**Formulary and Non-formulary Drugs**:

The DoD Pharmacy & Therapeutics Committee (a body of military physicians and pharmacists) and approved by the Director of the Defense Health Agency (DHA) establishes a uniform formulary, which is a list of covered generic and brand name drugs. This formulary also contains a 3rd tier of drugs that are Non-formulary, both brand and generic. Prescriptions for non-formulary drugs are dispensed at a higher cost and may require step-therapy and prior authorization. The formulary is updated on a quarterly basis.

**Medical Necessity for Non-Formulary Medications**

Medical necessity criteria is established by the DoD P & T Committee for each non-formulary drug. If the medical necessity criteria are met, the copay would lower to the formulary copay. Your physician can establish medical necessity by completing and submitting the appropriate form.

**Prior Authorization**

Some prescriptions require prior authorization from the plan before they can be paid for by the plan. Drugs requiring prior authorization may include, but are not limited to, prescription drug specified by the DoD P & T Committee, brand-name drugs with generic equivalents, drugs with age limits, and drugs prescribed for quantities exceeding normal limits. Please refer to the TRICARE formulary search tool to find out if your specific drug requires prior authorization. Or call MaxorPlus Member Advocates at 1-800-687-0707.

**Step Therapy**

Step therapy involves prescribing a safe, clinically effective, and cost effective drugs as the first step in treating a medical condition. Generic drugs are commonly used as the preferred medication due to their established safety and efficacy for treating a given condition. This means that these drugs are only covered if you have already tried certain drugs and those did not work. Please refer to the TRICARE formulary search tool to find out if your specific drug requires step therapy. Or call MaxorPlus Member Advocates at 1-800-687-0707.

**Generic Substitution**

Generic drugs provide the same safe, effective treatment as brand-name drugs and, in most cases, they help you save money. The DoD policy on generic drugs states brand-name drugs that have a generic equivalent generally may be covered only after the physician completes a clinical assessment that indicates the brand-name drug should be used in place of the generic drug and approval is granted by the plan.

If you fill a prescription with a brand name drug that is not considered medically necessary and a generic equivalent is available, you will be responsible for paying the entire cost of the prescription.

**Specialty Medications**

Specialty medications are usually high-cost, self-administered injectable, oral, or infused drugs that treat serious chronic conditions. These drugs require special storage and handling, and may not be readily available at your local pharmacy. Specialty medications may also have side effects that require pharmacist and/or nurse monitoring. Many specialty medications are available at limited specific pharmacies. Your physician can submit a prescription directly to the specialty pharmacy and will be contacted to complete a prior authorization form. Once approved, the specialty pharmacy will coordinate delivery to your home or physician’s office.

**Smoking Cessation**

Quitting can be hard. USFHP is dedicated to helping you quit smoking and live a healthier life. Smoking cessation drugs are available from the MXP Mail Order Pharmacy for $0 copay. A prescription is required from your physician.

US Family Health Plan includes coverage for prescription drugs using the TRICARE formulary and is managed through MaxorPlus. The Plan includes generic and brand formulary and non-formulary medications, including specialty medications and smoking cessation.

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