

UF VARR Appendix for the **AUGUST 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.

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.

NDC	Drug Name	Strength	Dosage Form	Package Size

Class: ANDROGENS-ANABOLIC STEROIDS Subclass: TESTOSTERONE REPLACEMENT THERAPIES ROUTE: TOPICAL AND BUCCAL							
Class Note(s): A manual Prior Authorization may be applied to all patients for appropriate use to include but not limited to an appropriate diagnosis and labs drawn.							
Step Therapy Addendum: If step therapy is approved, preferred products must be tried first. All patients may be required to undergo the Prior Authorization process.							
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 (%)	Additional Refund per FCP Package Size Percentage is Static (%)	Total Offered Retail Refund per FCP Package Size CHANGES ANNUALLY (%)
123AATS0T2NS1	Tier 2 No Step Therapy	1					
123AATS0T2NS2	Tier 2 No Step Therapy	2 or more					
123AATS1T2BS1	Tier 2 & Before Step Therapy	1					
123AATS1T2BS2	Tier 2 & Before Step Therapy	2 or more					
123AATS1T2AS1	Tier 2 After Step with preferred agent(s) Before Step Therapy	1 or more					

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