

## UF VARR Appendix for the **Nov 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.

Grandfathering: 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 a MTF pharmacy or TMOP. 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.

No-grandfathering: a prior authorization process, would require all patients, regardless of past medication history to complete an adequate trial of the step-preferred agent(s) before a non-step-preferred agent is provided to a user through an MTF pharmacy or TMOP.

Grandfathering unstipulated: TMA reserves the right to choose the grandfathering or no-grandfathering of some or all agents based the total price/clinical evaluations after quotes have been submitted and in the best interests of the Government.

NDC	Drug Name	Strength	Dosage Form	Package Size
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**PEC Class: DIABETES: NON-INSULIN PEC Sub Class: Dipeptidyl Peptidase 4 (DPP-4) Inhibitors**  
**Class Note(s): Metformin or a sulfonyleurea must be utilized prior to any agent(s) that reside in this subclass regardless of step therapy status.**  
**Step Therapy Addendum: Subclass agents compete only against each other and only after metformin or sulfonyleurea have been tried.**

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% (%)
201401DNDP1T2AS2M	Tier 2 After Step Therapy	2 or more					