

## **UF VARR Appendix for the **AUGUST 2013** 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 (2<sup>nd</sup>) 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

PEC Class: CORTICOSTEROIDS-IMMUNE MODULATORS PEC Sub Class: MEDIUM POTENCY STEROIDS ROUTE: TOPICAL							
Class Note(s):							
Step Therapy Addendum:							
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% (%)
1304CIMD0T2NS1M	Tier 2, No Step Therapy	1 or more					