

TRICARE Fundamentals Course

Pharmacy

8

Participant Guide

References

10 USC
32 CFR § 199
TRICARE Policy Manual, Chapter 8
www.TRICARE.mil
<http://member.express-scripts.com>
MMSO Process Guide



Brainteaser

Each of the 8 items below is a separate puzzle.
How many can you figure out?

1. TOOL O O O O LOOT	2. Bathing Suit	3. gone let gone gone be gone	4. N N N N N N N A A A A A A A C C C C C C C
5. (ice)^3	6. Gun Jr.	7. GI cccc	8. BLOOD WATER

1 Toolbox

2

3

4

5

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Module Objectives



- Describe the TRICARE Pharmacy Benefits Program
- Identify who is eligible for TRICARE pharmacy benefits
- Compare the TRICARE pharmacy options
- List TRICARE pharmacy costs

1.0 TRICARE Pharmacy Benefit

- The TRICARE Pharmacy Benefit covers drugs and medicines that:
 - Are approved for marketing by the U.S. Food and Drug Administration (FDA).
 - By U.S. law require a prescription from a physician or other authorized professional provider, acting within the scope of their license.
 - Are ordered and prescribed by an authorized provider in accordance with state and federal law and in accordance with good medical practice and established standards of quality.
 - Are not part of a procedure covered under the medical benefit.
- Medications may be available as part of the pharmacy or medical benefit.
- Medications that aren't medically or psychologically necessary for the diagnosis or treatment of a covered illness aren't covered by TRICARE.

TRICARE processes all military treatment facility (MTF), network retail, and home delivery pharmacy transactions through the Pharmacy Data Transaction Service (PDTS). The PDTS is a database that helps to ensure the beneficiary's safety by checking for drug interactions and prescription warnings.

No enrollment is required to use the pharmacy benefit. Eligibility is verified through the Defense Enrollment Eligibility Reporting System (DEERS). However, beneficiaries must register with Express Scripts (ESI) to receive Pharmacy home delivery.

2.0 TRICARE Pharmacy Program

The TRICARE Pharmacy Program offers worldwide services through:

- MTF pharmacies
- Home delivery (including specialty services)
- Network retail pharmacies
- Non-network retail pharmacies

3.0 Eligibility

The TRICARE Pharmacy Program is available to all TRICARE-eligible beneficiaries and those in premium-based programs, such as TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), Continued Health Care Benefit Program (CHCBP), and TRICARE Young Adult (TYA).

3.1 Pharmacy Benefits for Dependent Parents and Parents-in-Law

Although dependent parents and parents-in-law aren't TRICARE eligible, they may be eligible for the TRICARE Pharmacy Program if they meet certain criteria:

- They must meet the uniformed service's requirements to be considered a dependent of an active duty or retired uniformed service sponsor.
- Their eligibility must be reflected in DEERS.

If dependent parents and parents-in-law are entitled to Medicare Part A and turned 65 on or after April 1, 2001, they must also purchase Medicare Part B to receive the pharmacy benefit. If they do not meet the medical eligibility requirements above, the pharmacy benefit is limited to the MTF pharmacy only.

4.0 TRICARE Uniform Formulary

4.1 Uniform Formulary

The Uniform Formulary is a list of covered prescription medications. The Uniform Formulary process determines

the cost for prescriptions in the following manner:

- The Department of Defense Pharmacy and Therapeutics (DoD P&T) Committee makes recommendations concerning a medication's formulary status.
- The Beneficiary Advisory Panel (BAP) comments on the DoD P&T Committee's recommendations.
- The Director, TRICARE Management Activity, makes a final decision after reviewing the DoD P&T Committee recommendations and the BAP comments.
- The Uniform Formulary process evaluates the clinical and cost effectiveness of drugs within therapeutic drug classes, where medications are placed in one of three cost tiers:
 - Tier 1: Generic-Formulary
 - Tier 2: Brand Name-Formulary
 - Tier 3: Non-Formulary

4.2 Basic Core Formulary

The Basic Core Formulary is a list of medications from the TRICARE Uniform Formulary that all full-service military treatment facilities (MTFs) are required to have available. Based on its scope of care, MTFs may add additional medications to their local formulary. Non-formulary drugs are generally not available at an MTF.

The DoD P&T Committee can also make recommendations for the Basic Core Formulary. The DoD mandates that prescriptions be filled with a generic equivalent if one is available.

Please note that some drug classes are excluded from the formulary due to federal regulations.

4.3 TRICARE Formulary Search Tool

For more information about the Uniform Formulary, beneficiaries and customer service staff can access the TRICARE Formulary Search Tool at: pec.ha.osd.mil/formulary_search.php

With the TRICARE Formulary Search Tool, one can:

- View which medications are on the Basic Core Formulary
- Check benefit coverage of specific medications and generic equivalents
- Find copayment information for prescription medications, including injectables
- Learn about generic equivalents for brand name medications, quantity limits, and prior authorization requirements
- View and print prior authorization criteria and medical necessity forms

5.0 Military Treatment Facility (MTF) Pharmacy

Eligible beneficiaries may have prescriptions filled at an MTF pharmacy with up to a 90-day supply for most medications. Prescriptions are filled at no cost to the beneficiary.

Eligible beneficiaries may use MTF pharmacies, except for those enrolled to the U.S. Family Health Plan (except in emergency situations). MTFs can fill prescriptions written by licensed civilian providers if the MTF carries the medication.

6.0 TRICARE Pharmacy Home Delivery

The TRICARE Pharmacy Home Delivery program is the least expensive option when not using a military pharmacy. It offers a cost-effective and convenient way for beneficiaries to get prescription medications, while also helping the DoD contain health care costs and sustain first class health care benefits. This option is best suited for medications that are taken on a regular basis.

The program supplies the full range of most medications available under the TRICARE pharmacy benefit, including:

- Injectibles
- Compounds
- Drugs requiring special handling or refrigeration

6.1 Registering a Pharmacy Home Delivery Account

To use pharmacy home delivery, beneficiaries must establish and register their account online, via phone or by mail. Accounts must be established for each family member who wishes to use the service.

- Online: express-scripts.com/TRICARE
- Phone: In the United States, toll-free: 1-877-363-1303
- Mail:

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

6.2 Home Delivery Copayments

Prescriptions are filled at no cost to ADSMs. For other beneficiaries, costs are as follows:

- \$0 for generic formulary medications (up to a 90-day supply)
- \$9 for brand name formulary medications (up to a 90-day supply)
- \$25 for non-formulary medications (up to a 90-day supply)

6.3 Home-Delivery Convenience

Beneficiaries can fill or refill home delivery prescriptions by mail, phone, or online.

- A 90-day supply and three refills are available for most medications.
- For certain types of medications, such as controlled substances, there may be a 30-day supply limit imposed by federal law.
- Beneficiaries can use the auto-refill option or may request refills based on the refill date on the medication label.
- Home delivery prescriptions can be mailed to any U.S. postal address or overseas Army Post Office (APO), Fleet Post Office (FPO), or Diplomatic Post Office (DPO) to those in an official status.
 - Subject to local customs or policies, refrigerated medications cannot be shipped to APO/FPO/DPO.

By registering for home delivery, beneficiaries have online access to their accounts and general prescription drug and health information.

- Registered beneficiaries mail their health care provider's written prescription and pay the appropriate copayment by check or credit card to the pharmacy contractor. (See Section 9, "Cost Overview").

The following information must be included on each submitted prescription:

- Patient's full name, date of birth, address, and sponsor's ID number (SSN or individual's DoD benefits number will be accepted)
- Prescriber's name, address, phone number, license, and Drug Enforcement Agency number
- Prescriber's handwritten signature

Once the prescription is processed, usually within 10-14 days, medications are sent directly to the beneficiary. To ensure that beneficiaries don't run out of their medication, it's recommended that they have a 30-day supply of their medication on hand when setting up a home delivery account.

6.4 Converting from Network Retail to Home Delivery

6.4.1 Online

The online conversion process is secure and personal information is safeguarded. Beneficiaries should visit express-scripts.com/TRICARE, log in to their account or establish one, and follow these steps:

- Select “switch your prescriptions to home delivery.”
- Select the medications to be switched to home delivery.
- Update medical history and contact information.
- The pharmacy contractor contacts the beneficiary via e-mail or phone to confirm the conversion request.

6.4.2 By Phone

When beneficiaries contact the Member Choice Center (MCC) toll-free at 1-877-363-1433, an MCC Patient Care Advocate walks them through the conversion process by accessing their records, verifying their information, and converting their medication(s) to home delivery. The pharmacy contractor confirms the beneficiary’s conversion request by e-mail or phone.

6.5 Using TRICARE Home Delivery Through the Deployment Prescription Program (DPP)

- Deploying service members should receive an initial supply of maintenance medications prior to deployment per the current theater guidance.
- The MTF pharmacy or deployment processing center forwards a deployment prescription form by mail, fax, or the PharmacoEconomic Center Web site (PECWEB) secure server to the TMA Pharmacy Operations Center (TMA POC) for future processing of the service member’s medications.
 - The TMA POC reviews the deployment prescriptions, processes them according to DoD policy, and forwards them to TRICARE Home Delivery serviced by the pharmacy contractor. The pharmacy puts the prescriptions on hold until refills are available.
 - When the medication(s) are ready for release, the contractor sends a computer-generated e-mail notification to the e-mail address provided on the prescription form. At this point in the process the service member may view their prescription status, update their deployment mailing address, and release any applicable refills through their online account.
 - Deployment prescription refills are NOT automatically released, since the service member’s deployment status and location could change unexpectedly.
 - It’s very important that service members participate proactively in updating their e-mail and mailing address information or contact the TMA point of contact if they have questions or experience problems.
 - When service members don’t update their contact information or request available refills, the prescription remains on hold for one year from the date the prescription was written. At that point the prescription expires.
- Delivery overseas may take anywhere from two to four weeks from the shipment date.

7.0 Network Retail Pharmacy

7.1 Network Retail Pharmacy

The Network Retail Pharmacy option allows beneficiaries to fill prescriptions at network pharmacies nationwide, including U.S. territories.

7.2 Convenience

- Beneficiaries present their written prescriptions along with their uniformed services ID card.
- TRICARE beneficiaries who have other health insurance (OHI) with prescription coverage must show their

OHI and uniformed services ID cards.

- Prescriptions from a licensed provider may be submitted via internet, fax, or phone to the network retail pharmacy of choice, depending on pharmacy laws for that state.
- Beneficiaries can find network retail pharmacies near their home or while traveling by using the Pharmacy Locator (express-scripts.com/TRICARE/pharmacy) or by calling 877-363-1303.

7.3 Retail Pharmacy Costs

Active duty service members may fill prescriptions at no cost. At TRICARE retail network pharmacies they can't fill prescriptions for non-formulary medications or brand name medications that have a generic equivalent unless medical necessity is established.

Non-active duty beneficiaries may obtain any non-formulary medication without medical necessity; however they pay a higher copayment. Costs are as follows:

- \$5 for generic formulary medications (up to a 30-day supply)
- \$12 for brand name formulary medications (up to a 30-day supply)
- \$25 for non-formulary medications (up to a 30-day supply)

8.0 Non-Network Retail Pharmacy

A non-network retail pharmacy is a pharmacy that isn't in the TRICARE pharmacy retail network.

Beneficiaries may get prescriptions filled at a non-network pharmacy; however it's the most expensive of the four available TRICARE pharmacy options.

- Using a non-network retail pharmacy should be a beneficiary's last option when getting a prescription filled within the United States or U.S. territories.
- Beneficiaries, including ADSMs, typically have to pay up front for prescriptions. ADSMs may file a claim to receive 100% reimbursement; all others must file a claim to receive the appropriate reimbursement after all applicable cost shares, deductibles or copays are met.

TRICARE Prime-option enrollees, other than ADSMs, who get prescriptions filled at non-network retail pharmacies incur point of service charges.

9.0 Pharmacy Option Cost Overview

Pharmacy	Formulary Medication		Non-Formulary Medication
	Generic	Brand Name	
MTF (up to a 90-day supply)	\$0	\$0	Not Applicable (generally not available at MTFs)
Home Delivery (up to a 90-day supply)	\$0	\$9	\$25
Network Retail Pharmacy (up to a 30-day supply)	\$5	\$12	\$25
Non-Network Retail Pharmacy (up to a 30-day supply)	TRICARE Prime options: 50% cost share after the POS deductible is met All other beneficiaries: \$12 or 20% of the total cost, whichever is greater, after annual deductible is met		TRICARE Prime options: 50% cost share after the POS deductible is met All other beneficiaries: \$25 or 20% of the total cost, whichever is greater, after annual deductible is met

10.0 Guard and Reserve Members and Line of Duty/Notice of Eligibility (LOD/NOE) Retail Pharmacy Claims

- Guard and Reserve members with approved LOD medical conditions must complete and submit a DD Form 2642 *TRICARE DoD/CHAMPUS Medical Claim-Patient's Request for Medical Payment* and mail or fax it along with a copy of the LOD document and the payment receipt documents (see requirements above) or invoice from the civilian retail pharmacy to the Military Medical Support Office (MMSO).
 - LOD documents can consist of orders, drill attendance sheet, or an official LOD from respective services.
 - Copies of eligibility documentation that covers the date of injury, (e.g., orders, attendance roster, or LOD/NOE) if not already sent to or on file at MMSO.
 - Once information is received and verified, MMSO faxes the DD Form 2642 and the receipt or invoice to the pharmacy contractor for payment. The contractor mails the reimbursement check directly to the Guard or Reserve member.

11.0 ADSM Pharmacy Claims

- ADSMs must complete and submit a DD Form 2642 *TRICARE DoD/CHAMPUS Medical Claim-Patient's Request for Medical Payment* along with the payment receipt or invoice from the civilian retail pharmacy if they use a non-network retail pharmacy or overseas pharmacy.
- For ADSM claims, DD Form 2642 and retail pharmacy receipts must be mailed to the MMSO. Once information is received and verified, MMSO faxes the DD Form 2642 and the receipt or invoice to the pharmacy contractor for payment. The contractor mails the reimbursement check directly to the member.
- All payment receipts and invoices must include the following:
 - Drug name and strength
 - Prescription number
 - National drug code number
 - Quantity
 - Amount charged/paid
 - Date of service
 - Name and address of retail pharmacy
 - Name of prescribing doctor
- The DD Form 2642, payment receipt or invoice from the civilian retail pharmacy can be mailed or faxed to:

TRICARE Management Activity
Military Medical Support Office
Attn: RC Retail Pharmacy Reimbursement
P.O. Box 886999
Great Lakes, IL 60088-6999
Fax: 847-688-6460

11.1 ADSM Overseas Claims

If the ADSM needs to file an overseas claim, they must do so with the appropriate overseas claims processor:

Overseas (all) Active Duty Wisconsin Physicians Service TRICARE Active Duty Claims P.O. Box 7968 Madison, WI 53707-7968 1-608-301-2311	Eurasia-Africa Non-active duty Wisconsin Physicians Service P.O. Box 8976 Madison, WI 53707-8976 1-608-301-2310 www.tricare4u.com
Latin America and Canada Non-active duty Wisconsin Physicians Service P.O. Box 7985 Madison, WI 53707-7985 1-608-301-2311 www.tricare4u.com	Pacific Non-active duty Wisconsin Physicians Service P.O. Box 7985 Madison, WI 53707-7985 1-608-301-2311 www.tricare4u.com

12.0 Pharmacy Claims

To get reimbursed for prescription costs when using non-network pharmacies, beneficiaries should complete the DD Form 2642, *Patient's Request for Medical Payment*. Forms are available at: tricare.mil/mybenefit/Download/Forms/dd2642.pdf.

- Beneficiaries must include all the information listed in section 11.0, as well as the patient's name, when submitting their claims.
- Billing statements showing only total charges, or canceled checks, cash register and similar type receipts are not acceptable as itemized statements, unless the receipt provides the detailed information listed above.
- For prescriptions filled within the United States and its territories, beneficiaries should send the completed claims form, along with the required information to:

Express Scripts, Inc.
P.O. Box 52132
Phoenix, AZ 85082

- For prescription claims filed outside the United States and its territories, beneficiaries should send required information to:

TRICARE Overseas Program
P.O. Box 7985
Madison, WI 53707-7985

- Prescription claims must be received and entered in the claim processor's system within one year of the date of service.
- Payment of claims for medications dispensed in a provider's office, a home health care agency or a specialty pharmacy is covered under the medical benefit and is the responsibility of the regional contractor. Overseas beneficiaries, except for U.S. territories, must file their prescription claims with the overseas claims processor.

13.0 Pharmacy Appeals

Beneficiaries must submit a written request for reconsideration of pharmacy claims, medical necessity or prior authorization decisions. Upon receipt of the request, all decisions related to the entire course of treatment are reviewed.

The request (appeal) letter must:

- State the specific matter with which the beneficiary disagrees
- Be signed
- Be postmarked or received by Express Scripts within 90 calendar days from the date of the denial or decision being appealed
- Include a copy of the claim decision and any 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.
- Sent to:

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

14.0 TRICARE and Medicare Part D

Medicare Part D is Medicare's prescription drug option.

TRICARE beneficiaries don't need to enroll in Medicare Part D to keep their TRICARE pharmacy benefits. TRICARE prescription drug coverage is regarded as creditable coverage; therefore, when a beneficiary decides to enroll in Medicare Part D outside of the Medicare Initial Enrollment Period, they're not required to pay Medicare's late enrollment penalty.

When TRICARE beneficiaries are denied TRICARE prescription coverage due to Medicare Part D enrollment and they believe that they're not enrolled in a Medicare Part D plan, or have disenrolled from a Part D plan, beneficiaries should contact the DEERS Support Office (DSO) at 1-800-538-9522 to get assistance with updating and/or correcting their DEERS records.

If DEERS reflects the beneficiary has Medicare Part D coverage, the DEERS Support Office (DSO) staff will:

- Advise the beneficiary how to obtain confirmation of disenrollment or cancellation from the Medicare Part D plan.
- Explain how to forward the disenrollment or cancellation information to the Defense Manpower Data Center (DMDC) so that the beneficiary's DEERS record can be updated.
- Once DMDC receives required documentation and updates the beneficiary's record, a DSO customer representative calls the beneficiary to confirm the update.

To view current Medicare Part D enrollment status on the Medicare Web site, beneficiaries can go to medicare.gov and select "Check Current Enrollment," then select "View Current Plan" and follow the instructions.

15.0 Pharmacy and Other Health Insurance

For beneficiaries with other health insurance (OHI) and TRICARE pharmacy coverage, federal law requires that OHI be the primary payer.

- TRICARE is the secondary payer, typically covering those costs not covered by the OHI. Between the two payers, most of the beneficiary's medication expenses are covered.
- TRICARE is the primary payer for TRICARE-covered medications that aren't covered by the beneficiary's OHI, or when the beneficiary has reached that plan's pharmacy benefit cap.
- Beneficiaries who have OHI with prescription coverage can't use TRICARE's home delivery, unless the medication is not covered under the OHI or the beneficiary has exceeded the dollar limit of coverage under their OHI plan for the current year.
- For medication covered by the OHI, beneficiaries should use that plan's home delivery or retail pharmacy benefit, pay that plan's copayment, and then submit a paper claim to the pharmacy contractor for

reimbursement of appropriate out-of-pocket expenses.

- A beneficiary's least expensive option, if he or she has OHI, is to use a retail pharmacy in the OHI's network as well as in the TRICARE network. Otherwise, the beneficiary may be subject to the non-network retail pharmacy cost share or POS charges.
 - Many TRICARE retail network pharmacies can now coordinate benefits electronically, which allows TRICARE's secondary payment to be processed before the beneficiary leaves the pharmacy. Here's how it works:
 - The beneficiary goes to a pharmacy that accepts their OHI and is also a TRICARE retail network pharmacy.
 - The beneficiary shows proof of OHI and TRICARE.
 - The pharmacy submits the prescription to the OHI.
 - The pharmacy then submits a secondary transaction to TRICARE.
 - TRICARE's claims system reviews the unpaid portion of the claim and will pay up to the TRICARE-allowable amount.

Beneficiaries with other health insurance must include a copy of their explanation of benefits from their primary insurance.

Module Objectives



Summary

- Describe the TRICARE Pharmacy Benefits Program
- Identify who is eligible for TRICARE pharmacy benefits
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