UF VARR Appendix for the November 2012 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 (2nd) cost share tier. 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

Class: OVERACTIVE BLADDER AGENTS
Class Note(s):
Step Therapy Addendum: If step therapy is selected, all generic agents may be placed before the step.

Condition Set #	Category	One of (X) Number of brand agents	Most recent Annual Non-Federal Average Manufacturer's Price* (Non-FAMP) 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% (%)
124OANO0T2NS1	Tier 2 No Step Therapy	1					
124OANO0T2NS2	Tier 2 No Step Therapy	1 or more					
124OANO1T2BS1	Tier 2 & Before Step Therapy	1					
124OANO1T2BS2	Tier 2 & Before Step Therapy	1 or more					
124OANO1T2AS1	Tier 2 & After Step Therapy	1 or more					