

UF BPA Appendix for the **May 2015** DoD P&T Meeting

Uniform Formulary Price Quotes and Uniform Formulary Blanket Purchase Agreements (BPA)

The following Condition Sets, as authorized at each listed UF Drug Class Page, identify the conditions under which UF BPA price quotes are to be submitted by the Company.

Medications placed on the Uniform Formulary but not BCF or ECF are available for the local Military Treatment Facility P&T to decide whether to place on their individual formulary.

The Company must submit a separate, complete UF BPA price quote for each NDC (enter in table below*) that applies to the Company's pharmaceutical agent(s) in a given drug class.

NDC	Drug Name	Strength	Dosage Form	Package Size

DoD P&T Class: HEPATITIS C AGENTS Subclass: DIRECT ACTING AGENTS				
Class Note(s): Grandfathering applies to this class/subclass.				
Step Therapy Addendum: Step therapy, a prior authorization process, would require all new patients to complete an adequate trial of the step-preferred agent(s) before a non-step-preferred agent is provided to a new user. Unless otherwise noted, patients must have tried an agent in the class in the previous 180 days in order to be excluded from the prior authorization process. Step therapy applies to Hepatitis C Genotype 1 ONLY				
Condition Set #	Category **	One of (X) number of brand agents	Military Treatment Facility & Mail Order	
			Price per Unit of Measure (each, gram, mL) to 4 decimal places	Price Per NDC to 4 decimal places
Military Treatment Facility & Mail 153HCDIG1UFBS1X	Uniform Formulary but not BCF or ECF Before Step Therapy	1	\$	\$
Military Treatment Facility & Mail 153HCDIG1UFBS2X	Uniform Formulary but not BCF or ECF Before Step Therapy	2	\$	\$
Military Treatment Facility & Mail 153HCDIG0UFNS1M	Uniform Formulary but not BCF or ECF No Step Therapy	1 or more	\$	\$
Military Treatment Facility & Mail 153HCDIG1UFAS1M	Uniform Formulary but not BCF or ECF After Step Therapy	1 or more	\$	\$

** Only one price per category may be submitted.

UF VARR Appendix for the **May 2015** DoD P&T Meeting

Condition Sets for Uniform Formulary Voluntary Agreements for TRICARE Retail Refunds (UF-VARR)

The following Condition Sets, as authorized at each listed UF Drug Class Page, identify the conditions under which UF-VARR quotes are to be submitted by the Company.

The Company must submit a separate, complete UF-VARR quote for each Condition Set that applies to the Company's pharmaceutical agents in a given drug class. The Company must record the Condition Set # that applies to a given UF-VARR quote in the appropriate blank on Table 1, Uniform Formulary Refund Quote.

The refund quoted will apply to the resulting UF-VARR if the quoted pharmaceutical agent is selected for inclusion on the UF in no worse than the formulary (Tier 2) cost share. The refund quoted is not contingent on the quoted pharmaceutical agent being selected for inclusion on the BCF or ECF.

NDC	Drug Name	Strength	Dosage Form	Package Size

DoD P&T Class: HEPATITIS C AGENTS Subclass: DIRECT ACTING AGENTS

Class Note(s): Grandfathering applies to this class/subclass.

Step Therapy Addendum: Step therapy, a prior authorization process, would require all new patients to complete an adequate trial of the step-preferred agent(s) before a non-step-preferred agent is provided to a new user. Unless otherwise noted, patients must have tried an agent in the class in the previous 180 days in order to be excluded from the prior authorization process. Step therapy applies to Hepatitis C Genotype 1 ONLY

Condition Set #	Category**	One of (X) Number of brand agents	Most recent Annual Non-Federal Average Manufacturer's Price* (NFAMP) per FCP Package Size. CHANGES ANNUALLY (\$)	Current Annual Federal Ceiling Price* (FCP) per FCP Package Size. CHANGES ANNUALLY (\$)	Standard Refund per FCP Package Size CHANGES ANNUALLY ((NFAMP – FCP)/NFAMP) *100 = X% (%)	Additional Refund per FCP Package Size Percentage is Static NFAMP *(Y%) (%)	Total Offered Retail Refund per FCP Package Size CHANGES ANNUALLY (((NFAMP – FCP)/NFAMP) *100 = X%) + (NFAMP *(Y%)) = Total% (%)
153HCDIG1T2BS1X	Uniform Formulary & Tier 2 Before Step Therapy	1	\$	\$	%	%	%
153HCDIG1T2BS2X	Uniform Formulary & Tier 2 Before Step Therapy	2	\$	\$	%	%	%

153HCDIG0T2NS1M	Uniform Formulary & Tier 2 No Step Therapy	1 or more	\$	\$	%	%	%
153HCDIG1T2AS1M	Uniform Formulary & Tier 2 After Step with preferred agent(s) Before Step Therapy	1 or more	\$	\$	%	%	%

**** Only one price per category may be submitted.**