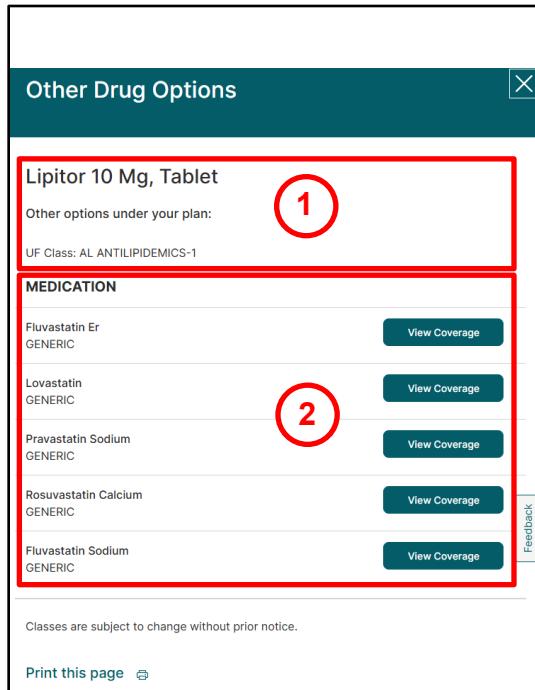
This page can be printed by clicking the "Print this Page" link at the bottom of the screen.

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](#)

Results for  
Lipitor 10 Mg, Tablet

Pharmacy	Coverage	Active duty	Non-active duty
 Military (MTF)	<span style="color: orange;">⚠️</span> <a href="#">Covered with limitations</a> Basic Core Formulary (BCF) Generic is preferred	\$0.00	\$0.00
 Home Delivery	<span style="color: orange;">⚠️</span> <a href="#">Covered with limitations</a> Generic is required <ul style="list-style-type: none"><li>• Pricing based on up to a 90-day supply</li><li>• Secure delivery to your door</li></ul>	\$0.00	\$38.00
 Retail	<span style="color: orange;">⚠️</span> <a href="#">Covered with limitations</a> Limited fills Generic is required <ul style="list-style-type: none"><li>• Pricing based on up to a 30-day supply</li></ul>	\$0.00	\$43.00

[Start a New Search](#)

## 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.

Search ▶ Medicine for female, 32 years old

Print this page

# Atorvastatin Calcium

Generic equivalent for Lipitor

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

Generic Brand

Results for

Atorvastatin Calcium 10 Mg, Tablet

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

Feedback

Start a New Search

3. There are no forms for the provider to complete for this medication.
4. 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.

# Coverage Guide

X

## Atorvastatin Calcium 10 Mg, Tablet

Pharmacy: Military (MTF)

What's covered by your plan 3

This is a Basic Core Formulary (BCF) drug

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

The coverage terms for this medication are subject to change.

## Brand Medication

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

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

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

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

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

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

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

4. Clicking the “Rosuvastatin Calcium coverage details” link will toggle to the generic medication as well.
5. The coverage results for Crestor show a generic is required when the medication is filled at all points of service.
6. Click the “Coverage rules apply” link to see more information.
7. 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

**Rosuvastatin Calcium**

Generic equivalent for Crestor

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

Results for Rosuvastatin Calcium 5 Mg, Tablet

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Covered Basic Core Formulary (BCF)	\$0.00	\$0.00
Home Delivery	Covered • Pricing based on up to a 90-day supply • Secure delivery to your door	\$0.00	\$13.00
Retail	Covered • Pricing based on up to a 30-day supply	\$0.00	\$16.00

[Start a New Search](#)

Search Medicine for female, 48 years old

**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)	<span style="color: orange;">⚠</span> Covered with limitations Uniform Formulary (UF) Generic is preferred	\$0.00	\$0.00
Home Delivery	<span style="color: orange;">⚠</span> Covered with limitations Generic is required • Pricing based on up to a 90-day supply • Secure delivery to your door	\$0.00	\$38.00
Retail	<span style="color: orange;">⚠</span> Covered with limitations Limited fills Generic is required • Pricing based on up to a 30-day supply	\$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.

## 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.

## Donepezil Hcl

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

**Results for**  
**Donepezil Hcl 5 Mg, Tablet**

Pharmacy	Coverage	Active duty	Non-active duty	
 Military (MTF)	 <a href="#">Covered</a> Extended Core Formulary (ECF)	 1	\$0.00	\$0.00
 Home Delivery	 <a href="#">Covered</a>	\$0.00	\$13.00	
 Retail	 <a href="#">Covered</a>	 2	\$0.00	\$16.00

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

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.

## 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 female, 36 years old		Print this page			
<h1>Xadago</h1>					
<a href="#">About this drug</a>   <a href="#">Other drug options</a>					
Results for					
Xadago 100 Mg, Tablet					
Pharmacy	Coverage	Active duty	Non-active duty		
 Military (MTF)	<p><b><span style="color: yellow;">⚠</span> Covered with limitations</b></p> <p>Non-formulary Prior authorization (PA) required Medical necessity form required</p>	<span style="border: 1px solid red; border-radius: 50%; padding: 2px 5px; display: inline-block;">1</span>	---		
 Home Delivery	<p><b><span style="color: yellow;">⚠</span> Covered with limitations</b></p> <p>Prior authorization (PA) required Medical necessity form available</p> <ul style="list-style-type: none"><li>• Pricing based on up to a 90-day supply</li><li>• Secure delivery to your door</li></ul>	<span style="border: 1px solid red; border-radius: 50%; padding: 2px 5px; display: inline-block;">2</span>	\$76.00 Non-formulary		
 Retail	<p><b><span style="color: yellow;">⚠</span> Covered with limitations</b></p> <p>Limited fills Prior authorization (PA) required Medical necessity form available</p> <ul style="list-style-type: none"><li>• Pricing based on up to a 30-day supply</li></ul>	<span style="border: 1px solid red; border-radius: 50%; padding: 2px 5px; display: inline-block;">3</span>	\$76.00 Non-formulary		
<a href="#">Start a New Search</a>		Feedback <span style="border: 1px solid #ccc; border-radius: 50%; padding: 2px 5px; display: inline-block;"></span>			

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.

## 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.

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

- 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.

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.

- Prior Authorization (PA) form required:** A link to the PA form is included. See [page 26](#) to learn more about the PA form.
- Medical Necessity form required:** A link to the Medical Necessity form is provided. See [page 25](#) to learn more about the form.
- 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.

Xadago 100 Mg, Tablet  
Pharmacy: Military (MTF)

What's covered by your plan

Non-formulary drug

1 This drug is non-preferred. Military pharmacies may not carry this drug, but it may be available for enrolled beneficiaries to the military pharmacy if MN and/or PA criteria are met. You can [find other drug options](#) available to you instead.

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](#).

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

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.

3 Medical necessity form required

This drug is non-preferred. Medical necessity form is required if you can't take a formulary alternative. [Medical Necessity form \(PDF\)](#)

**The TRICARE Uniform Formulary**

4

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.

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

## Coverage Guide – Retail

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

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

1. **Fill limits:** Explains retail fill limit policy and options for moving the prescription 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 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.

### Coverage Guide

Xadago 100 Mg, Tablet  
Pharmacy: Retail

What's covered by your plan

1. 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.

2. 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](#).

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

4. 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.

5. 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.

6. 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.

Close

## 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			
<h1>Imatinib Mesylate</h1>					
Specialty Drug					
<a href="#">About this drug</a>   <a href="#">Other drug options</a>					
Results for					
Imatinib Mesylate 100 Mg, Tablet					
Pharmacy	Coverage	Active duty	Non-active duty		
 Military (MTF)	 <a href="#">Covered with limitations</a> Uniform Formulary (UF) Days supply limitations Specialty Drug	\$0.00	\$0.00		
 Home Delivery	 <a href="#">Covered with limitations</a> Days supply limitations Specialty Drug	\$0.00	\$13.00		
 Retail	 <a href="#">Covered with limitations</a> Specialty Drug	\$0.00	\$16.00		
<ul style="list-style-type: none"><li>• Pricing based on up to a 90-day supply</li><li>• Secure delivery to your door</li></ul>					
<ul style="list-style-type: none"><li>• Pricing based on up to a 30-day supply</li></ul>					
<a href="#">Start a New Search</a>					
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

1 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

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

## Imatinib Mesylate 100 Mg, Tablet

Pharmacy: Home Delivery

General rules that affect this medication's coverage

**1**

**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 MTFs**

The coverage terms for this medication are subject to change.

## 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: Retail

General rules that affect this medication's coverage

**2**

**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 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.

Feedback

## 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.

[Search](#) ▶ Medicine for female, 36 years old [Print this page](#) 

# Dexilant

Brand name medication for Dexlansoprazole Dr

[About this drug](#) | [Dexlansoprazole Dr coverage details](#) [Other drug options](#) 2

[Generic](#) [Brand](#)

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

Pharmacy	Coverage	Active duty	Non-active duty
 Military (MTF)	<span style="color: red;">1</span>  <a href="#">Not Covered</a>	---	---
 Home Delivery	 <a href="#">Not Covered</a> <ul style="list-style-type: none"><li>• Pricing based on up to a 90-day supply</li><li>• Secure delivery to your door</li></ul>	---	---
 Retail	 <a href="#">Not Covered</a> <ul style="list-style-type: none"><li>• Pricing based on up to a 30-day supply</li></ul>	---	---

[Start a New Search](#)

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

Other Drug Options	
	Dexilant 30 Mg, Capsule, Delayed Release, Biphasic
Other options under your plan:	
UF Class: PP PROTON PUMP INHIBITORS	<span>3</span>
<strong>MEDICATION</strong>	
Lansoprazole	<a href="#">View Coverage</a>
GENERIC	
Rabeprazole Sodium	<a href="#">View Coverage</a>
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)	<span style="color: #FF8C00;">⚠</span> <a href="#">Covered with limitations</a> Uniform Formulary (UF) Prior authorization (PA) required Days supply limitations Specialty Drug	\$0.00	\$0.00
 Home Delivery	<span style="color: #FF8C00;">⚠</span> <a href="#">Not Available</a>  <ul style="list-style-type: none"><li>Up to a 90 days supply</li><li>Secure delivery to your door</li></ul> <div style="background-color: #FFB6C1; padding: 5px;"><p>Lenalidomide 10 Mg, Capsule is not available through the TRICARE Home Delivery Pharmacy Program.</p></div>	---	---
 Retail	<span style="color: #FF8C00;">⚠</span> <a href="#">Covered with limitations</a> 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.

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

## 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 female, 36 years old

[Print this page](#) 

### Copiktra

Specialty Drug

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

Results for

Copiktra 25 Mg, Capsule

Pharmacy	Coverage	Active duty	Non-active duty
 Military (MTF)	<p><b>⚠ Covered with limitations</b></p> <p>Uniform Formulary (UF) Prior authorization (PA) required Days supply limitations Specialty Drug Limited Distribution Drug (LDL)</p>	\$0.00	\$0.00
 Home Delivery	<p><b>① Not Available</b></p> <p>Limited Distribution Drug (LDL)</p> <p> <ul style="list-style-type: none"> <li>• Pricing based on up to a 90-day supply</li> <li>• Secure delivery to your door</li> </ul> </p> <p><b>●</b> Copiktra 25 Mg, Capsule is not available through the TRICARE Home Delivery Pharmacy Program.</p>	---	---
 Retail	<p><b>⚠ Covered with limitations</b></p> <p>Prior authorization (PA) required Days supply limitations Specialty Drug Limited Distribution Drug (LDL)</p>	\$0.00	\$43.00

## Limited Distribution Drugs (Continued)

## 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.

3. 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

1

This is a [Uniform Formulary \(UF\)](#) Drug

1 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](tel:1-877-363-1303) for more information.

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

Feedback

⚠ 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).

⚠ 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.

## Coverage Guide

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

\*Pharmacy contact information located at end of document\*

<b>Copiktra</b>	BIOLOGICS
<b>Cortrophin Gel</b>	ACCREDO, ACARIA, WALGREENS, PRIME, CVS SPECIALTY (CAREMARK), OPTUM
<b>Cuvitru</b>	ACCREDO, CVS SPECIALTY (CAREMARK), OPTUM, OPTIONCARE, WALGREENS, KABAFUSION/AT HOME INFUSION, NUFATOR
<b>Cystadane (Generic: Betaine Anhydrous)</b>	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

**1**

**⚠** 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.

**2**

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**.

**3**

**⚠** 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

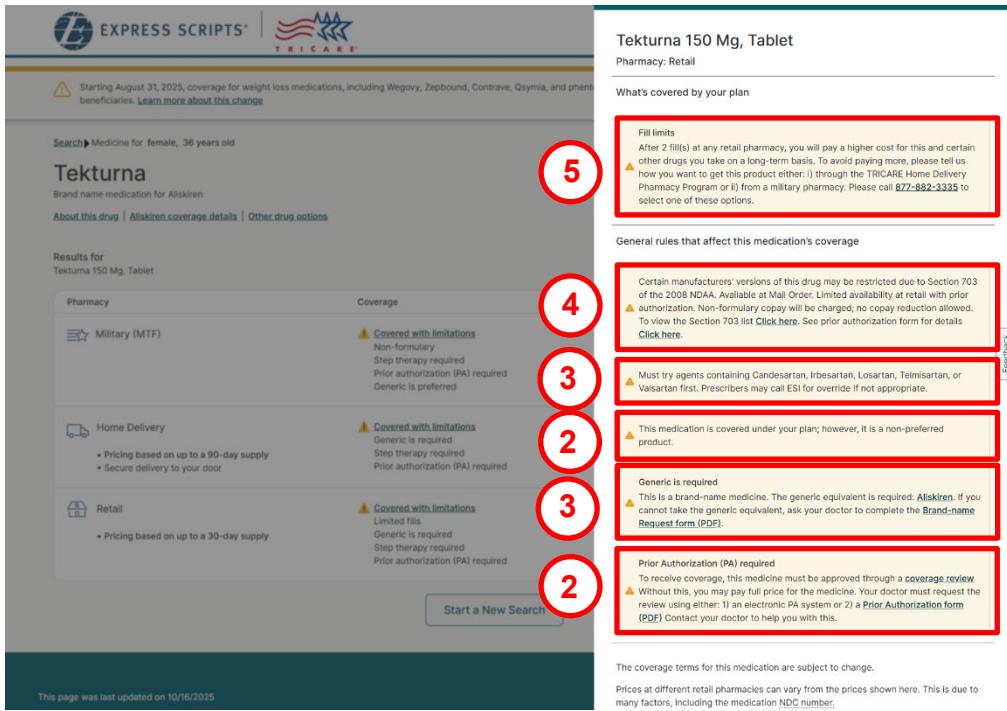
To receive coverage, this medicine must be approved through a [coverage review](#)

**⚠** 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.

Feedback

## 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 medication at a Retail Network Pharmacy. See [page 27](#) for the Brand-name Request form.
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.

## Forms

### Prior Authorization (PA) form

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

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

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

**Prior Authorization Request Form for Adlyxin, Byetta, Ozempic, Victoza**

**6103**

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):

1. Patient Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

Sponsor ID # \_\_\_\_\_ Phone #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Secure Fax #: \_\_\_\_\_

**Step 2** Please complete the clinical assessment:

1. Does the patient have a diagnosis of type 2 diabetes mellitus?  Yes  No  
Proceed to question 2 Coverage not approved

2. Has the patient tried metformin (alone or in combination) and failed to achieve blood sugar control?  Yes  No  
Proceed to question 5 Proceed to question 3

3. Has the patient experienced any of the following adverse events while receiving metformin: impaired renal function that precludes treatment with metformin or a history of lactic acidosis?  Yes  No  
Proceed to question 5 Proceed to question 4

4. Does the patient have a contraindication to metformin?  Yes  No  
Proceed to question 5 Coverage not approved

5. Has the patient had an inadequate response with Bydureon/Bydureon BCise?  Yes  No  
Proceed to question 7 Proceed to question 6

6. Is the patient unable to take Bydureon/Bydureon BCise due to impaired renal function?  Yes  No  
Proceed to question 7 Coverage not approved

7. Has the patient had an inadequate response with Trulicity?  Yes  No  
Sign and date below Coverage not approved

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

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

19 February, 2020

\*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 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 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.

The image shows the 'Brand over Generic Prior Authorization Request Form'. A red circle labeled '1' highlights the top section where the prescriber's information and contact details are listed. A red circle labeled '2' highlights the middle section where the provider indicates the medication being prescribed and considers the following questions. The form is divided into three main steps: Step 1, Step 2, and Step 3. Step 1 includes a barcode, a patient ID (5613), and contact information for the provider. Step 2 includes a section for 'Please indicate which medication is being prescribed' and a 'Please consider the following' section with four questions. Step 3 is a signature section where the prescriber certifies the information is correct.

\*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>

## 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.

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.

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

6113

This form applies to the TRICARE Pharmacy Program (TPPharm). The medical necessity criteria outlined on this form also apply to 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, Victoza, Tanzeum, Ozempic, and Ozempic Auto-ject 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.

**1** MAIL ORDER and RETAIL

**2**

**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:

1. 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 \_\_\_\_\_

\*A Medical Necessity form for active duty service member 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 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.
2. Steps 1, 2 & 3 should be filled out completely by the provider.

TRICARE Prior Authorization Request Form for Compounded Medications

6084

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** 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

**2**

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 note that only 1 form is required for each compounded product.  
Document the active ingredient(s) in this compound:

**3**

Step 3 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?  Yes  No  SKIP to question 8

7. Please provide all products tried and the results of therapy:  
\_\_\_\_\_

*continue to next page*