



Pharmacy



Uniform Formulary Medical Necessity Criteria for Adrenergic Beta-blocking Agents (ABAs)

Drug Class – Adrenergic Beta-blocking agents (ABAs). This drug class includes beta-blockers and their combination products with diuretics used for hypertension, angina, and heart failure.

Background - After evaluating the relative clinical and cost effectiveness of medications in this class, the DoD P&T Committee recommended that the following medication be designated as non-formulary: nebivolol (Bystolic). This recommendation has been approved by the Director, TMA.

Effective Date: 29 October 2008

Patients currently using Bystolic may wish to ask their doctor to consider a formulary alternative.

Uniform Formulary Status, Cost shares, and Therapeutic Alternatives for ABAs^{1,2}

Uniform Formulary Status	Medication	Military Treatment Facilities (MTFs) (up to a 90 day supply)	TMOP (up to a 90 day supply)	Retail Network (up to a 30-day supply)
Non-Formulary (Tier 3)	Bystolic	Not available ²	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary (Tier 2) ³	Blocadren Corzide Coreg CR Coreg Corgard Inderal Inderal LA Inderide Kerlone Levator Lopressor Lopressor HCT Sectral Toprol XL Tenoretic Tenormin Trandate Visken Ziac Zebeta	\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Formulary: Generic (Tier 1) ³	Acebutolol Atenolol ± chlorthalidone Betaxolol Bisoprolol ± HCTZ Carvedilol immediate release Labetalol Metoprolol tartrate ± HCTZ Metoprolol succinate extended release Nadolol ± bendroflumethiazide Penbutolol Pindolol Propranolol ± HCTZ Propranolol extended release Timolol	\$0	Generic cost share applies	Generic cost share applies

1. Active duty cost share always \$0 in all points of service for all three tiers; active duty service members may not fill prescriptions for a non-formulary medication unless it is determined to be medically necessary.
2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) the prescription must be written by an MTF provider, MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred AND 2) medical necessity is established.
3. Betapace (sotalol) and Betapace AF (sotalol for atrial fibrillation) are adrenergic beta blockers which are not indicated for treating hypertension. These medications are not considered formulary alternatives to Bystolic.

Medical Necessity Criteria for ABAs

Bystolic (Nebivolol)

The non-formulary cost share for Nebivolol may be reduced to the formulary cost share if the patient meets any of the following criteria:

1. All formulary agents that could be used to reach the patient's target blood pressure goal are contraindicated (e.g., due to hypersensitivity).
2. The patient has previously responded to Bystolic, and changing to a formulary ABA would incur unacceptable risk.

Medical necessity recommended by the DoD Pharmacy & Therapeutics Committee at the June 2008 meeting & approved by the Director, TMA on 27 Aug 2008. For more information, please see the [June 2008 DoD P&T Committee minutes](#).

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