UF BPA Appendix for the AUGUST 2012 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.

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

DoD Condition Set Provisions:

1. All generic agents may be on the Uniform Formulary.
2. All generic agents are eligible to be used before the step therapy and are not included in condition set scenarios bids.
3. Generic agents may be on the BCF and are not included in condition set scenarios bids.
4. Generic agents will be used in cost analysis at the lowest available price.
5. Brand name agents with generic equivalents are only available if medically necessary. The pharmacy benefits program mandates substitution of generic drugs listed with an "A" rating in the current Approved Drug Agents with Therapeutic Equivalence Evaluations (Orange Book) published by the FDA unless sufficient clinical justification from the prescriber is submitted.
6. If a generic formulation of a branded product becomes available, TRICARE Management Activity reserves the right to use the generic formulation of the branded product as the step-preferred agent.
7. Basic Core Formulary agents are approved by generic name, dose and form.
8. TRICARE Management Activity reserves the right to evaluate a combination agent's merit either as a single entity or relative to the component agents.
9. Step-preferred agent(s) are agents available prior to the step therapy criteria process.
10. 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 through an MTF pharmacy, the Mail Order, or a Retail network pharmacy. 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.
11. TRICARE Management Activity reserves the right to evaluate an agent's various formulations as individual brand agents or view the formulations as one brand agent.
12. Prior Authorizations based on clinical criteria may be placed on any agent.

All prices quoted must include applicable FSS Industrial Funding Fee (IFF). The price per unit for a given dosage form and strength must be the same for all package sizes within a given dispensing venue. All package sizes must be expressed as whole numbers using numeric characters only. Any alpha-numeric package size information provided must be included in the drug name field. Prices per strength and dosage form must be shown to FOUR decimal places. Package prices must equal dosage form prices multiplied by package size. A quote must be submitted for each strength and dosage form identified by NDC number on the drug class dataset spreadsheet. NOTE: The P&T Committee has excluded most NDCs for hospital unit dose packaging and injectable forms not covered for outpatient use by the TRICARE pharmacy benefit. Written requests to exclude specific NDCs for quoted strength and form, to include supporting data and rationale for the exclusion, must be submitted for receipt by the Contracting Officer not later than 15 calendar days prior to BPA quote due date. The Government will respond to such requests within 7 calendar days of receipt.

NDC	Drug Name	Strength	Dosage Form	Package Size

Class: ANTICOAGULANTS subclass: HEPARIN AND RELATED PREPARATIONS Route: SUB-Q			
Class Note(s): If an agent is selected to be a Tier 1 then it will have a generic type co-pay.			
Step Therapy Addendum:			
Condition Set #	Category	One of (X) Number of brand agents	Military Treatment Facility Price per NDC
123CGHP0BCNS1	Basic Core Formulary No Step Therapy	1	
123CGHP0UFNS1	Uniform Formulary but not BCF or ECF(Local MTF P&T decision whether to put on formulary) No Step Therapy	1	
123CGHP0UFNS2	Uniform Formulary but not BCF or ECF(Local MTF P&T decision whether to put on formulary) No Step Therapy	2 or more	

Class: ANTICOAGULANTS subclass: HEPARIN AND RELATED PREPARATIONS Route: SUB-Q			
Class Note(s): If an agent is selected to be a Tier 1 then it will have a generic type co-pay.			
Step Therapy Addendum:			
Condition Set #	Category	One of (X) Number of brand agents	Mail Order Price per NDC
123CGHP0T1NS1	Tier 1 No Step Therapy	1	
123CGHP0T2NS1	Tier 2 No Step Therapy	1	
123CGHP0T2NS2	Tier 2 No Step Therapy	2 or more	