

## UF VARR Appendix for the Feb 2014 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 Retail 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.

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 a Retail pharmacy.

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

PEC Class: GASTROINTESTINAL-1 AGENTS PEC Sub Class: Aminosalicylates Route: Oral

Class Note(s): Generics may be on the Basic Core Formulary and are not part of the condition set scenerios.

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% (%)
20140GIAS0T2NS1M	Tier 2 No Step Therapy	1 or more					