

SMGBS Test Strip UF VARR Appendix for the **November 2014** DoD P&T Meeting

Condition Sets for Uniform Formulary Voluntary Agreements for TRICARE Retail Refunds

(UF-VARR)

The Company must submit a separate, complete UF-VARR quote for each Condition Set that applies to the Company's quoted SMGBS test strip(s). 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.

No grandfathering requires all patients, except for those with "medical necessity", regardless of past medication history to complete an adequate trial of the step-preferred agent(s) before a non-step-preferred agent is provided.

Suite: Each company designates what strips are in the company's group of strips known as a suite. The company may price and submit only one proposed VARR Appendix. Alternate proposed VARR Appendices will not be considered. Companies may only submit one suite and only quoted refund per condition set. After application of the quoted refund, all strips within a suite must have the same price.

Medical Necessity: Subject to the recommendation of the P&T Committee and final decision by the Director, DHA, medical necessity for this class may include but not be limited to:

1. The patient reasonably would not be able to use a formulary blood glucose meter and strips appropriately or effectively instead of the requested blood glucose meter and formulary excluded strips.
2. The patient has a documented physical or mental health disability requiring a special monitor (e.g. visual impairment).
3. The patient is using the Medtronic Mini Med Paradigm insulin pump with the One Touch Ultra Link meter (OneTouch Ultra test strips) or the patient is using the One Touch Ping insulin pump and One Touch Ping meter (OneTouch Ultra test strips).
4. The patient is receiving peritoneal dialysis or the intravenous immune globulin (IVIG) preparation Octagam and the provider is concerned about the glucose dehydrogenase-pyrroloquinolinequinone interaction (GDH-PQQ).

Performance Terms/Conditions:

- Test strips: The Company shall ensure test strips are made available at all three Points of Service (Military treatment Facilities, TRICARE Mail Order Pharmacy, and retail).

- Meters: In accordance with industry practice, the Company shall make meters available to DoD beneficiaries at no additional charge or cost to the DoD beneficiary.

The following NDCs are in the Suite:

NDC	Strip Name	Package Size

The following Condition Sets identify the conditions under which UF-VARR quotes are to be submitted by the Company.

PEC Class: SELF MONITORING BLOOD GLUCOSE STRIPS			
Class Note(s): Each company designates what strips are in the company’s group of strips known as a suite. Companies may only submit one suite and only one quoted refund per condition set. After application of the quoted refund, all strips within a suite must have the same price.			
Step Therapy Addendum: Subject to P&T Committee recommendation and final approval by the Director, DHA, “no grandfathering” may be designated for this class.			
Condition Set #	Category	One of (X) Number of Suites	Refund per NDC Percentage is Static WAC *(Y%)
1 UF Suite (No Grandfathering)			
20151BGXX1T2BS1X	Tier 2 BEFORE Step Therapy	1	
2 UF Suites (No Grandfathering)			
20151BGXX1T2BS1M	Tier 2 BEFORE Step Therapy	2	
1 UF Suite (Grandfathering)			
20151BGXX1T2BS1XG	Tier 2 BEFORE Step Therapy	1	
2 UF Suites (Grandfathering)			
20151BGXX1T2BS1MG	Tier 2 BEFORE Step Therapy	2	