

Pharmacy

TRICARE Pharmacy Program Handbook

*Your guide to understanding the
pharmacy benefits available to
you and your family*



Mail Order Pharmacy <i>(United States)</i>	1-877-363-1303
Mail Order Pharmacy <i>(Overseas)</i>	See Figure 7.1 on page 30 for international toll-free access numbers.
TRICARE Retail Pharmacy Network <i>(United States, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands)</i>	1-877-363-1303
TRICARE National Web Site	www.tricare.mil
Express Scripts, Inc. Web Site	www.express-scripts.com/TRICARE
TRICARE Formulary Web Site	www.tricareformularysearch.org

Local Military Treatment Facility Pharmacy: _____

Local Retail Pharmacy: _____

Medical Provider: _____

An Important Note About TRICARE Program Information

At the time of printing, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulation. Changes to TRICARE programs are continually made as public law and/or federal regulation are amended. Military treatment facility guidelines and policies may be different than those outlined in this publication. For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, TRICARE pharmacy contractor, or your local military treatment facility.

TRICARE Pharmacy Program

Welcome to the TRICARE Pharmacy Program. As a TRICARE beneficiary, you have access to comprehensive prescription drug coverage and several options for filling your prescriptions. TRICARE chose Express Scripts, Inc. (Express Scripts) to provide your mail-order, retail, and specialty pharmacy services. Express Scripts handles millions of prescriptions each year through its mail-order service and retail pharmacies.

This handbook will help you make the most of your pharmacy benefit. You'll find information about your pharmacy options, cost-shares, and contact information if you need assistance with the program. If you have questions about your pharmacy benefit or your prescription medications after reading this handbook, resources are available to help you (*see the For Information and Assistance section of this handbook*).

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Getting Started

Eligibility

The TRICARE Pharmacy Program is available to all TRICARE-eligible beneficiaries registered in the Defense Enrollment Eligibility Reporting System (DEERS).^{*} It is essential that you keep information in DEERS current for you and your family members to ensure eligibility for your TRICARE benefits, including your pharmacy benefit. You may update DEERS information using any of the options listed in Figure 1.1.

Maintaining Your DEERS Information

Figure 1.1

In Person¹ <i>(add or delete a family member or update contact information)</i>	<ul style="list-style-type: none">• Visiting a local uniformed services identification card-issuing facility is the preferred method to add or delete a family member.• Find a facility near you by visiting the online Real-Time Automated Personnel Identification System (RAPIDS) Site Locator at www.dmdc.osd.mil/rsl.• Call to verify location and business hours.
Online²	<ul style="list-style-type: none">• DEERS Web site: https://www.dmdc.osd.mil/appj/address/index.jsp• Beneficiary Web Enrollment (BWE) Web site: https://www.dmdc.osd.mil/appj/bwe/
Phone²	<ul style="list-style-type: none">• 1-800-538-9552, Monday–Friday, 6:00 a.m.–3:30 p.m. Pacific Time (<i>except holidays</i>)• 1-866-363-2883 (<i>TTY/TDD</i>)
Fax²	<ul style="list-style-type: none">• 1-831-655-8317 (<i>documentation must include sponsor's identification number</i>)
Mail	<ul style="list-style-type: none">• Defense Manpower Data Center Support Office 400 Gigling Road Seaside, CA 93955-6771

1. Only sponsors (or appointed power of attorney) are authorized to add or delete a family member. Family members age 18 and older may update their own contact information.
2. Use these methods to change contact information only.

^{*} If you are enrolled in the US Family Health Plan (USFHP), you are not eligible for the TRICARE Pharmacy Program. You must use USFHP pharmacy providers. For details about USFHP, visit www.usfamilyhealthplan.org or call 1-800-748-7347.

Medicare-Eligible Beneficiaries

Medicare-eligible beneficiaries are able to use the TRICARE Pharmacy Program benefits. However, TRICARE beneficiaries who reached age 65 on or after April 1, 2001, are required to be enrolled in Medicare Part B. If you choose not to enroll, your pharmacy benefit is limited to the medications available at MTF pharmacies. Medicare-eligible beneficiaries are also eligible for Medicare Part D prescription drug plans. However, you do not need to enroll in a Medicare Part D prescription drug plan to keep your TRICARE benefits. You may visit www.tricare.mil/medicarepartd for additional details. For the most current information about Medicare Part D, call Medicare at **1-800-MEDICARE (1-800-633-4227)** or visit the Medicare Web site at www.medicare.gov.

Your Privacy Rights

Health Insurance Portability and Accountability Act of 1996 Compliance

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes provisions to ensure individual privacy regarding your personal health information. TRICARE and Express Scripts are committed to meeting the HIPAA and Department of Defense (DoD) guidelines related to your privacy. For more information on HIPAA and TRICARE, visit www.tricare.mil/hipaa.

Your Personal Health Information

In order to provide you with pharmacy services, administer your prescription benefits, coordinate or manage pharmacy-related services, and support health care operations, Express Scripts may require personal health and prescription drug information from you, your provider, or your retail pharmacy. Express Scripts uses this information to:

- Verify your identity and pricing under the program
- Identify adverse drug interactions

-
- Accurately process your prescription order
 - Keep you informed about the status of your Mail Order Pharmacy prescriptions, proper use of your medications, available treatment options, and benefit options

Express Scripts is contractually required to provide individual pharmacy claims data for payment processing and record keeping. Express Scripts is also obligated to report to TRICARE any unusual activity that may constitute fraud or abuse of benefits.

The DoD and Express Scripts may also use information and prescription data from submitted claims for reporting and analysis purposes pertaining to health oversight, health care operations, public health and safety, and research, and to support U.S. Food and Drug Administration activities.

In response to a court order, subpoena, search warrant, law, or regulation, Express Scripts may be legally required to release your personal information. If that happens, Express Scripts will notify you, unless doing so would violate the law or court order.

Other than the circumstances previously listed, Express Scripts will not use or disclose your personal information to a third party without your permission.

TRICARE Pharmacy Options

The TRICARE Pharmacy Program provides outpatient prescription drugs to more than 9.4 million individuals through four outpatient venues of service. These include:

- Military treatment facility (MTF) pharmacies
- Mail Order Pharmacy
- TRICARE retail network pharmacies
- Non-network retail pharmacies

Prescriptions filled through the MTF, Mail Order Pharmacy, and retail network pharmacies are checked for accuracy and are checked against your TRICARE prescription history for potential drug interactions.

Military Treatment Facility Pharmacy

An MTF pharmacy is the least expensive option for filling prescriptions. At an MTF pharmacy, you may receive up to a 90-day supply of most medications at no cost. Most MTF pharmacies accept prescriptions written by both civilian and military providers, regardless of whether you are enrolled at the MTF.

Non-formulary medications generally are not available at MTF pharmacies. To check the availability of a particular drug, contact the nearest MTF pharmacy in person or by phone. If an MTF pharmacy is not convenient for you, or if the medication you need is not available from your local MTF pharmacy, you may fill your prescription using the Mail Order Pharmacy, a TRICARE retail network pharmacy or a non-network retail pharmacy, which are described in greater detail below.

Visit www.tricare.mil/MilitaryPharmacy for more information on MTF pharmacies.

Mail Order Pharmacy

The Mail Order Pharmacy is your least expensive option when not using an MTF pharmacy. With the Mail Order Pharmacy, you enjoy the convenience of having your medications delivered directly to your home. Mail order is best suited for medications you take on a regular basis. You may receive up to a 90-day supply of medications for minimal out-of-pocket costs. With the Mail Order Pharmacy, there is only one copayment for each prescription filled (*up to a 90-day supply*). In addition, prescriptions are delivered to you with free standard shipping, and refills can be ordered easily online, by phone, or by mail. The Mail Order Pharmacy also provides you with convenient notifications about your order status, refill reminders, and assistance in renewing expired prescriptions. If you have questions about your prescriptions, pharmacists are available 24 hours a day, 7 days a week, to talk confidentially with you.

For your safety and privacy, your order will be shipped in tamper-resistant, weather-resistant, unmarked packaging. Your order should arrive at U.S. postal addresses within 14 days. To ensure you receive a refill before your current supply runs out, re-order at least two weeks before you need your refill. You should allow extra time for APO/FPO delivery. Be sure to check the refill date on your prescription to determine when your next refill is available. Orders placed before the next available refill date will be held by the Mail Order Pharmacy until your prescription can be refilled. Once the next available refill date arrives, your prescription automatically will be shipped to you.

Prescriptions may be mailed to any address in the United States and its territories, including temporary and APO/FPO addresses. If you are assigned to an embassy and do not have an APO/FPO address, you must use the embassy address. Prescriptions cannot be mailed to private foreign addresses. **Note:** Refrigerated medications cannot be shipped to APO/FPO addresses.

For more information about the Mail Order Pharmacy, visit www.express-scripts.com/TRICARE or call **1-877-363-1303**.

Note: If you have other health insurance with a pharmacy benefit, you may not be eligible to use the Mail Order Pharmacy (*see page 25*).

How to Register for the Mail Order Pharmacy

You may register for the Mail Order Pharmacy using any of the options listed in Figure 2.1.

Mail Order Pharmacy Registration Methods

Figure 2.1

Online	<ul style="list-style-type: none">• Visit www.express-scripts.com/TRICARE
Phone	<ul style="list-style-type: none">• Call 1-877-363-1303• TDD/TTY (<i>for the hearing impaired</i>): 1-877-540-6261
Mail	<ul style="list-style-type: none">• Download the registration form from www.express-scripts.com/TRICARE and mail it to: Express Scripts, Inc. P.O. Box 52150 Phoenix, AZ 85072-9954

How to Use the Mail Order Pharmacy

Filling a New Prescription by Mail

- Ask your provider to write a new prescription for the maximum days' supply allowed (*up to a 90-day supply on most medications*).*
- Complete the *New Patient Home Delivery Form*, available at www.express-scripts.com/TRICARE.
- Mail the completed form, your written prescription, and payment to:

Express Scripts, Inc.
P.O. Box 52150
Phoenix, AZ 85072-9954
- Payment may be made by credit card, check, or money order.
Note: To ensure proper prescription fulfillment, follow all instructions on the form.
- Include the following information **on the back of each prescription**: patient's full name, date of birth, address, and sponsor's identification (ID) number.

* *The Department of Defense Pharmacy and Therapeutics Committee may set quantity limits on some medications. For more information, visit www.tricareformularysearch.org.*

Filling a New Prescription by Fax

- In the United States, ask your provider to fax your new prescription (*with a fax cover sheet*) directly to Express Scripts at **1-877-895-1900**.
- If you are in an overseas location, have your U.S.-licensed provider fax your prescription to **1-602-586-3911**.
- Faxed prescriptions must contain the following information in order to be processed: patient's full name, date of birth, address, and sponsor's ID number.
- According to state law, only prescriptions faxed directly from your provider's office will be accepted.
- Prescriptions for Schedule II controlled substances cannot be faxed; by law, they must be mailed.

Ordering Refills Online

- Visit www.express-scripts.com/TRICARE.
- During your first visit to the Web site, complete the brief online account activation. This will make future visits fast and easy.
- The Web site lets you check your order status, offers easy-to-use tools to help you make cost-effective choices about your prescription drugs, request refills, look up general information about prescription drugs and health conditions, and more.

Ordering Refills by Phone

- Call **1-877-363-1303**.
- Have your sponsor's ID number, your prescription number, and credit card information ready when you call.

TRICARE Retail Network Pharmacy

Another option for filling your prescriptions is through a TRICARE retail network pharmacy. You may fill prescriptions (*one copayment for each 30-day supply*) when you present your written prescription along with your uniformed services ID card to the pharmacist. All TRICARE-eligible beneficiaries who are registered in DEERS are automatically eligible for the retail network pharmacy option. This

option allows you to fill your prescriptions at network pharmacies across the country without having to submit a claim. You have access to a network of approximately 60,000 retail pharmacies in the United States and its territories (*including Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*). Registration is **not** required. To find the nearest TRICARE retail network pharmacy, visit www.express-scripts.com/TRICARE or call **1-877-363-1303**.

Member Choice Center

You can reduce your out-of-pocket costs by moving your current retail maintenance medication prescriptions to the Mail Order Pharmacy. It's easy to do with the Member Choice Center. Additionally, you may contact the Member Choice Center for assistance with converting your current MTF prescriptions to the Mail Order Pharmacy if you prefer the convenience of home delivery (*mail-order copayments will apply*).

To help you get started, visit www.express-scripts.com/TRICARE and click on the "Make the Switch to Mail Order Pharmacy Home Delivery" feature or call **1-877-363-1433**. **Note:** To use the Member Choice Center, you must have a maintenance prescription dispensed at a retail pharmacy or MTF. The Member Choice Center will contact your provider to obtain a new written prescription for home delivery.

Non-Network Retail Pharmacy

At non-network pharmacies, you will pay full price for your medication and file a claim for reimbursement. Reimbursements are subject to deductible or out-of-network cost-shares and TRICARE-required copayments. All deductibles must be met before any reimbursement can be made. You may log on to www.express-scripts.com/TRICARE or contact Express Scripts at **1-877-363-1303** for locating an in-network pharmacy. For details about filing a claim, see the *Claims* section.

Covered Services, Limitations, and Exclusions

The Department of Defense (DoD) has established an effective, efficient, integrated pharmacy benefit program for the Military Health System. The pharmacy benefit program provides outpatient coverage to beneficiaries for medicine that has been approved for marketing by the U.S. Food and Drug Administration (FDA) and that generally requires a prescription. All prescriptions must be written by a provider who is licensed in the United States or its territories.

For a general list of prescription drugs that are covered under TRICARE, and for drugs requiring prior authorization or that have quantity limits, visit www.tricareformularysearch.org. If you do not have internet access, you may call **1-877-363-1303** if you have a question about a specific drug.

Generic Drug Use Policy

Generic drugs are medications approved by the FDA that are clinically equivalent to brand-name medications. Generic drugs provide the same safe, effective treatment as brand-name drugs and help you save money.

DoD policy on generic drugs states the following:

- TRICARE will fill your prescription with a generic-equivalent medication.
- Brand-name drugs that have a generic equivalent may be dispensed **only** after the prescribing provider completes a clinical assessment that indicates the brand-name drug should be used in place of the generic medication and approval is granted by Express Scripts.
- If a generic equivalent does not exist, the brand-name drug is dispensed and you will pay the brand-name copayment. For copayment information, see Figure 5.1 in the *Costs* section.

For more information about generic drugs, visit the FDA's Web site at www.fda.gov.

Formulary and Non-Formulary Drugs

In 2005, DoD established a uniform formulary, which is a list of covered drugs consisting of generic and brand-name drugs. This formulary also contains a third tier of medications that are designated as “non-formulary.” Prescriptions for non-formulary drugs can be dispensed, but at a higher cost to beneficiaries.

Since 2005, there have been multiple therapeutic classes of medications reviewed by the DoD Pharmacy and Therapeutics (P&T) Committee for classification of pharmaceuticals into the three-tier structure. A therapeutic “class” is a grouping of medications used for the same medical condition. The uniform formulary is available worldwide at DoD’s three points of pharmacy service (MTFs, retail network pharmacies, and the Mail Order Pharmacy). The DoD P&T Committee is charged with reviewing and recommending medications to be moved to the third tier of the uniform formulary. These recommendations are presented to the Beneficiary Advisory Panel for comment during a public meeting. The recommendations and comments are then presented to the Director, TRICARE Management Activity for approval. The DoD P&T Committee meets quarterly to review medications in selected therapeutic classes for relative clinical and cost-effectiveness. The committee also considers safety and patient tolerability.

Additional information about the DoD P&T review process and the uniform formulary can be found on the TRICARE Web site at www.tricare.mil/UniformFormulary.

Medical Necessity for Non-Formulary Medications (at Formulary Copayments)

A medical necessity criterion is established by the DoD P&T Committee for each non-formulary medication. If the medical necessity criteria is met, the beneficiary may receive the non-formulary medication at a retail network pharmacy or through the Mail Order Pharmacy at a lower copayment. Your provider can establish medical necessity by completing and submitting the appropriate TRICARE pharmacy medical necessity form for the non-formulary medication.

Forms and medical necessity criteria are available online at https://rxnet.army.mil/pec/forms_criteria.php or by calling Express Scripts at 1-877-363-1303. **Note:** Non-formulary drugs are generally not available at MTFs.

- **Active duty service members:** If medical necessity is approved, active duty service members may receive non-formulary medications through the Mail Order Pharmacy or at retail network pharmacies at no cost. Active duty service members may not fill prescriptions for a non-formulary medication unless medical necessity is established.
- **All other eligible beneficiaries:** If medical necessity is approved, the beneficiary may receive the non-formulary medication at the formulary cost through the Mail Order Pharmacy or at retail network pharmacies.

To learn more about specific medications, copayments, and common drug interactions, or to check for generic equivalents or determine if a drug is considered a non-formulary medication, visit the online TRICARE Formulary Search Tool at www.tricareformularysearch.org.

Step Therapy

Step therapy involves prescribing a safe, clinically effective, and cost-effective medication as the first step in treating a medical condition. The preferred medication is often a generic medication that offers the best overall value in terms of safety, effectiveness, and cost. Non-preferred drugs are only prescribed if the preferred medication is ineffective or poorly tolerated.

Drugs subject to step therapy will be approved for first-time users only after they have tried one of the preferred agents on the DoD Uniform Formulary (e.g., currently a beneficiary must try omeprazole or Nexium[®] before using any other proton pump inhibitor). **Note:** If you filled a prescription for a step-therapy drug within 180 days prior to the implementation of step therapy, you will not be affected by step-therapy requirements and will not be required to switch medications.

Quantity Limits

TRICARE has established quantity limits on certain medications, which means that DoD will only pay for a specified, limited amount of medication each time you have your prescription filled. Quantity limits are often applied to ensure the medications are safely and appropriately used. Exceptions to quantity limits established by the DoD P&T Committee may be made if the prescribing provider is able to justify medical necessity.

Prior Authorization

To ensure that some medications are used appropriately, prior authorization may be required before the prescription can be filled. Medications requiring prior authorization may include, but are not limited to, prescription drugs specified by the DoD P&T Committee, brand-name medications with a generic equivalent, medications with age limitations, and medications prescribed for a quantity exceeding normal limits.

Exclusions

Prescription medications used to treat conditions that are not currently covered by TRICARE either by statute or regulation are likewise excluded from the pharmacy benefit. Excluded medications include:

- Drugs prescribed for cosmetic purposes
- Fluoride preparations
- Food supplements
- Homeopathic and herbal preparations
- Multivitamins
- Over-the-counter products (*except insulin and diabetic supplies*)
- Smoking cessation products
- Weight reduction products

Specialty Medication Care Management

What Are Specialty Medications?

Specialty medications are usually high-cost, self-administered, injectable, oral or infused medications that treat serious chronic conditions (e.g., *multiple sclerosis, rheumatoid arthritis, and hepatitis C*). These drugs typically require special storage and handling, are difficult to administer, and are not readily available at your local pharmacy. These drugs may also have side effects that require monitoring by a pharmacist and/or nurse.

The Specialty Medication Care Management program is structured to improve your health through continuous health evaluation, ongoing monitoring, assessment of educational needs, and management of medication use. This program provides:

- Access to proactive, clinically based services for specific diseases designed to help you get the most benefit from your medicine
- Refill reminder calls each month
- Scheduled deliveries to your specified location
- Specialty consultation with nurse/pharmacist at any point during your therapy

These services are provided to you at no additional cost when you receive your medications through the Mail Order Pharmacy. Participation is voluntary. If you or your provider orders a specialty medication from the Mail Order Pharmacy, you will receive additional information from Express Scripts about the Specialty Medication Care Management program and how to get started. Specialty drugs are subject to applicable cost-shares. See Figure 5.1 in the *Costs* section for copayment details.

Expert Assistance Available

By using the Mail Order Pharmacy for your specialty medications, you have the opportunity to speak to a nurse who understands your condition and your specific needs. The nurse will discuss your progress, help identify new symptoms, address any side effects or issues, and coordinate with your doctor. All of this is designed to help you achieve the best possible health outcomes from your therapy.

A pharmacist is also available so you can discuss potential drug interactions or side effects, as well as any questions you may have about your prescription.

Nurses and pharmacists are available to you for as long as you are taking the specialty medication. Nurses are available Monday–Friday, 8:00 a.m.–9:00 p.m. Eastern Time, and a pharmacist is available 24 hours a day, 7 days a week.

You also have access to educational materials and Web sites to help you manage your condition.

Filling Specialty Medication Prescriptions

Using the Mail Order Pharmacy to fill specialty medication prescriptions provides you with access to the Specialty Medication Care Management program benefits described above. If you have a prescription for a specialty medication, you may mail it or have your provider fax it. If you are currently using another pharmacy to fill your specialty medication prescription, you can contact the Member Choice Center to assist you in switching to the Specialty Medication Care Management program. Contact information is provided in Figure 4.1.

With specific mailing instructions from you or your provider, the Mail Order Pharmacy will ship your specialty medication to your home. For your convenience and safety, the Mail Order Pharmacy will contact you to arrange for delivery of your medication before shipment.

Mail	<ul style="list-style-type: none">• Express Scripts P.O. Box 52150 Phoenix, AZ 85072-9954
Fax <i>(providers only)</i>	<ul style="list-style-type: none">• In the United States: 1-877-895-1900• Overseas: 1-602-586-3911
Member Choice Center <i>(to switch your medication to the Specialty Care Medication Management program)</i>	<ul style="list-style-type: none">• 1-877-363-1433

Note: Some specialty medications may not be available through the Mail Order Pharmacy because the medication’s manufacturer limits the drug’s distribution to specific pharmacies. If you submit a prescription for a limited-distribution medication, the Mail Order Pharmacy will either forward your prescription to a pharmacy of your choice that can fill it or will provide you with instructions about where to send the prescription to have it filled. To determine if your specialty medication is available through the Mail Order Pharmacy, visit www.tricareformularysearch.org.

Costs

Pharmacy costs are based on whether the prescription is considered a formulary generic (*Tier 1*), formulary brand name (*Tier 2*), or non-formulary (*Tier 3*), and where you choose to have your prescription filled.

Pharmacy Copayments

Active duty service members have no pharmacy copayments when using MTF pharmacies, TRICARE retail network pharmacies, or the Mail Order Pharmacy.

Figure 5.1 on the following page lists copayments for prescription drugs for non-active duty beneficiaries.

Note: If you are traveling overseas, be aware that TRICARE retail network pharmacies are only available outside the United States in Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. At a host nation (*overseas*) pharmacy, you will be required to pay in full and file a claim for reimbursement. See the *Claims* section of this handbook for claims-filing details.

Type of Pharmacy	Formulary Drugs		Non-Formulary Drugs (Tier 3) ¹
	Generic (Tier 1)	Brand Name (Tier 2)	
MTF <i>(up to a 90-day supply)</i>	\$0	\$0	Not Applicable ²
Mail Order Pharmacy <i>(up to a 90-day supply)</i>	\$3	\$9	\$22 ³
Retail Network Pharmacy <i>(up to a 30-day supply)</i>	\$3	\$9	\$22 ³
Non-Network Pharmacy <i>(up to a 90-day supply)</i>	TRICARE Prime options: 50% copayment applies after point of service (POS) deductible is met ⁴ All other beneficiaries: \$9 or 20% of the total cost, whichever is greater, after annual deductible is met ⁴		TRICARE Prime options: 50% copayment applies after POS deductible is met ⁴ All other beneficiaries: \$22 or 20% of the total cost, whichever is greater, after annual deductible is met ⁴

1. Approval is required for active duty service members (ADSMs). Non-formulary drugs may be obtained free of charge by ADSMs only if medical necessity has been established. All other beneficiaries will pay the copayments listed above. Medical necessity information should be submitted along with the prescriptions. The Department of Defense Pharmacy and Therapeutics Committee may set quantity limits on some medications. For more information, visit www.tricare.mil/pharmacy.
2. Non-formulary drugs are generally not available at MTFs.
3. The non-formulary copayment applies unless medical necessity is established.
4. See Figure 5.3 for annual deductible amounts.

Use the Mail Order Pharmacy and Save

Your cost savings may be substantial when using the Mail Order Pharmacy rather than a retail network pharmacy. Figure 5.2 lists the cost differences when filling a 90-day supply of the same medication through a retail network pharmacy and the Mail Order Pharmacy.

Note: If you have other health insurance with a pharmacy benefit, you may not be eligible to use the Mail Order Pharmacy (*see page 25*).

*Copayment Comparisons for 90-Day Prescription Supply** *Figure 5.2*

Type of Drug	Retail Network Copayment	Mail-Order Copayment	Your Savings
Formulary Generic	\$9	\$3	\$6
Formulary Brand Name	\$27	\$9	\$18
Non-Formulary	\$66	\$22	\$44

* Chart does not include non-network retail pharmacy copayment information.

For information on how to make the most of your pharmacy benefit, visit www.tricare.mil/pharmacy or call **1-877-363-1303**.

Annual Outpatient Deductible

Beneficiaries not enrolled in a TRICARE Prime program option are required to meet an annual deductible each fiscal year (*October 1–September 30*) for outpatient services, including pharmacy services received at a non-network pharmacy, before cost-sharing begins. The annual deductible varies based on your beneficiary category and type of coverage (*individual or family*). Figure 5.3 lists annual deductible amounts.

Annual Outpatient Deductibles

Figure 5.3

Beneficiary Category	Annual Outpatient Deductible	
	Per Individual	Per Family
Active Duty Family Members <i>(sponsor rank E-4 and below)</i>	\$50	\$100
All Others <i>(non-TRICARE Prime)</i>	\$150	\$300
TRICARE Prime Beneficiaries Using POS¹	\$300	\$600

1. The POS annual outpatient deductible applies to outpatient services received without a primary care manager referral and for prescriptions received at non-network pharmacies.

For more information, visit www.tricare.mil/costs.

Catastrophic Cap

The catastrophic cap is the maximum out-of-pocket expense you will pay each fiscal year (*October 1–September 30*) for TRICARE-covered services, including pharmacy services. You are not responsible for any amounts above the catastrophic cap in a given fiscal year, except for services that are not covered under your benefit, TRICARE Prime POS charges, and the additional 15% that nonparticipating providers may charge above the amount TRICARE pays (*the TRICARE-allowable charge*).

The catastrophic cap amount is based on your beneficiary category and is not affected by the program option you are using. Figure 5.4 lists catastrophic cap amounts.

Catastrophic Cap Amounts

Figure 5.4

Beneficiary Category	Catastrophic Cap
Active Duty Family Members	\$1,000 per family per fiscal year
Retirees, Their Families, and All Others	\$3,000 per family per fiscal year
National Guard and Reserve Members and Their Families	\$1,000 per family per fiscal year

Note: POS deductible and cost-share amounts do not apply to the enrollment/fiscal year catastrophic cap.

For additional information about the catastrophic cap, visit www.tricare.mil/catcap.

Claims

Filing a Pharmacy Claim

You will not need to file pharmacy claims if you have prescriptions filled at a military treatment facility (MTF) pharmacy, through the Mail Order Pharmacy, or at a TRICARE retail network pharmacy. However, if you fill a prescription at a non-network pharmacy in the United States and its territories, you must pay the full price of your prescription and file a claim for reimbursement. To file a claim:

1. Download a *TRICARE DoD/CHAMPUS Medical Claim – Patient’s Request for Medical Payment* form (DD Form 2642) at www.tricare.mil/claims.
2. Complete the form and attach the required paperwork as described on the form.
3. Mail the form and paperwork to:
Express Scripts, Inc.
P.O. Box 66518
St. Louis, MO 63166-6518

Note: Use this address only for reimbursement for prescriptions filled in the United States and its territories. If filling prescriptions outside the United States, file your claims with Wisconsin Physicians Service, the TRICARE overseas claims processor. See Figure 7.2 for details.

If Your Claim Is Denied

Under certain circumstances, you may have the right to appeal decisions related to your benefits. If your claim is denied, call **1-877-363-1303** for instructions regarding your right to appeal. See “Appeals” later in this section for additional details.

TRICARE Point of Contact Program (Overseas Only)

The TRICARE Overseas Program (TOP) Point of Contact (POC) Program is a liaison service that assists beneficiaries and host nation providers in remote overseas locations in filing medical claims. This ensures timely overseas claims filing and payment, and continued

beneficiary access to quality host nation health care. To locate a POC near you, contact your nearest TRICARE Area Office. Visit www.tricare.mil/overseas for contact details.

For additional details about the TRICARE claims process, visit www.tricare.mil/claims.

Coordinating Pharmacy Benefits with Other Health Insurance

Other Health Insurance and the Mail Order Pharmacy

You are not eligible to use the Mail Order Pharmacy if you have other health insurance (OHI) with a prescription plan, including a Medicare Part D prescription program, unless you meet one of the following requirements:

- Your OHI does not include pharmacy benefits.
- The medication you need is not covered by your OHI.
- You have met your OHI's benefit cap (*i.e., you have met your benefit's maximum coverage limit*).

Once you have met one of these requirements, you may submit your prescription to the Mail Order Pharmacy. Ask your provider to write a prescription for up to a 90-day supply and follow these instructions:

- Complete the *New Patient Home Delivery Form*, available at www.express-scripts.com/TRICARE. Mail the form, your written prescription, and payment to:

Express Scripts
P.O. Box 52150
Phoenix, AZ 85072-9954

- Payment may be made by credit card, check, or money order. **Note:** To ensure proper prescription fulfillment, follow all instructions on the form. Make sure to include the following information on the back of **each** prescription: patient's full name, date of birth, address, and sponsor's identification number.

If your medication is not covered by your OHI (*i.e.*, *declined for payment by your OHI*), or if you have met your benefit maximum, you will need to include proof from your OHI, such as a copy of an explanation of benefits (EOB). This information **must** accompany your prescription in order for it to be filled by the Mail Order Pharmacy.

If your OHI provides only medical coverage (*not pharmacy coverage*), you still may be eligible to use the Mail Order Pharmacy as your prescription benefit. Call Express Scripts at **1-877-363-1303** for more information.

Other Health Insurance and the TRICARE Retail Pharmacy Network

Having OHI does not prevent you from using a TRICARE retail network pharmacy. If you have pharmacy benefits through your OHI, TRICARE becomes the second payer by law. **Note:** Supplemental and discount prescription drug programs, such as Senior Friends and American Association of Retired Persons (AARP), do **not** count as OHI pharmacy coverage.

Online Coordination of Benefits

TRICARE beneficiaries who have OHI can take advantage of online coordination of benefits (COB). Tell your pharmacist you have TRICARE coverage in addition to your OHI when you have your prescription filled at your participating pharmacy. Your pharmacist will submit your prescription online to both plans at the same time.

Advantages of having your COB claims processed online include:

- Minimal out-of-pocket expenses
- Never paying more than the TRICARE copayment
- No need to submit paper claims
- Reduced or eliminated up-front costs

TRICARE becomes the first payer when:

- The drug is not covered by your OHI, but **is** covered by TRICARE.
- Coverage under your OHI is exhausted for the benefit year.

If you are using a mail-order program available through your OHI, online COB is **not** an option.

To be reimbursed for the eligible portion of your out-of-pocket expenses, follow the claims-filing guidelines listed under “Filing a Pharmacy Claim” earlier in this section. Billing statements showing only total charges, canceled checks, or cash register and similar type receipts are not acceptable as itemized statements, unless the receipt provides the required detailed information noted above. When filing a claim, include a copy of your OHI provider’s EOB if one is available to you, in addition to your prescription receipts. Your claim may be returned for clarification if there is missing or incomplete information.

For more information about how TRICARE works with OHI, visit www.tricare.mil/pharmacy/claims or call **1-877-363-1303**.

Appeals

If you disagree with the determination on your claim (*e.g., if your claim is denied*), you or your appointed representative has the right to request a reconsideration. The request (*or appeal*) for reconsideration must be in writing, signed, and postmarked or received by Express Scripts within 90 calendar days from the date of the decision, and must include a copy of the claim decision.

Your signed written request must state the specific matter with which you disagree and must be sent to the following address **no later than 90 days** from the date of the notice:

Express Scripts, Inc.
P.O. Box 60903
Phoenix, AZ 85082-0903

Additional documentation in support of the appeal may be submitted; however, because the request for reconsideration must be postmarked or received within 90 calendar days from the date of the decision, the request for reconsideration should **not** be delayed pending the acquisition of additional documentation. If additional documentation will be submitted at a later date, the letter requesting the reconsideration must include a statement that additional documentation will be

submitted and the expected date of the submission. Upon receiving your request, all TRICARE claims related to the entire course of treatment will be reviewed.

Reporting Fraud and Abuse

Fraud happens when a person or organization deliberately deceives others to gain an unauthorized benefit or compensation. Health care abuse may occur when providers supply services or products that are not medically necessary or that do not meet professional standards.

You are an important partner in the ongoing fight against fraud and abuse, and your most effective tool is your EOB. Since an EOB is a tangible statement of services and supplies received, it is one of the first lines of defense against health care fraud. You will receive a pharmacy EOB on a monthly basis any time there has been pharmacy claims activity during the previous month. Alternatively, you may choose to receive your EOBs electronically by logging on to **www.express-scripts.com/TRICARE** or contacting Express Scripts at **1-877-363-1303** to request an electronic monthly EOB. We strongly encourage you to read your EOBs carefully.

Report pharmacy program fraud or abuse by calling **1-866-759-6139**.

For more information about medical fraud, visit the TRICARE Program Integrity Web site at **www.tricare.mil/fraud**.

For Information and Assistance

Pharmacy Resources

TRICARE has partnered with Express Scripts, Inc. (Express Scripts) to provide you with a world-class pharmacy benefit. To reach Express Scripts, refer to the U.S. and overseas contact details listed in Figure 7.1.

Express Scripts Contact Information

Figure 7.1

<p>Mail Order Pharmacy</p>	<ul style="list-style-type: none"> • Phone: 1-877-363-1303 • Phone (<i>hearing impaired</i>): 1-877-540-6261 • Online: www.express-scripts.com/TRICARE • Fax (<i>providers only</i>): 1-877-895-1900 • To register for the Mail Order Pharmacy, send a completed <i>New Patient Home Delivery Form</i> to: Express Scripts P.O. Box 52150 Phoenix, AZ 85072-9954
<p>TRICARE Retail Pharmacy Network¹</p>	<ul style="list-style-type: none"> • Phone: 1-877-363-1303 • Online: www.express-scripts.com/TRICARE • Send claims to: Express Scripts P.O. Box 66518 St. Louis, MO 63166-6518
<p>Member Choice Center</p>	<ul style="list-style-type: none"> • Phone: 1-877-363-1433 • Online: www.express-scripts.com/TRICARE
<p>Specialty Medication <i>(to order specialty medications)</i></p>	<ul style="list-style-type: none"> • Phone: 1-877-363-1303 • Fax (<i>providers only</i>): 1-877-895-1900 (<i>in the United States</i>) 1-602-586-3911 (<i>outside the United States</i>) • Mail: Express Scripts P.O. Box 52150 Phoenix, AZ 85072-9954

General Correspondence	<ul style="list-style-type: none"> • Phone: 1-877-363-1303 • Online: www.express-scripts.com/TRICARE • Mail: Express Scripts P.O. Box 60903 Phoenix, AZ 85082-0903
Manual Claims	<ul style="list-style-type: none"> • Send claims to: Express Scripts P.O. Box 66518 St. Louis, MO 63166-6518
International Toll-Free Access	<p>Dial the in-country access code listed below²:</p> <ul style="list-style-type: none"> • Germany: 00+800-3631-3030 • Italy: 00+800-3631-3030 • Japan-IDC: 0061+800-3631-3030 • Japan–Japan Telecom: 0041+800-3631-3030 • Japan–KDD: 010+800-3631-3030 • Japan–Other: 0033+800-3631-3030 • South Korea: 002+800-3631-3030 • Turkey: 0811-288-0001 <i>(once prompted, input 877-363-1303)</i> • United Kingdom: 00+800-3631-3030
Pharmacy Operations Center	<ul style="list-style-type: none"> • Phone: 1-866-ASK-4PEC (1-866-275-4732) <i>(for specific in-country, toll-free service, where established)</i> • Online: www.pec.ha.osd.mil
Pharmacy Claim Filing Information	<ul style="list-style-type: none"> • Phone: 1-877-363-1303 • Online: www.tricare.mil/pharmacy/claims

1. TRICARE retail network pharmacies are available only in the United States, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands.
2. Beneficiaries residing overseas who are located in areas outside of these six countries should call their point of contact number, which will provide access to the Express Scripts Contact Center.

Figure 7.2 lists additional pharmacy-related resources so you can easily find the information you need. If you still have questions, contact Express Scripts (*see contact information in Figure 7.1*).

Other Pharmacy Resources

Figure 7.2

U.S. Food and Drug Administration	<ul style="list-style-type: none"> • www.fda.gov
Injectable and Over-the-Counter Medication Information	<ul style="list-style-type: none"> • Phone: 1-877-363-1303 • Online: www.tricare.mil/pharmacy
Medicare Part D <i>(Medicare prescription coverage details)</i>	<ul style="list-style-type: none"> • Phone: 1-800-MEDICARE (1-800-633-4227) • Online: www.medicare.gov
Mail Order Pharmacy Information <i>(order refills, check order status, obtain order form)</i>	<ul style="list-style-type: none"> • Phone: 1-877-363-1303 • Online: www.express-scripts.com/TRICARE
Mail Order Pharmacy Registered Pharmacist Access	<ul style="list-style-type: none"> • Phone: 1-877-363-1303 <i>(24 hours a day, 7 days a week)</i>
Pharmacy Locator	<ul style="list-style-type: none"> • www.express-scripts.com/TRICARE
TRICARE Catastrophic Cap Web Site	<ul style="list-style-type: none"> • www.tricare.mil/catcap
TRICARE Claims Web Site	<ul style="list-style-type: none"> • www.tricare.mil/claims
TRICARE Costs Web Site	<ul style="list-style-type: none"> • www.tricare.mil/costs
TRICARE Formulary Search Tool <i>(online listing of covered drugs, quantity limits, and prior authorization details)</i>	<ul style="list-style-type: none"> • www.tricareformularysearch.org/dod/medicationcenter/default.aspx

<p>TRICARE Pharmacy Web Site <i>(medication, prior authorization, quantity limits, and general benefit information)</i></p>	<ul style="list-style-type: none"> • www.tricare.mil/pharmacy
<p>TRICARE Program Integrity <i>(report fraud and abuse)</i></p>	<ul style="list-style-type: none"> • Phone (<i>in the United States</i>): 1-866-759-6139 • Online: www.tricare.mil/fraud • E-mail: fraudline@tma.osd.mil
<p>Wisconsin Physicians Service <i>(overseas claims processor)</i></p>	<ul style="list-style-type: none"> • Phone (<i>Europe and Pacific areas</i>): 1-608-301-2310 • Phone (<i>Latin America and Canada area</i>): 1-608-301-2311 • Online: www.TRICARE4u.com

Additional Resources

Figure 7.3 lists resources that will provide you with TRICARE benefit details and help you maintain your eligibility.

Benefit and Eligibility Resources

Figure 7.3

<p>Defense Enrollment Eligibility Reporting System (DEERS) <i>(update contact information)</i></p>	<ul style="list-style-type: none"> • Phone: 1-800-538-9552, Monday–Friday, 6:00 a.m.–3:30 p.m. Pacific Time <i>(except holidays)</i> • Phone (TTY/TDD): 1-866-363-2883 • Online: https://www.dmdc.osd.mil/appj/address/index.jsp • Beneficiary Web Enrollment (BWE) Web site: https://www.dmdc.osd.mil/appj/bwe/
<p>Military Health System (MHS) Web Site</p>	<ul style="list-style-type: none"> • www.health.mil
<p>Real-Time Automated Personnel Identification System (RAPIDS) Site Locator <i>(find an identification card-issuing facility online)</i></p>	<ul style="list-style-type: none"> • www.dmdc.osd.mil/rsl
<p>TRICARE Service Center (TSC) Locator</p>	<ul style="list-style-type: none"> • www.tricare.mil/contactus
<p>TRICARE Overseas Web Site <i>(locate nearest TRICARE Area Office or other overseas information)</i></p>	<ul style="list-style-type: none"> • www.tricare.mil/overseas
<p>TRICARE Web Site</p>	<ul style="list-style-type: none"> • www.tricare.mil

Acronyms

ADFM	Active duty family member
ADSM	Active duty service member
COB	Coordination of benefits
DEERS	Defense Enrollment Eligibility Reporting System
DoD	Department of Defense
EOB	Explanation of benefits
EOP	Explanation of payment
FDA	U.S. Food and Drug Administration
HIPAA	Health Insurance Portability and Accountability Act of 1996
MTF	Military treatment facility
OHI	Other health insurance
PDTS	Pharmacy Data Transaction Service
PHI	Protected health information
POC	Point of contact
POS	Point of service
RAPIDS	Real-Time Automated Personnel Identification System
TMA	TRICARE Management Activity
TSC	TRICARE Service Center
USFHP	US Family Health Plan

Glossary

Catastrophic Cap

The maximum out-of-pocket expenses for which TRICARE beneficiaries are responsible in a given fiscal year (*October 1–September 30*). Point of service (POS) cost-shares and the POS deductible are not applied to the catastrophic cap.

Deductible

The annual amount a TRICARE Standard, TRICARE Extra, TRICARE Overseas Program (TOP) Standard, or TRICARE Reserve Select (TRS) beneficiary must pay for covered outpatient benefits, including pharmacy services received at non-network pharmacies, before TRICARE begins to share costs. TRICARE Prime beneficiaries do not have an annual deductible, unless they use the point of service option.

Defense Enrollment Eligibility Reporting System (DEERS)

A database of uniformed services members (*sponsors*), family members, and others worldwide who are entitled under law to military benefits, including TRICARE. Beneficiaries are required to keep DEERS updated.

Explanation of Benefits (EOB)

A statement sent to beneficiaries showing that claims were processed and the amount paid to providers. If denied, an explanation of denial is provided.

Explanation of Payment (EOP)

A statement sent to beneficiaries following submission of a manual claim for payment. (*See the Claims section.*) The statement will provide information on any and all reimbursements made and will also include payment, as appropriate. If denied, an explanation of denial is also provided.

Fraud

An instance in which deliberate deceit is used by a provider to obtain payment for services not actually delivered or received, or by a beneficiary to claim program eligibility.

Military Treatment Facility (MTF)

A medical facility (*hospital, clinic, etc.*) owned and operated by the uniformed services and usually located on or near a military base.

Other Health Insurance (OHI)

Any non-TRICARE health insurance that is not considered a supplement. This insurance is acquired through an employer, entitlement program, or other source. TRICARE pays second after all other health plans except for Medicaid, TRICARE supplements, the Indian Health Service, or other programs or plans as identified by the TRICARE Management Activity.

Point of Service (POS)

The TRICARE Prime POS option allows TRICARE Prime enrollees, except active duty service members, get nonemergency, TRICARE-covered services from any TRICARE-authorized provider without a primary care manager's referral or a regional contractor authorization. You will pay more when using the POS option. POS charges do not apply if you receive care under TRICARE Extra or TRICARE Standard.

Prior Authorization

A prior authorization is a process of reviewing certain medical (*including pharmacy services*), surgical, and behavioral health care services to ensure medical necessity and appropriateness of care before services are rendered or within 24 hours of an emergency admission.

Protected Health Information (PHI)

PHI is any individually identifiable health information that relates to a beneficiary's past, present, or future physical or mental health and related health care services. PHI may include demographics, documentation of symptoms, examination and test results, diagnoses, and treatments.

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Please provide feedback on this handbook at:
www.tricare.mil/evaluations/feedback



Mail Order Pharmacy
1-877-363-1303

Mail Order Pharmacy (*Overseas*)
1-866-275-4732
(*where toll-free service is established*)

TRICARE Retail Network Pharmacy
(*United States, Guam, the Northern Mariana
Islands, Puerto Rico, and the U.S. Virgin Islands*)
1-877-363-1303

Express Scripts Customer Service
1-877-363-1303

www.express-scripts.com/TRICARE

www.tricare.mil