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TRICARE Formulary Search Tool

User Guide

June 2020

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For questions or concerns about the
Formulary Search Tool, email:
dha.ibsa.pharmacy.list.poduf@mail.mil



The Formulary Search Tool (FST) is a website maintained by Express Scripts to educate TRICARE beneficiaries, providers, pharmacists and staff about medications, check for generic name equivalents, and determine if the medication is covered under the TRICARE Pharmacy benefit. A medication search yields:

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

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

Search Page

The “Login” 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 provides:

- Hyperlinks to the TRICARE and Express Scripts TRICARE website
- Hyperlink to “About the TRICARE pharmacy plan” 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
- ePrescribing instructions

Searching for a Medication

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

TRICARE Formulary Search

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

Medicine name **1**

Patient biological sex **2** Patient age **3** **4**

male 50 **Search**

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

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

Medicine name

- Atorvastatin 10 Mg Tablet
- Atorvastatin 20 Mg Tablet
- Atorvastatin 40 Mg Tablet
- Atorvastatin 80 Mg Tablet
- Lipitor 10 Mg Tablet
- Lipitor 20 Mg Tablet
- Lipitor 40 Mg Tablet
- Lipitor 80 Mg Tablet

2. Select the “Patient’s biological sex,” or gender, from the drop down menu. Some medications are used only for biological males or for biological females. Answering this question helps ensure the correct drug and benefit information is displayed.

3. Select the Patient’s Age from the drop down menu. Some medications may not be covered for certain age ranges. Answering this question helps ensure the correct drug and benefit information is displayed

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

4. Press “Search” to display medication information.



Search Results

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

Search > Medicine for male, 50 years old

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) medication	\$0.00	\$0.00
Delivery • Up to a 3-month supply • Secure delivery to your door	Covered	\$0.00	\$10.00
Retail • Up to a 1-month supply	Covered	\$0.00	\$13.00

Start a New Search

1. The name of the medication searched for is displayed. This example is for Atorvastatin Calcium. Above the drug name is a “Search” hyperlink. Clicking this link returns to the “Search” screen allowing the user to start a new search. Next to the hyperlink is the biological sex and age used in the drug search.

2. Clicking the “Print this page” link will print the “Search Results” page.

3. The “About this drug” link shows alternate names for the medication and frequently asked questions. See [page 6](#) to learn more about this page. The “Other drug options” link shows other medication options available under the TRICARE plan. See [page 7](#) 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 Delivery and Retail options also show the month supply a patient can receive for the copayment amount. In the example above, using Home Delivery, a non-active duty beneficiary can receive up to a 3-month supply of Atorvastatin Calcium for \$10.00.

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

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

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

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



Drug Information

Atorvastatin Calcium 1
10 mg Tablet

Chemical Name: atorvastatin (pronounced a TOR va sta tin)
Drug Type: HMG-CoA reductase inhibitors (statins)

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

BRAND NAME EXAMPLE	SUPPLIED AS	STRENGTH
Lipitor	tablet	10 mg, 20 mg, 40 mg, 80 mg
GENERIC NAME EXAMPLE	SUPPLIED AS	STRENGTH
Atorvastatin	tablet	10 mg, 20 mg, 40 mg, 80 mg

Remember, keep this and all other medicines out of the reach of children, never share your medicines with others, and use this medication only for the indication prescribed.

Alternate Names 3 **Medicine Images** Frequently Asked Questions

IMAGE	DRUG INFORMATION AND IMPRINTS
	Drug name & Dosage: Lipitor TAB 10MG Imprint Side 1: PD 155 Imprint Side 2: 10 Manufacturer(s)/Distributor(s): RXCHANGE CO, H.J. HARKINS COMPANY, INC., PDRX PHARMACEUTICAL, ALTURA PHARMACEUTICALS
	Drug name & Dosage: Lipitor TAB 10MG Imprint Side 1: PD 155 Imprint Side 2: 10

Alternate Names **Medicine Images** 4 **Frequently Asked Questions**

- + What is the most important information I should know about atorvastatin?
- + What is atorvastatin?
- + What should I discuss with my healthcare provider before taking atorvastatin?
- + How should I take atorvastatin?
- + What happens if I miss a dose?
- + What happens if I overdose?

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

1. The name, strength, and type of medication is displayed. Below, the medication’s chemical name phonetic spelling is given along with the drug type.

2. The “Alternate Names tab lists brand and generic names of the medication, how the medication is supplied (in terms of formulation), and strength.

Below this is the disclaimer which appears on each tab.

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

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

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

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

Other Drug Options

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

Other Drug Options

Atorvastatin Calcium 10 Mg, Tablet

UF Class: ANTILIPIDEMICS-1
UF Sub Class: DEFAULT

Other options under your plan:

Medication

Lipitor Brand	See Co-pays and Coverage
Lescol XI Brand	See Co-pays and Coverage
Crestor Brand	See Co-pays and Coverage

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

2. “Other options under your plan” lists other medication options available and whether it is a brand or generic. Click the “See Co-pays and Coverage” button to view the copayment amount and coverage rules about the medication. See [page 8](#) to view the “Co-pays and Coverage Screen”.

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

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

Other Drug Medication Logic

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

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

Co-Pays and Coverage

The “See Co-Pays and Coverage” page is accessed by pressing the “See Co-pays and Coverage” button on the “Other Drug Options” page. This is a search result screen for a medication listed on the “Other Drug Option” screen.

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

Lipitor

Brand name medication for Atorvastatin Calcium

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

Results for Lipitor 10 Mg, Tablet

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Covered Basic Core Formulary (BCF) medication	\$0.00	\$0.00
Delivery • Up to a 3-month supply • Secure delivery to your door	Coverage rules apply Generic is required	\$0.00	\$29.00
Retail • Up to a 1-month supply	Coverage rules apply Limited fills Generic is required	\$0.00	\$33.00

Basic Core Formulary Medication

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

1. The example below is for Atorvastatin Calcium. According to the search result, the medication is covered at the MTF at no cost for both Active Duty and Non-active duty.

2. The medication is also covered at Home Delivery and Retail. Cost shares for a 90 day supply through Home Delivery and a 30 day supply at retail are listed. Medications for active duty at Home Delivery and Retail Network pharmacy are no cost.

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

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Covered Basic Core Formulary (BCF) medication	\$0.00	\$0.00
Delivery • Up to a 3-month supply • Secure delivery to your door	Covered	\$0.00	\$10.00
Retail • Up to a 1-month supply	Covered	\$0.00	\$13.00

[Start a New Search](#)

Coverage Guide

Atorvastatin Calcium 10 Mg, Tablet

Pharmacy: Military (MTF)

What's covered by your plan

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

The coverage terms for this medication are subject to change.

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

Brand Medication

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

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

Search > Medicine for male, 50 years old

Rosuvastatin Calcium

Generic equivalent for Crestor

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

Results for Rosuvastatin Calcium 10 Mg, Tablet

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

[Start a New Search](#)

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

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

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

2. Clicking the “Crestor Coverage Details” link will also toggle to the brand medication.

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 Home Delivery or Retail. Click the “Coverage Rules Apply” link to see more information.

Brand name medication for Rosuvastatin Calcium

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

Results for Crestor 10 Mg, Tablet

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Uniform Formulary (UF) medication	\$0.00	\$0.00
Delivery • Up to a 3-month supply • Secure delivery to your door	Coverage rules apply Generic is required	\$0.00	\$29.00
Retail • Up to a 1-month supply	Coverage rules apply Limited fills Generic is required	\$0.00	\$33.00

[Start a New Search](#)

Brand Medication Cont.

6

Crestor 10 Mg, Tablet

Pharmacy: 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 \(PDF\)](#).

6. The Coverage Rules state 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 23](#) for an example of the form.



Extended Core Formulary Medication

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

1. The example below is for Donepezil Hcl. According to the search result, the medication is covered and is an Extended Core Formulary (ECF) medication.

2. The medication is also covered at Home Delivery and Retail. Applicable cost shares for a 90 day supply through Home Delivery and a 30 day supply at retail are listed. Medications for active duty at Home Delivery and Retail Network pharmacy are no cost.

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

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Covered Extended Core Formulary (ECF) medication	\$0.00	\$0.00
Delivery • Up to a 3-month supply • Secure delivery to your door	Covered	\$0.00	\$10.00
Retail • Up to a 1-month supply	Covered	\$0.00	\$13.00

[Start a New Search](#)

Coverage Guide

Donepezil Hcl 5 Mg, Tablet
Pharmacy: Military (MTF)

What's covered by your plan

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

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

Non Formulary Medication

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

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

Victoza

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

Results for Victoza 0.6 Mg/0.1, Pen Injector (ml)

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	1 Coverage rules apply Non-formulary medication Prior authorization (PA) required Medical necessity form required	---	---
Delivery • Up to a 3-month supply • Secure delivery to your door	2 Coverage rules apply Prior authorization (PA) required Medical necessity form available	--- Non-formulary	\$60.00
Retail • Up to a 1-month supply	3 Coverage rules apply Limited fills Prior authorization (PA) required Medical necessity form available	--- Non-formulary	\$60.00

[Start a New Search](#)

1. At the MTF, this medication is not typically carried because it is not included on the Uniform Formulary. However, if the beneficiary can't take other available drug options, this product or another version may be approved for use and made available through the MTF. In the example above, both a PA and Medical Necessity form are required. See [Page 14](#) for a detailed MTF Coverage Rule explanation.

2. A Non-active duty beneficiary using Home Delivery can receive up to a 3-month supply of Victoza for \$60.00 provided a Prior Authorization is approved. If Medical Necessity is approved, the beneficiary will pay the Brand copay. See [Page 15](#) for a detailed Home Delivery Coverage Rule explanation.

3. At the retail pharmacy, Prior Authorization approval is also required in order for the beneficiary to receive up to a one month supply of Victoza for \$60.00. 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 2nd fill, the beneficiary will pay full cost of the medication. To avoid paying more for the medication, the beneficiary can move their prescription to the MTF or Home Delivery. See [Page 16](#) for a detailed Retail Coverage Rule Explanation.

Coverage Guide – MTF

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

Coverage Guide ×

Victoza 0.6 Mg/0.1, Pen Injector (ml)
Pharmacy: Military (MTF)

What's covered by your plan

1 **Non-formulary medication**
This product is not included on the [Uniform Formulary](#), so your local MTF does not carry it. You can [find other drug options](#) available to you instead. If you can't take any other drug options, this product or another version can be approved for use and available through your MTF.

General rules that affect this medication's coverage

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

3 **Medical necessity form required**
This medication is covered under your plan; however, it is a non-preferred product. [Medical Necessity form \(PDF\)](#). Applies if you can't take a formulary alternative.

The coverage terms for this medication are subject to change.

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

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

See the screen shot below for TRICARE Uniform Formulary definitions.

2. Prior Authorization (PA) form required: A link to the PA form is included. See [page 22](#) to learn more about the PA form.

3. Medical Necessity form required: A link to the Medical Necessity form is provided. See [page 24](#) to learn more about the form.

< **The TRICARE Uniform Formulary** ×

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.

TRICARE Formulary Definitions can be accessed by clicking the Uniform Formulary hyperlink from the “Coverage Guide” page (See the circled area in the screen shot above).

The page defines what a formulary is and what the TRICARE Uniform Formulary is. The Uniform Formulary is broken into of two groups, Basic Core and Extended Core Formulary, based on the type of medications. Definitions for these two groups are included.

Coverage Guide – Home Delivery

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

Coverage Guide [Close]

Victoza 0.6 Mg/0.1, Pen Injector (ml)
Pharmacy: Delivery

General rules that affect this medication’s coverage

- 1** Your plan provides coverage for this medication in certain situations. To determine if coverage is available, your doctor may request a coverage review by calling the toll-free number, [1-866-684-4488](tel:1-866-684-4488).
- 2** VICTOZA is covered for a maximum of 3 pens at retail or 9 pens at mail.
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 reviews](#). 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.

[Close]

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

1. The medication is covered in certain situations. The doctor may call the toll free number and request a coverage review.

2. This section shows the maximum amount of medication the beneficiary can receive at retail and Home Delivery. In this example, a beneficiary can receive up to 9 pens per fill at mail or the MTF.

This section will also clarify if a medication is covered and if it is a preferred or non-preferred product. Beneficiaries pay a higher co-pay 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 – Retail

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

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

Coverage Guide ×

Victoza 0.6 Mg/0.1, Pen Injector (ml)
Pharmacy: Retail

What's covered by your plan

- 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](tel:877-882-3335) to select one of these options.

General rules that affect this medication's coverage

- 2** 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).
- 3** VICTOZA is covered for a maximum of 3 pens at retail or 9 pens at mail.
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 reviews](#). 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

1. Fill Limits: Explains retail fill limit policy and options for moving the script to Home Delivery or a MTF. See www.health.mil/selectdruglist for more information.

2. The medication is covered in certain situations. The doctor may call the toll free number and request a coverage review.

3. This section shows the maximum amount of medication the beneficiary can receive at retail and Home Delivery. In this example, a beneficiary can receive up to 3 pens per fill at a retail pharmacy.

This section will also clarify if a medication is covered and if it is a preferred or non-preferred product. Beneficiaries pay a higher co-pay 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 22](#) 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 co-pay if the form is approved. See [page 24](#) to learn more.

6. Coverage rules for the medication may change and price differences statement.

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.

Imatinib Mesylate			
About this drug Other drug options			
Results for Imatinib Mesylate 100 Mg, Tablet			
Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Uniform Formulary (UF) medication	\$0.00	\$0.00
Delivery • Up to a 3-month supply • Secure delivery to your door	Coverage rules apply Days supply limitations	\$0.00	\$10.00
Retail • Up to a 1-month supply	Covered	\$0.00	\$13.00

[Start a New Search](#)

Imatinib Mesylate 100 Mg, Tablet

Pharmacy: Military (MTF)

What's covered by your plan

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

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

Coverage Guide – MTF

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



Specialty Medication Cont.

Imatinib Mesylate 100 Mg, Tablet
Pharmacy: Delivery

General rules that affect this medication's coverage

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

 This medication is covered for a maximum quantity of 30 day supply at retail and 45 day supply at mail.

The coverage terms for this medication are subject to change.

Coverage Guide – Home Delivery

In this example, Imatinib Mesylate is available through Home Delivery.

Personalized clinical support is available for beneficiaries using this medication. The maximum quantity allowed at mail is a 45 day supply.

Imatinib Mesylate 100 Mg, Tablet
Pharmacy: Retail

What's covered by your plan

 This medication is covered when you pick it up at an in-network retail pharmacy.

General rules that affect this medication's coverage

 **Specialty Care Medication**
This drug is available only at [certain retail pharmacy chains](#) in your plan's network.

 This medication is covered for a maximum quantity of 30 day supply at retail and 45 day supply at mail.

 The coverage terms for this medication are subject to change.

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

Coverage Guide – Retail

In this example, the medication is available only at certain retail pharmacy chains.

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

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



4th Tier Medication

Medications designated as 4th tier are not covered by TRICARE because the medications have little to no clinical benefit compared to other drugs that are as effective and cost less. These medications are not available through the TRICARE Pharmacy Benefit at the MTF, Home Delivery or Retail Pharmacies. Beneficiaries who take these medications may obtain them from a retail pharmacy and pay 100% of its cost.

1. The example below is for Dexilant. According to the search result, the medication is not covered by TRICARE at the MTF, Home Delivery or through the Retail Network. Also, there are no forms for the provider to complete for this medication.

2. Clicking “Other drug options” will provide a list of drug options.

Dexilant 2

[About this drug](#) Other drug options

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

Pharmacy	Coverage	Active duty	Non-active duty
 Military (MTF)	 Not Covered	---	---
 Delivery • Up to a 3-month supply • Secure delivery to your door	 Not Covered	---	---
 Retail • Up to a 1-month supply	 Not Covered	---	---

Other Drug Options ×

Dexilant 30 Mg, Capsule, Delayed Release, Biphasic

UF Class: PROTON PUMP INHIBITORS
UF Sub Class: CAPSULES AND TABLETS

3 Other options under your plan:

Medication

Esomeprazole Generic	See Co-pays and Coverage
Omeprazole Generic	See Co-pays and Coverage
Pantoprazole Generic	See Co-pays and Coverage

3. Partial list of “Other Drug Options” for Dexilant 30 Mg, Capsule.

Unavailable at Point of Service

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

Pharmacy	Coverage	Active duty	Non-active duty
Military (MTF)	Coverage rules apply Uniform Formulary (UF) medication Prior authorization (PA) required	\$0.00	\$0.00
Delivery • Up to a 3-month supply • Secure delivery to your door	Not Available	---	---
Ofev 100 Mg, Capsule is not available through the TRICARE Home Delivery Pharmacy Program.			
Retail • Up to a 1-month supply	Coverage rules apply Prior authorization (PA) required	\$0.00	\$33.00

[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.

Coverage Guide

Ofev 100 Mg, Capsule

Pharmacy: 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.

[Close](#)

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

Non-Federal Ceiling Price Program (Section 703)

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

Retail Coverage Guide

The screenshot displays the Express Scripts TRICARE website interface. The left sidebar shows search results for 'Tekturna' (Brand name medication for Aliskiren) and lists results for 'Tekturna 150 Mg, Tablet' under 'Retail' and 'Military (MTF)' categories. The right main content area shows the 'What's covered by your plan' section for 'Tekturna 150 Mg, Tablet' at 'Pharmacy: Retail'. It includes a 'Fill limits' warning (4) stating that after 2 fills, the cost will be higher. A 'General rules that affect this medication's coverage' section contains three items: (3) a warning about Section 703 restrictions for certain manufacturers' versions; (1) a warning that beneficiaries must try preferred agents (Candesartan, Irbesartan, Losartan, Telmisartan, or Valsartan) first; and (2) a warning that generic is required for this brand-name medicine (Aliskiren).

1. In this example for Tekturna, the medication has a step therapy requirement. Beneficiaries must try a preferred agent before taking this medication. Prescribers may submit a prior authorization form for approval if the preferred agent is not appropriate.

2. Tekturna is a brand name medication with an available generic. The beneficiary must try the generic equivalent, Aliskiren, before taking Tekturna. If the beneficiary is unable take the generic, a Brand-name Request form must be approved in order for the patient to obtain the brand medication at a Retail Network Pharmacy. See [page 23](#) for the Brand-name Request Form.

3. This medication is also part of a special non-formulary class, 703. In order to fill the medication at a Retail pharmacy, a Medications Subject to Non-Federal Ceiling Price Requirements Filled at Network Retail Pharmacies Prior Authorization form must be approved.

4. In addition, the brand medication is limited to 2 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 P&T Committee, brand name drugs with generic equivalents, drugs with age limitations, and drugs prescribed for quantities exceeding normal limits.

**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):

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?	<input type="checkbox"/> Yes Proceed to question 2	<input type="checkbox"/> No Coverage not approved
2. Has the patient tried metformin (alone or in combination) and failed to achieve blood sugar control?	<input type="checkbox"/> Yes Proceed to question 5	<input type="checkbox"/> No 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?	<input type="checkbox"/> Yes Proceed to question 5	<input type="checkbox"/> No Proceed to question 4
4. Does the patient have a contraindication to metformin?	<input type="checkbox"/> Yes Proceed to question 5	<input type="checkbox"/> No Coverage not approved
5. Has the patient had an inadequate response with Bydureon/Bydureon BCise?	<input type="checkbox"/> Yes Proceed to question 7	<input type="checkbox"/> No Proceed to question 6
6. Is the patient unable to take Bydureon/Bydureon BCise due to impaired renal function?	<input type="checkbox"/> Yes Proceed to question 7	<input type="checkbox"/> No Coverage not approved
7. Has the patient had an inadequate response with Trulicity?	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No 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]

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

1. This section gives four different methods (call-in, fax, mail, or e-mail) to submit a prior authorization. In addition, the PA can be submitted electronically.*

2. Steps 1, 2 & 3 should be filled out completely by the provider.

* Completing a PA electronically allows for instant approval in over half of all cases. It also saves time associated with faxing and/or calling. An electronic PA can be submitted using the Surescripts PA Portal:

<https://providerportal.surescripts.net/ProviderPortal/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 Form

 5613

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

1

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

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

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

Please indicate which medication is being prescribed: _____

Step 2 Please consider the following:

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

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

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

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

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

Prescriber Signature Date

[5 May 2018]

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

1. This section gives four different methods (call-in, fax, mail, or e-mail) to submit a prior authorization. In addition, the PA can be submitted electronically*

2. Steps 1, 2 & 3 should be filled out completely by the provider.

* Completing a PA electronically allows for instant approval in over half of all cases. It also saves time associated with faxing and/or calling. An electronic PA can be submitted using the Surescripts PA Portal:

<https://providerportal.surescripts.net/ProviderPortal/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 is associated with a medication, completion and approval of the criteria is required for beneficiary access to a medication at the MTF. Medical Necessity and Prior Authorization criteria may be required to obtain access to certain medications at the MTF.

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



6113

1

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

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

MAIL ORDER and RETAIL	<ul style="list-style-type: none"> The provider may call: 1-866-684-4488 or the completed form may be faxed to: 1-866-684-4477 The patient may attach the completed form to the prescription and mail it to: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954 or email the form only to: TPharmPA@express-scripts.com 	MTF
--------------------------------------	--	------------

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

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

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

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

Acceptable clinical reason for not using the formulary agents is:

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

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

Prescriber Signature _____	Date _____
----------------------------	------------

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

1. This section states the Medical Necessity form applies to non-formulary medications filled by the MTF. It also lists the formulary alternatives for the medication as well as instruction for non-active duty and active duty service members.

2. The center section explains how to obtain medical necessity for Home Delivery, retail, and MTF prescriptions.*

3. Steps 1, 2 & 3 should be filled out completely by the provider.

*A Medical Necessity form for Active Duty Service Members 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 MN to gain copay reduction, the form may only be submitted by phone, fax, mail, or email.

Compounded Medications Prior Authorization Form

TRICARE Prior Authorization Request Form for Compounded Medications															
	6084														
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): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Patient Name: _____</td> <td style="width: 50%;">Physician Name: _____</td> </tr> <tr> <td>Address: _____</td> <td>Address: _____</td> </tr> <tr> <td>Sponsor ID #: _____</td> <td>Phone #: _____</td> </tr> <tr> <td>Date of Birth: _____</td> <td>Secure Fax #: _____</td> </tr> </table> Step 2 ** Please note that only 1 form is required for each compounded product. Document the active ingredient(s) in this compound: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Patient Name: _____	Physician Name: _____	Address: _____	Address: _____	Sponsor ID #: _____	Phone #: _____	Date of Birth: _____	Secure Fax #: _____						
Patient Name: _____	Physician Name: _____														
Address: _____	Address: _____														
Sponsor ID #: _____	Phone #: _____														
Date of Birth: _____	Secure Fax #: _____														
3	Step 3 Please complete the clinical assessment: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">1. What is the diagnosis?</td> <td>_____</td> </tr> <tr> <td>2. What is the route of administration?</td> <td>_____</td> </tr> <tr> <td>3. What are the directions for use?</td> <td>_____</td> </tr> <tr> <td>4. What is the proposed duration of therapy?</td> <td>_____</td> </tr> <tr> <td>5. What is the reason that a compounded product is being prescribed rather than a commercially-available product?</td> <td style="height: 50px; vertical-align: top;">_____</td> </tr> <tr> <td>6. Has the patient tried commercially available products for the diagnosis provided?</td> <td> <input type="checkbox"/> Yes Proceed to 7 <input type="checkbox"/> No SKIP to question 8 </td> </tr> <tr> <td>7. Please provide all products tried and the results of therapy:</td> <td style="height: 40px; vertical-align: top;">_____</td> </tr> </table>	1. What is the diagnosis?	_____	2. What is the route of administration?	_____	3. What are the directions for use?	_____	4. What is the proposed duration of therapy?	_____	5. What is the reason that a compounded product is being prescribed rather than a commercially-available product?	_____	6. Has the patient tried commercially available products for the diagnosis provided?	<input type="checkbox"/> Yes Proceed to 7 <input type="checkbox"/> No SKIP to question 8	7. Please provide all products tried and the results of therapy:	_____
1. What is the diagnosis?	_____														
2. What is the route of administration?	_____														
3. What are the directions for use?	_____														
4. What is the proposed duration of therapy?	_____														
5. What is the reason that a compounded product is being prescribed rather than a commercially-available product?	_____														
6. Has the patient tried commercially available products for the diagnosis provided?	<input type="checkbox"/> Yes Proceed to 7 <input type="checkbox"/> No SKIP to question 8														
7. Please provide all products tried and the results of therapy:	_____														
continue to next page															

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

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

1. The Mail Order and Retail section explains how to obtain TRICARE Prior Authorization for compounded medications at Home Delivery and retail pharmacies.

3. Steps 1, 2 & 3 should be filled out completely by the provider.