

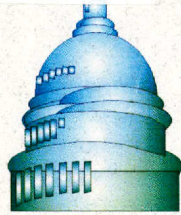
TXD V400.6 P191 2005/NO.5

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PAMPHLET

No. 5 September/October 2005

TRICARE
Pharmacy Program

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Benefit Inquiries:
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Local: 512/ 463-5538
www.tvc.state.tx.us
info@tvc.state.tx.us

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FOREWORD

As the military retiree community begins to age, the need for prescription medications increases. The Department of Defense provides retiree medications through the TRICARE Pharmacy Program.

This pamphlet is provided to you to use in understanding the TRICARE program and enable you to better inform the retirees that you serve in your county. The pamphlet provides basic information and more importantly phone numbers and websites in which to contact TRICARE with any questions that are not answered in this publication.

Please keep this pamphlet close to your work area, as it will prove to be a key resource in your day-to-day dealings with the military retirees that you serve.

If you have any questions on the information contained in this pamphlet, contact Cruz Montemayor on the TVC Headquarters VCSO Wats line; locally at 512-463-5538; or via email at cruz.montemayor@tvc.state.tx.us.

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TRICARE Pharmacy Program

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TRICARE Pharmacy Program

TRICARE provides a pharmacy benefit to all eligible Uniformed Services members, including TRICARE for Life (TFL) beneficiaries entitled to Medicare Parts A and Parts B based on their age, disability and/or end-stage renal disease. Eligible beneficiaries may fill prescription medications at military treatment facility (MTF) pharmacies; through the TRICARE Mail Order Pharmacy (TMOP); at TRICARE retail network pharmacies (TRRx); and at non network pharmacies. To have a prescription filled, beneficiaries need a written prescription and a valid Uniformed Services identification card. To update personal information and obtain a valid identification card, beneficiaries should contact the Defense Enrollment Eligibility Reporting System at www.tricare.osd.mil/deers or call toll-free 1.800.538.9552.

TFL beneficiaries who turned age 65 on April 1, 2001, or later, must be enrolled in Medicare Part B to use the pharmacy program. TFL beneficiaries who turned age 65 before April 1, 2001, are not required to be enrolled in Medicare Part B for the pharmacy program, but are required to be enrolled in Medicare Part B for all other benefits available under TFL.

TRICARE's mandatory generic drug policy requires that prescriptions be filled with a generic product, if one is available. In the United States, all generic drugs must undergo Food and Drug Administration testing and approval, and are considered safe alternatives to brand-name drugs. This policy can be viewed online at www.tricare.osd.mil/pharmacy/retailphform.cfm. Beneficiaries may refer to the brochure 'Tips for Managing your Medications' online at www.tricare.osd.mil/brochures/pdf/genericpharmacybrochure.pdf for more information about generic medications.

To learn more about any medication and common drug interactions, or to check for generic equivalents, beneficiaries may use the TRICARE Formulary Search Tool online at www.tricareformularysearch.org. For information on how to save money and make the most of the TRICARE pharmacy benefit, they may visit www.tricare.osd.mil/pharmacy, or call 1-877- DoD-MEDS, (1-877-363-6337).

Pharmacy Benefit Program Copayment Structure

Beneficiaries currently pay the pharmacy copayment based on whether the prescription medication is classified as a formulary generic (Tier 1), formulary brand name (Tier 2), or non-formulary (Tier 3) drug. The copayment depends on where the beneficiary chooses to fill their prescription.

Beneficiaries may fill their prescriptions at the MTF, through the TMOP or at one of the more than 54,000 TRRx in the nationwide network. Beneficiaries

may also have prescriptions filled at non-network pharmacies, but will pay significantly more and must meet a deductible.

Active duty service members do not pay copayments for prescriptions. However, if they receive medications through an overseas pharmacy or an out-of-network pharmacy, they may need to pay out-of-pocket for the total cost of the medication and then file a claim for reimbursement for the full amount.

The copayment structure applies to all TRICARE beneficiaries. A comparison of the point-of-service copayment and the associated quantity of medication dispensed is noted in the chart below.

TRICARE Pharmacy Copayments In the United States (Including Puerto Rico, Guam, Virgin Islands)			
Place of Service	Uniform Formulary		
	Formulary		Non-formulary** (Tier 3*)
	Generic (Tier 1)	Brand Name (Tier 2)	
Military Treatment Facility (MTF) pharmacy (up to a 90-day supply)	\$0	\$0	Not Applicable**
TRICARE Mail Order Pharmacy (TMOP) (up to a 90-day supply)	\$3	\$9	\$22***
TRICARE Retail Pharmacy Network pharmacy (TRRx) (up to a 30-day supply)	\$3	\$9	\$22***
Non-network retail pharmacy (up to a 30-day supply) Note: Beneficiaries using non-network pharmacies may have to pay the total amount of their prescription first and then file a claim to receive partial reimbursement.	For those who are not enrolled in TRICARE Prime: \$9 or 20 percent of total cost, whichever is greater, after deductible is met (E1-E4: \$50/ person; \$100/family; all others, including retirees, \$150/person, \$300/family) TRICARE Prime: 50 percent cost share after point-of-service deductibles (\$300 per person/\$600 per family deductible)		For those who are not enrolled in TRICARE Prime: \$22 or 20 percent of total cost, whichever is greater, after deductible is met (E1-E4: \$50/ person; \$100/family; all others, including retirees, \$150/person, \$300/family) TRICARE Prime: 50 percent cost share after point-of-service deductibles (\$300 per person/\$600 per family deductible)

Beneficiary Copayment At Overseas Locations				
	Active duty service members	Active Duty family members (ADFM) enrolled in Prime	ADFM not enrolled in Prime	Retirees and family members
Copayment	No copayment	No copayment * * * *	20% cost share after deductible of \$50/100 for E1-E4 ADFMs; \$150/300 for E5 and above ADFMs is met	25% cost share after deductible of \$150/300 is met

* For more information on non-formulary medications, beneficiaries may use the TRICARE Formulary Search Tool.

* * MTFs are prohibited under the Code of Federal Regulations from carrying non formulary medications.

* * * If medical necessity is established for a non-formulary drug, patients may qualify for the \$9 copayment for up to a 30-day supply in the TRRx or a 90-day supply in the TMOP program.

* * * *ADFM enrolled in TRICARE Overseas Program Prime (at an MTF) who use host nation pharmacies are subject to Prime point-of-service deductibles of \$300/600 and 50% cost shares.

MTF Pharmacy

Prescriptions may be filled (up to a 90-day supply for most medications) at an MTF pharmacy at no cost to the beneficiary, if the medication is on the MTF formulary. Beneficiaries should contact their local MTF to find out what is on the formulary and for specific details about filling prescriptions at the MTF pharmacy. They may use the TRICARE Formulary Search Tool to find out what medications are available at all full service military pharmacies and they may visit the MTF locator online at www.tricare.osd.mil/mtf/main1.aspx to find the closest MTF. With no copayment, the MTF pharmacy is the best value to the beneficiary.

TRICARE Mail Order Pharmacy (TMOP)

TMOP is administered by Express Scripts Inc. (ESI), and is available for prescriptions that beneficiaries take regularly. Beneficiaries may save up to three

times the amount of money by using the TMOP for maintenance medications rather than retail network pharmacies. Beneficiaries may receive up to a 90-day supply for most medications. Prescription refills may be requested by mail, phone or online. Beneficiaries who have prescription drug coverage from other health insurance (OHI) plan may not use TMOP, unless the medication is not covered under the other plan, or the beneficiary exceeds the dollar limit of coverage under the other plan.

To use TMOP, beneficiaries register with TMOP by completing the registration form available at www.express-scripts.com/TRICARE. They should follow the instructions on the ESI Web site to submit the form. Beneficiaries must then mail their health care provider's written prescription and the appropriate copayment to ESI. New prescriptions may also be faxed or phoned in by the provider. Within 10-14 days, the medications are sent directly to the beneficiary. Beneficiaries may also contact the TRICARE Service Center online at www.tricare.osd.mil/tricare-servicecenters for help.

For more information about TMOP, beneficiaries may visit the ESI Web site at www.express-scripts.com/TRICARE or contact TMOP member services at 1-866-DOD-TMOP, (1-866-363-8667), within the Continental United States; or toll-free, 1-866-ASK-4PEC, (1-866- 275-4732), outside the Continental United States. Beneficiaries may also visit the TRICARE Pharmacy Web site at www.tricare.osd.mil/pharmacy/tmop.cfm or search Frequently Asked Questions (FAQs) (select "Pharmacy" in the "Search box") online at www.tricare.osd.mil/faqs.

TRICARE Retail Pharmacy Program (TRRx)

TRRx is also administered by ESI. Beneficiaries in the Continental United States and its territories (Guam, Puerto Rico, U.S. Virgin Islands) may use an expanded, nationwide network of more than 54,000 retail pharmacies to fill prescriptions which can be found using the TRICARE pharmacy locator service available on the ESI Web site at member.express-scripts.com/web/pharmacyLocator or by calling 1-866-DoD-TRRx, (1-866-363-8779).

More information on TRRx is available on the TRICARE Web site at www.tricare.osd.mil/pharmacy/ or at Frequently Asked Questions (FAQs) (select "Pharmacy" in the "Search box") online at www.tricare.osd.mil/faqs. Beneficiaries may also visit the TRRx Web page on ESI's Web site, at www.express-scripts.com/TRICARE.



Non-Network Pharmacies

A "non-network pharmacy" is a retail pharmacy that is not part of the TRICARE network. To verify that a pharmacy is or is not a part of the TRICARE retail pharmacy network, beneficiaries should check the TRICARE pharmacy locator service online at member.express-scripts.com/web/pharmacyLocator or call 1-866-DoD-TRRX, (1-866-363-8779). Filling prescriptions at non-network pharmacies is the most expensive option. Beneficiaries may have to pay for the total amount first, and file a claim to receive partial reimbursement.

Medical Necessity

TRICARE understands that patient-treatment decisions are between the patient and the doctor. If a doctor believes that it is medically necessary for a patient to receive a non-formulary (Tier 3) medication instead of any of the formulary alternatives that are on the Uniform Formulary, the medication can be provided at the formulary brand name (Tier 2) copayment if medical necessity can be substantiated. To establish medical necessity, sufficient information must be provided showing that one or more of the following conditions exist:

- ◆ Use of all formulary medications is contraindicated, and the use of the non-formulary medication is not contraindicated;
- ◆ The patient must experience, or would be likely to experience, significant adverse effects from the formulary medication, and the patient is reasonably expected to tolerate the non-formulary medication;
- ◆ The formulary medication has resulted in, or is likely to result in, therapeutic failure, and the patient is reasonably expected to respond to the non-formulary medication;
- ◆ The patient has previously responded to the non-formulary medication, and changing to a formulary medication would incur an unacceptable clinical risk; or
- ◆ There is no alternative pharmaceutical agent on the formulary.

Medical necessity forms are available on the TRICARE Pharmacy Web site www.tricare.osd.mil/pharmacy/medical-nonformulary.cfm. Procedures for how to complete and submit medical necessity information are on the form.

Filing Claims

Beneficiaries with OHI, filing a pharmacy claim with TRICARE should mail the claim to: Express Scripts Inc., P.O. Box 66518, St. Louis, MO, 63166-6518. Claims must be filed within one year of the date of service. A downloadable TRICARE claim form (DD 2642) is available at www.tricare.osd.mil/pharmacy/claims.cfm. Beneficiaries may call 1-866-DoD-TRRX, (1-866-363-8779) for questions filing a pharmacy claim.

How to Fill Prescriptions

Providers must submit valid prescriptions electronically, by fax or by telephone to a retail network or non-network pharmacy, depending on state pharmacy laws. The provider may give beneficiaries a written prescription to take to a retail pharmacy or mail to the TMOP. Beneficiaries should talk with their provider about where they would like to fill their prescriptions.

Using Other Health Insurance (OHI)

When using insurance other than TRICARE, the OHI is the first payer. Beneficiaries may then be eligible for full or partial reimbursement from TRICARE for out-of-pocket costs, including copayments. Beneficiaries who have OHI should use a retail pharmacy under their private insurer that is also in the TRICARE retail network to avoid paying the TRICARE non-network deductible. Beneficiaries who have prescription drug coverage from OHI may not use TMOP, unless the medication is not covered under the other plan, or unless the beneficiary exceeds the dollar limit of coverage under the other plan. When beneficiaries have OHI, the rules of that insurer apply. Beneficiaries should call ESI at 1-866-DoD-TRRx, (1-866-363-8779), for specific instructions about filing pharmacy claims if they have other health insurance.

Other Helpful Information

"Formulary Search Tool" at www.tricareformularysearch.org

Fact Sheets on the subjects below are available at www.tricare.osd.mil/Factsheets

- ◆ TRICARE Basics
- ◆ TRICARE Eligibility
- ◆ TRICARE for Life and Medicare Part B
- ◆ TRICARE Prime Point-of-Service Option
- ◆ Defense Eligibility Enrollment Reporting System (DEERS)
- ◆ DEERS Verification Changes for Unremarried Former Spouses

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*Texas Veterans Commission
Headquarters
P.O. Box 12277
Austin, Texas 78711-2277*

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