

**DEPARTMENT OF WAR  
PHARMACY AND THERAPEUTICS COMMITTEE  
ADMINISTRATIVE AUTHORITIES EXCERPT  
MINUTES AND RECOMMENDATIONS FOR FEBRUARY, MAY, AND  
NOVEMBER 2025 P&T COMMITTEE MEETINGS  
EXCERPT May 1 2026**

**DOW P&T COMMITTEE ADMINISTRATIVE AUTHORITY**

*Background*—The Administrative Authorities document outlines which P&T Committee functions can be performed administratively prior to the quarterly meeting, and subsequently presented to the P&T Committee for formal recommendation; those functions which require both Uniform Formulary Beneficiary Advisory Panel (UF BAP) and Director, DHA review, and those which solely require Director, DHA review and do not fall under the purview of the UF BAP panel. Prior to the February 2025 P&T Committee meeting, the most recent update to the Administrative Authorities document occurred at the November 2023 P&T Committee meeting. Updates were subsequently made at the May 2025 and November 2025 P&T Committee meetings as outlined below. The updated table of Administrative Authorities is found in the Appendix.

**A. February 5-6, 2025 P&T Committee Meeting**

*Recommendation*—The P&T Committee recommended updating the document in the section for PA criteria updates to institute and/or change existing PAs, as necessary, to comply with governing federal law and policy.

*Justification*—The Director retains the authority to establish procedures and direct actions that are necessary to comply with governing federal law and policy and may direct the Pharmacy Operations Division/Formulary Management Branch to take the necessary actions to ensure compliance. These actions are not part of the DoD P&T Committee process (i.e., the P&T Committee is not asked whether DoD should comply with a federal law) or subject to the UF BAP comments as they are dictated by law and cognizant higher-level authority. This update captures this inherent authority.

**COMMITTEE ACTION: P&T COMMITTEE ADMINISTRATIVE AUTHORITY UPDATE**—The P&T Committee recommended (19 for, 0 opposed, 0 abstained, 0 absent) to update the document as follows (changes in bold): “Implementing temporary PA requirement changes for existing PAs, or medical necessity criteria based on new reliable evidence from new randomized controlled trials or new national guidelines (changes will be reviewed by the DoD P&T Committee at the next meeting) and to institute and/or change existing PAs, as necessary, to comply with governing federal law and policy.”

## **B. May 7-8, 2025 P&T Committee Meeting**

*Recommendation*—Terminology included in the new Specialty program and TPharm 5 contract language has prompted an update to the Administrative Authorities document. Changes include removing outdated language and updating the maintenance medication list to the TRICARE Specialty Drug List; updating Tier 4 to complete exclusion status; changing from the Expanded MTF Mail Pharmacy Initiative ("EMMPI") to "TRICARE Maintenance Drug List"; and changing to Retail Pharmacies from "Retail Network Pharmacies"

*Justification*—The changes will align with updated terminology.

**COMMITTEE ACTION: P&T COMMITTEE ADMINISTRATIVE AUTHORITY UPDATE**—The P&T Committee recommended (17 for, 0 opposed, 1 abstained, 0 absent) to update the Administrative Authorities document to as outlined above, including modifications based on the Specialty program and TPharm5 terminology changes.

## **C. November 5-6, 2025 P&T Committee Meeting**

*Recommendation*—The P&T Committee recommended updating the document in the following sections:

Approval by the Director, DHA, required based on DoD P&T Committee recommendations and UF BAP comments: In situations where the UF BAP meeting is delayed past the quarterly DoD P&T Committee meeting, the DoD P&T Committee recommended PA criteria may be applied, including changes to automation and beneficiary notification for affected users. DoD P&T Committee recommended PA criteria will be presented to the UF BAP for review and comment at the next scheduled UF BAP meeting and ultimately presented to the Director, DHA for consideration and final decision.

Approval by the Director, DHA, required based on DoD P&T Committee recommendations (not required to be submitted to the UF BAP for comments): In situations when the BAP meeting is delayed past the quarterly DoD P&T Committee meeting, DoD P&T Committee recommended MN criteria and/or QLs may be applied. The DoD P&T Committee recommended MN criteria and/or QLs will be presented to the Director, DHA for consideration and final decision.

*Justification*—The above additions to the Administrative Authorities' document will allow temporary implementation of PA criteria, MN criteria and QLs prior to signing of the quarterly meeting minutes by the Director, DHA in situations where significant delays are occurring.

**COMMITTEE ACTION: P&T COMMITTEE ADMINISTRATIVE AUTHORITY UPDATE**—The P&T Committee recommended (20 for, 0 opposed, 0 abstained, 0 absent) to update the document as outlined above.

**SUBMITTED BY:**

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John P. Kugler, M.D., MPH  
DoD P&T Committee Chair

**The Director, DHA:**

concurs with all recommendations.

concurs with the recommendations, with the following modifications:

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concurs with the recommendations, except for the following:

\\Signed

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Regina M. Julian, MBA, FACHE  
Acting Assistant Director  
Health Care Administration and Operations

## Appendix—DoD P&T Committee Administrative Authority

### Processes and Recommendation/Approval Authorities February, May and November 2025 Updates

Note that updates are in bold and strikethrough

Process	Function
<p><b>Administrative</b> (not part of DoD P&amp;T Committee process; Uniform Formulary Beneficiary Advisory Panel (UF BAP) comments not required; Director, DHA, approval not required)</p> <p>Responsible parties include: TPharm5 (Mail Order Pharmacy and <b>Retail Pharmacies Pharmacy Network</b>) Contracting Officer Representative (CORs), DHA Pharmacy Program, DHA Office of General Counsel, and Pharmacy Operations Division Formulary Management Branch (FMB) staff; <b>P&amp;T Committee Chair and others as needed</b></p>	<ul style="list-style-type: none"> <li>▪ Identification of new FDA-approved medications, formulations, strengths, package sizes, fixed dose combinations, etc.</li> <li>▪ If situation unclear, determination as to whether a new FDA-approved medication is covered by TRICARE.</li> <li>▪ If situation unclear, determination as to whether a new FDA-approved medication is part of the pharmacy benefit (e.g., IV infusions).</li> <li>▪ If situation unclear, determination as to whether a new FDA-approved medication is suitable for dispensing through the TRICARE Mail Order Pharmacy (e.g., Accutane with proof of negative pregnancy testing requirements).</li> <li>▪ Calculating and implementing quantity limits. The QLs will be reviewed by the DoD P&amp;T Committee at the next meeting.</li> <li>▪ Making changes to quantity limits as needed based on non-clinical factors such as changes to packaging (e.g., medication previously available in boxes of 5 now only available packaged in boxes of 8).</li> <li>▪ Establishing and making changes to days supply and quantity limits for specialty medications as needed, consistent with days supply or quantity limits for similar agents, expert opinion from providers and specialty pharmacists, dosing, package sizes, and other considerations, to be reviewed by the DoD P&amp;T Committee at the next meeting.</li> <li>▪ Establishing adjudication edits (Pharmacy Data Transaction Service [PDTs] limitations which are set well above the clinical maximum and are intended to prevent entry errors [e.g., entering a quantity of 17 for a 17-gram inhaler for which the actual unit of measure is 1 inhaler] or are intended to limit diversion.</li> <li>▪ Implementing PA requirements if already established through the DoD P&amp;T Committee process for a given medication or class of medications.</li> <li>▪ Implementing step therapy (automated PA criteria) for a new entrant to a medication class if already established through the DoD P&amp;T Committee process. The entrant will be designated as “non-step-preferred” (i.e., behind the step). The step therapy criteria for the new entrant will be reviewed by the DoD P&amp;T Committee at the next meeting.</li> <li>▪ Making minor changes to PA forms or Medical Necessity (MN) forms NOT involving changes to underlying criteria, such as correcting contact information or rewording clinical questions.</li> <li>▪ Making changes to PA criteria, MN criteria, quantity limits and any associated documents to accommodate new FDA-approved indications</li> </ul>

	<p>or to respond to changes in FDA-recommended safety limitations (changes will be reviewed by DoD P&amp;T Committee at next meeting).</p> <ul style="list-style-type: none"> <li>▪ Implementing temporary PA requirement changes for existing PAs, or medical necessity criteria based on new reliable evidence from new randomized controlled trials or new national guidelines (changes will be reviewed by the DoD P&amp;T Committee at the next meeting) <b>and to institute and/or change existing PAs, as necessary, to comply with governing federal law and policy. (From the February 2025 DoD P&amp;T Committee meeting)</b></li> <li>▪ Applying general MN criteria to drugs newly approved by the FDA after August 26, 2015 (previously known as “innovator” drugs), as outlined in the August 2015 DoD P&amp;T Committee meeting minutes.</li> <li>▪ Designated drugs newly approved by the FDA after August 26, 2015 with no formulary alternatives to adjudicate as UF (Tier 2 co-pay), after consultation with a DoD P&amp;T Committee physician member or MHS specialist prior to formal vote from the DoD P&amp;T Committee. All newly approved drugs, including those that the Pharmacy Operations Division has determined have no formulary alternatives will be reviewed by the DoD P&amp;T Committee at the next meeting, as outlined in the February 2016 DoD P&amp;T Committee meeting minutes.</li> <li>▪ Establishing temporary specific PA criteria or MN criteria for select drugs newly approved by the FDA after August 26 2015, to be implemented at the time of product launch, after consultation with a DoD P&amp;T Committee physician member or MHS specialist, prior to formal vote by the DoD P&amp;T Committee, as outlined in the February 2016 DoD P&amp;T Committee meeting minutes. All temporary specific PA or MN criteria will be reviewed by the DoD P&amp;T Committee at the next meeting. The temporary specific PA or MN criteria will only be active until the formal P&amp;T Committee process is complete. Implementation of permanent criteria will become effective upon signing of the DoD P&amp;T Committee minutes. All users who have established temporary specific PA or MN criteria will be “grandfathered” when the permanent criteria become effective, unless directed otherwise.</li> <li>▪ Establishing drug class definitions for maintenance medications as part of the <del>Expanded MTF/Mail Order Pharmacy Initiative</del> <b>TRICARE Maintenance Drug List. (From the May 2025 meeting)</b></li> <li>▪ Exempting NF medications from the requirement for TRICARE Mail Order Pharmacy dispensing where Trade Act Agreement conflicts preclude purchase for use by the Mail Order Pharmacy; for products that will be discontinued from the market; or for products that are not feasible to provide through the Mail Order Pharmacy (e.g., shortages, access requirements).</li> <li>▪ Exempting medications or classes of medications previously identified for addition to the <del>Expanded MTF/Mail Order Pharmacy Initiative</del> <b>TRICARE Maintenance Drug List.</b> from the requirement for Mail Order Pharmacy dispensing in cases where Trade Act Agreement conflicts preclude purchase for use by the Mail Order Pharmacy; for products that will be discontinued from the market; or for products that are not feasible to provide through the Mail Order Pharmacy (e.g., shortages, access requirements). <b>(From the May 2025 meeting)</b></li> </ul>
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	<ul style="list-style-type: none"> <li>▪ After consultation with the Chair of the DoD P&amp;T Committee, implementing “brand over generic” authorization and PA criteria for drugs with recent generic entrants where the branded product is more cost effective than the generic formulations. The branded product will continue to be dispensed, and the generic product will only be available upon PA. The branded product will adjudicate at the Tier 1 co-pay at <del>the Retail Pharmacies Pharmacy Network</del> and the Mail Order Pharmacy. The “brand over generic” authority will be removed when it is no longer cost effective to the MHS. These actions will be reviewed by the DoD P&amp;T Committee at the next meeting, as outlined in the May 2016 DoD P&amp;T Committee meeting minutes. <i>(From the May 2025 meeting)</i></li> <li>▪ Designating “line extension” products to retain the same formulary status and any applicable PA/step therapy or MN criteria as the “parent” drug. Line extensions will be reviewed by the DoD P&amp;T Committee at the next meeting. Line extensions are defined as having the same FDA-approved indication as the parent drug and must be from the same manufacturer. Line extensions may also include products where there are changes in the release properties of parent drug, for example, an immediate release preparation subsequently FDA-approved as a sustained release or extended release formulation, available from the same manufacturer as the parent drug. The line extension definition is outlined in the May 2014 and November 2016 DoD P&amp;T Committee meeting minutes.</li> <li>▪ Removing medications withdrawn from the U.S. market from Basic Core Formulary (BCF) or Extended Core Formulary (ECF) listings and other documents.</li> <li>▪ Providing clarifications to existing BCF/ECF listings in the event of market entrant of new dosage strengths, new formulations, new delivery devices (e.g., HandiHaler vs. Respimat inhaler) or manufacturer removal/replacement of products (e.g., mesalamine Asacol changed to Delzicol). BCF clarifications of this type will be reviewed by the DoD P&amp;T Committee at the next meeting.</li> <li>▪ Providing clarifications to existing listings on the BCF or ECF to designate specific brands/manufacturers when a national contract (e.g., joint DoD/VA, Defense Logistics Agency) is awarded for a given product.</li> <li>▪ Other functions as necessary to accomplish the functions listed above; for example, making changes to PDTS coding for TPharm5, communicating status of medications as part of the pharmacy or medical benefit to Managed Care Support Contractors (MCSCs), and making changes to the DHA “health.mil” website.</li> <li>▪ <del>Adding or removing products from the Specialty Agent Reporting List that have previously been designated by the DoD P&amp;T Committee. The Specialty Agent Reporting List is maintained for purposes of monitoring specialty drug utilization trends and spends and is based on the definition of a specialty drug previously agreed upon by the DoD P&amp;T Committee at the August 2014 meeting.—(From the May 2025 meeting)</del></li> <li>▪ Adding or deleting drugs or drug classes from the <del>Clinical Services TRICARE</del> Specialty Drug List, based on approved P&amp;T Committee</li> </ul>
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	<p>criteria, which identifies drugs for which specialty care pharmacy services are provided at the Mail Order Pharmacy under the TRICARE pharmacy contract. The list <del>also designates which drugs must be filled through the Specialty Drug Home Delivery Program or at specified Retail Network pharmacies</del> is also used to monitor specialty drug utilization and costs, superseding the previous Specialty Agent Reporting List. Addition or deletion of drugs or drug classes from the <del>Clinical Services</del> TRICARE Specialty Drug List will be formally reviewed by the DoD P&amp;T Committee at the next meeting. <i>(From the May 2025 meeting)</i></p> <ul style="list-style-type: none"> <li>▪ In order to avert or respond to drug shortages due to widespread (national or worldwide) emergency situations (e.g., pandemics) and after consultation with the Chair of the DoD P&amp;T Committee and other parties as needed (e.g., Deputy Assistant Director – Health Affairs), applying or revising manual PA criteria, MN criteria or Quantity Limits to certain drugs, to ensure adequate supply and or appropriate usage in the MHS. Any actions taken will be presented to the P&amp;T Committee at the next meeting. PAs, MNs and/or QLs implemented in these situations will be removed when the situation has resolved.</li> <li>▪ FDA approval of a device or supply does not require consideration by the DoD P&amp;T Committee. If deemed appropriate, identification of new FDA-approved devices or supplies and determination as to whether a new FDA-approved device or supply should be considered for coverage by TRICARE Pharmacy Benefit. This includes new versions or models. If determination is made to consider <b>the device</b> for coverage, <b>then the timeline for review by DoD P&amp;T Committee will be established</b>. The DoD P&amp;T Committee must evaluate cost and clinical effectiveness for inclusion on the benefit and resulting formulary status recommendation. Additionally, devices or supplies may be reviewed periodically and may be designated UF, NF or excluded/removed from the pharmacy benefit. <i>(From the May 2025 meeting)</i></li> <li>▪ Designating “line extension” devices to retain the same formulary status and any applicable PA/step therapy or MN criteria as the “parent” or previous version device that have already been added to the TRICARE Pharmacy Benefit. Line extensions for devices will be reviewed by the DoD P&amp;T Committee at the next meeting. Line extension devices are defined as having the same indication, being a newer version or model of an already covered device, same pricing, and must be from the same manufacturer.</li> </ul>
<p><b>Approval by Director, DHA, required based on DoD P&amp;T Committee recommendations and UF BAP comments</b></p>	<ul style="list-style-type: none"> <li>▪ Classification of a medication as nonformulary on the Uniform Formulary (UF), and implementation plan (including effective date).</li> <li>▪ Classification of a medication <b>with Tier 4 (not covered) Complete Exclusion status (not covered)</b> on the Uniform Formulary, for products <del>selected for complete exclusion</del> that provide very little or no clinical effectiveness relative to similar agents, and <b>formulation of an</b> implementation plan (including effective date). <i>(From the May 2025 meeting)</i></li> </ul>

	<ul style="list-style-type: none"> <li>▪ Establishment of PA requirements for a medication or class of medications, a summary/outline of prior authorization criteria, and implementation plan (including effective date).</li> <li>▪ Changes to existing PA (e.g., due to the availability of new efficacy or safety data).</li> <li>▪ Discontinuation of PA requirements for a drug.</li> <li>▪ Clarification of a medication as nonformulary due to NDAA Section 703 regulations, and implementation plan (effective date).</li> <li>▪ Establishing pre-authorization criteria for drugs recommended as nonformulary due to NDAA Section 703 regulations.</li> <li>▪ Addition or deletion of over-the-counter (OTC) drugs to the Uniform Formulary, and designating products recommended for a co-payment waiver.</li> <li>▪ Removal of co-pays or reducing co-pays for an individual drug (e.g., branded product available at the Tier 1 co-pay).</li> <li>▪ Designating individual generic drugs as nonformulary (Tier 3 co-pay).</li> <li>▪ The Director may approve devices or supplies as recommended by the P&amp;T Committee and the UF BAP; however, approval is not required. Even if excluded from the pharmacy benefit, devices or supplies continue to be covered under the TRICARE medical benefit.</li> <li>▪ Devices or supplies approved for addition to the pharmacy benefit may be designated UF or NF with PA criteria and implementation plans as recommended by the DoD P&amp;T Committee and UF BAP.</li> <li>▪ <b>In situations where the UF BAP meeting is delayed past the quarterly DoD P&amp;T Committee meeting, the DoD P&amp;T Committee recommended PA criteria may be applied, including automation and beneficiary notification for affected users. The DoD P&amp;T Committee recommended PA criteria will be presented to the UF BAP for review and comment at the next scheduled UF BAP meeting, and ultimately presented to the Director, DHA for consideration and final decision (<i>From the November 2025 meeting</i>).</b></li> </ul>
<p><b>Approval by Director, DHA, required based on DoD P&amp;T Committee recommendations</b> (not required to be submitted to UF BAP for comments)</p>	<ul style="list-style-type: none"> <li>▪ Establishment of quantity limits for a medication, device or supply or class of medications, devices or supplies; deletion of existing quantity limits; or changing existing quantity limits based on clinical factors (e.g., new clinical data or dosing regimens).</li> <li>▪ Establishment and changes of MN criteria for nonformulary drugs, devices or supplies.</li> <li>▪ Addition or deletion of medications, devices or supplies listed on the Basic Core Formulary (BCF) or Extended Core Formulary (ECF).</li> <li>▪ Addition or deletion of drugs or drug classes, devices or supplies on the <del>Expanded MTF/Mail Order Pharmacy Initiative</del> <b>TRICARE Maintenance Drug List (<i>From the May 2025 meeting</i>)</b></li> <li>▪ For OTC products added or deleted from the UF, adding or removing the requirement for a prescription waiver.</li> <li>▪ Including or excluding drugs or drug classes, devices or supplies from the Mail Order Pharmacy auto refill program.</li> </ul>

	<ul style="list-style-type: none"><li>▪ Exempting NF medications, devices or supplies from the requirement for dispensing from the Mail Order Pharmacy (e.g., schedule II drugs, antipsychotics, oncology drugs, or drugs not suitable for dispensing from the Mail Order).</li><li>▪ Addition or deletion of drugs or drug classes from the <b>Clinical Services TRICARE Specialty</b> Drug List, which identifies drugs for which specialty care pharmacy services are provided at the Mail Order Pharmacy under the TRICARE pharmacy contract. <del>The list also designates which drugs must be filled through the Specialty Drug Home Delivery Program or at specified Retail Network pharmacies.</del> The list is also used to monitor specialty drug utilization and costs, superseding the previous Specialty Agent Reporting List. <i>(From the May 2025 meeting)</i></li><li>▪ In situations where the UF BAP meeting is delayed past the quarterly DoD P&amp;T Committee meeting, the DoD P&amp;T Committee recommended MN criteria and or QLs may be applied. The DoD P&amp;T Committee recommended MN criteria and/or QLs will be presented to the Director, DHA for consideration and final decision <i>(From the November 2025 meeting)</i>.</li></ul>
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