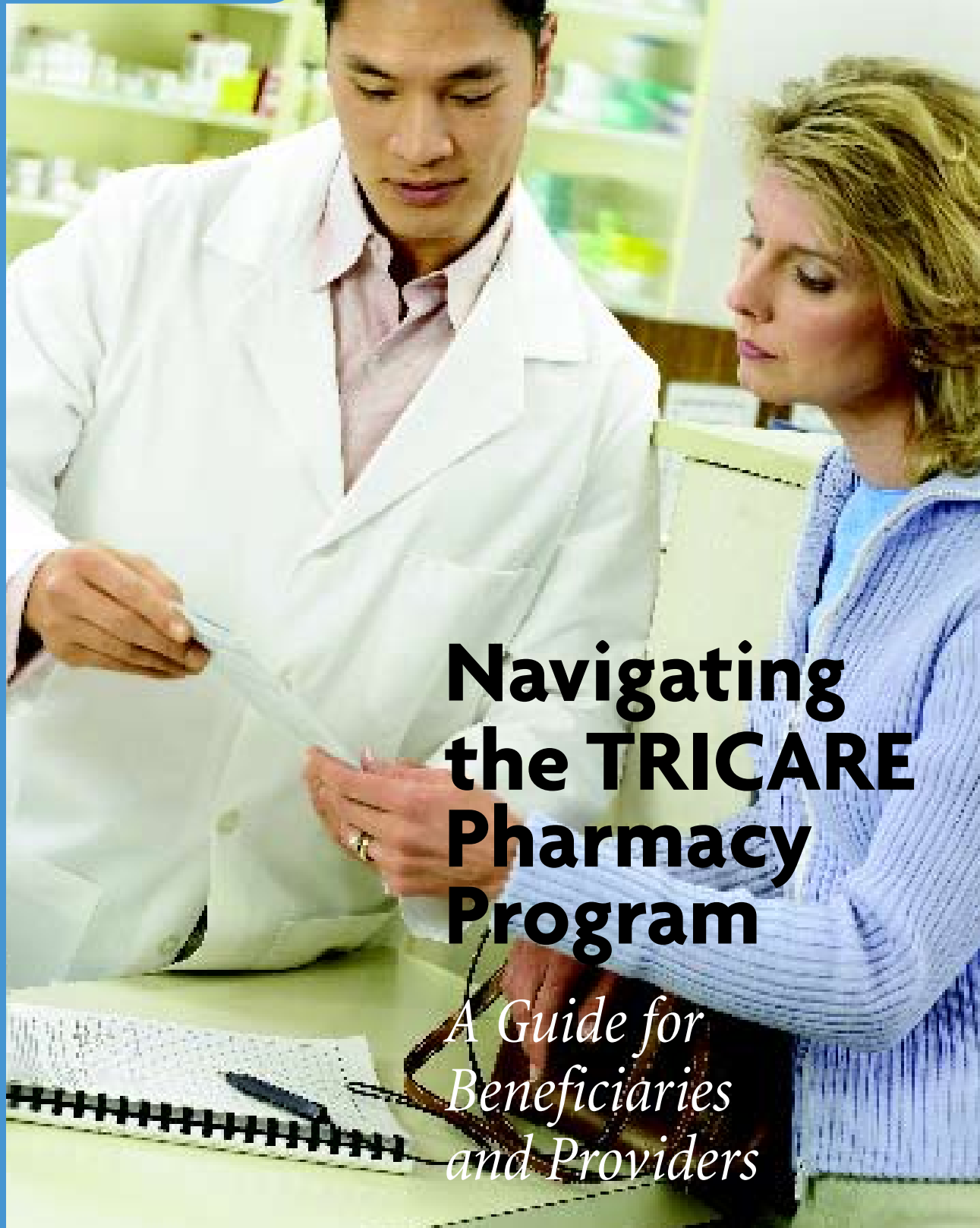


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Navigating the TRICARE Pharmacy Program

*A Guide for
Beneficiaries
and Providers*





Navigating the TRICARE Pharmacy Program

Your military pharmacy benefit provides terrific value, but successfully navigating its rules can get complicated at times.

MOAA designed this guide to help every member who ever wondered, “Will TRICARE cover the drug I need?”, “What does my doctor have to do to prescribe me a brand-name drug if the generic doesn’t work for me?”, “What will TRICARE pay if I have partial drug coverage through my civilian employer?” or “Where can I get help if the system seems to have broken down?”

This guide provides practical, easy-to-read advice on how to make the most cost-effective use of your drug benefit, how to work with your doctor to minimize red tape, and how and where to get help if you experience any problems. We hope you’ll find it useful and keep it handy for future reference.



■ Table of Contents

Covered Versus Non-Covered Medications	4
TRICARE Pharmacy Sources	4
Mandatory Generic Drug Substitution	4
Non-Formulary Drugs	5
Quantity Limits	5
Prior Authorization	5
Medical Necessity Determinations	6
Talking to Your Doctor — What to Tell Your Provider	6
Reimbursement of Out-of-Pocket Expenses Under Other Health Insurance (OHI) Coverage	7
Your Share of TRICARE Pharmacy Costs	8
Frequently Asked Questions	9
Who Do I Contact if I Have a Problem?	11



■ Covered Versus Non-Covered Medications

Almost all federally approved drugs are available through the TRICARE pharmacy program.

In general, two kinds of drugs **are not covered by TRICARE**:

- Brand-name drugs that have a generic equivalent (see “Mandatory Generic Drug Substitution,” below), and
- Drugs used for purposes such as weight loss and smoking cessation or used for cosmetic purposes, as well as food supplements, vitamins, over-the-counter products (except insulin and diabetic supplies), and some infertility drugs.

■ TRICARE Pharmacy Sources

Military beneficiaries have four sources for medications under TRICARE, listed below in order of greatest cost-effectiveness for the beneficiary:

- Military hospitals, clinics, and contract facilities: No beneficiary copayment
 - TRICARE Mail Order Pharmacy: provides up to a **90-day** supply of medication for a \$3 (generic), \$9 (brand-name), or \$22 (non-formulary) copayment
 - TRICARE participating retail pharmacies (including most of the major national chains): provide up to a **30-day** supply of medication for the \$3, \$9, or \$22 copayment
- Nonnetwork retail pharmacies: beneficiary pays for drugs in advance and files for reimbursement through TRICARE, minus a deductible and a higher copayment (\$9 or 20 percent of cost, whichever is higher; see page 8)

■ Mandatory Generic Drug Substitution

TRICARE requires substitution of generic drugs for brand-name medications when a generic equivalent is available. If you choose to purchase a brand-name drug that has a generic equivalent, you must pay the full cost, with no TRICARE reimbursement. Alternatively, your pharmacist may substitute the generic equivalent with your doctor’s permission, in which case you will pay only the \$3 generic copayment.

MEDICAL NECESSITY EXCEPTION: If your doctor has obtained preapproval from TRICARE that it is medically necessary for you to take the brand-name drug rather than the generic, TRICARE will cover the brand-name drug, and you will pay the \$9 brand-name copayment. See “Medical Necessity Determinations” and “Talking to Your Doctor” on page 6 for details.

■ Non-Formulary Drugs

In many commercial plans, “non-formulary” means “not covered by the plan.” But that’s not necessarily true for TRICARE.

TRICARE has moved certain drugs to non-formulary (non-preferred) status when other medications in the same drug class are equally safe and effective and less costly. TRICARE still covers these non-formulary medications, but beneficiaries who elect to use them must pay a higher copayment (\$22).

MEDICAL NECESSITY EXCEPTION: If your doctor has obtained preapproval from TRICARE that it is medically necessary for you to take a non-formulary drug, you will be able to obtain the non-formulary drug for a \$9 copayment. See “Medical Necessity Determinations” and “Talking to Your Doctor” on page 6 for details.

■ Quantity Limits

For some drugs, TRICARE pays for only a specific quantity for a 30-, 60-, or 90-day supply. This list is subject to change and is updated periodically. These limits are established to guard against overuse or waste of particularly expensive medications (e.g., a 30-day supply is not needed for a seven-day course of treatment). Information on drugs with quantity limits can be found at www.tricare.osd.mil/pharmacy/quant_limits.cfm.

Exceptions can be made to quantity limits if your prescribing physician is able to justify medical necessity (see page 6). Otherwise, you must pay the full cost for any amount of medication above the quantity limits.

■ Prior Authorization

Certain medications require advance approval from TRICARE before a prescription can be filled. This list is subject to change and is updated periodically. These medications are usually relatively costly and pose high risk if overused. TRICARE covers their cost only when other options aren’t effective or appropriate.

For information on whether prior authorization is required for your medication, call (866) DOD-TRRX (363-8779) or (866) DOD-

TMOP (363-8667) or visit <http://tricareformularysearch.org> or www.tricare.osd.mil/pharmacy/prior_auth.cfm.

If prior authorization is required and is not obtained before the prescription is filled, you will have to pay the full cost of the medication with no TRICARE reimbursement. Once prior authorization is approved, the brand-name cost share (\$9) will apply. (See “Talking to Your Doctor” on page 6.)

■ Medical Necessity Determinations

To obtain medical necessity preapproval (see below for procedures), the provider must show that one or more of the following conditions exists:

1. The generic drug does not work or is not appropriate for you.
2. The generic drug causes or is likely to cause significant adverse effects for you.
3. You previously responded to a brand-name drug and changing to a generic poses an unacceptable risk for you.



■ Talking to Your Doctor — What to Tell Your Provider

For medical necessity or prior authorization for purchase through a retail pharmacy, your provider needs to:

- call (866) 684-4488 for an immediate decision, or
- fax (866) 684-4477 for a decision within 24-48 hours

For medical necessity or prior authorization for the TRICARE Mail Order Pharmacy, your provider can:

- call (877) 283-3858 for an immediate decision, or
- fax (877) 895-1900 for a decision within 24-48 hours

If faxing, provide the following information on a separate sheet of paper (NOT on the prescription):

- beneficiary's name, date of birth, and home address,
- sponsor's Social Security number, and
- specific rationale for medical necessity determination (see above).

ESTABLISHING MEDICAL NECESSITY DOES NOT HAVE TO DELAY GETTING THE PRESCRIPTION FILLED. When medical necessity cannot be determined in a timely manner, the beneficiary can get the prescription filled with the non-formulary medication at the non-formulary cost share (\$22). Once clinical necessity is established, the beneficiary will receive a refund of the difference in copayment (usually \$13). The beneficiary has 60 days from the date the prescription was filled to submit medical-necessity documentation to be eligible for refund of the copayment differential.

■ Reimbursement of Out-of-Pocket Expenses Under Other Health Insurance (OHI) Coverage

If you have other health insurance (OHI) besides TRICARE, you may be eligible to have TRICARE reimburse your OHI pharmacy copayments so that you have no out-of-pocket costs for the prescription. By law, your OHI is always the first payer and TRICARE is last payer. You must pay the OHI copayment before seeking TRICARE reimbursement. Additionally, you cannot use the TRICARE Mail Order Pharmacy (TMOP) program unless your OHI benefit has been exhausted or your OHI plan does not cover the drug you need.

To obtain reimbursement, you must file a paper TRICARE claim (DD Form 2642) within one year after the date the prescription was filled. This claim form can be found online, www.tricare.osd.mil/claims/.

Along with the DD Form 2642 claim, you must enclose further documentation, including a copy of the pharmacy receipt on the pharmacy's letterhead or a billing form showing the:

- patient's name,
- name of the drug,
- strength (100 mg, 500 mg, etcetera),
- quantity (number of tablets or doses),
- cost paid by your OHI,
- amount you paid,
- prescription number and date of fill,
- days' supply (although this is not "required," the claim will be rejected if TRICARE can't compute the days' supply from the information provided or a phone call to the pharmacy),
- prescriber's name or DEA number,
- pharmacy's name, and
- pharmacist signature only if the claim is not printed on an "acceptable format" (pharmacy stamp, letterhead, etcetera). If it looks like it was printed on a home computer (plain paper), then a signature is required.



Mail the form and associated documentation to:
Express Scripts
Attn: TRICARE Claims
PO Box 66518
St. Louis, MO 63166-6518

If you used a TRICARE network pharmacy, you will be reimbursed the full OHI copayment in most situations. If you used a nonnetwork pharmacy, you must first meet the annual TRICARE deductibles. After that, in most circumstances, DoD will refund the copayment amount.

For more information, call (866) 363-8779 or visit <http://member.express-scripts.com/dodcustom/home.do>.

■ Your Share of TRICARE Pharmacy Costs

Place of Service	Generic Drugs (formulary)	Brand-Name Drugs (formulary)	Non-Formulary Drugs
Military Treatment Facility (MTF)	\$0*	\$0*	NA*
TRICARE Mail Order Pharmacy (TMOP), up to a 90-day supply	\$3	\$9	\$22**
TRICARE Retail Network (TRRx), up to a 30-day supply	\$3	\$9	\$22**
Nonnetwork Pharmacies	\$9 or 20% of total drug cost (whichever is greater); \$150 individual/\$300 family deductible applies.***	\$9 or 20% of total drug cost (whichever is greater); \$150 individual/\$300 family deductible applies.***	\$22 or 20% of total drug cost (whichever is greater); \$150 individual/\$300 family deductible applies.***

* Not all medications are available at every MTF pharmacy. Each MTF must carry medications listed in the basic core formulary (BCF). For more information on the formulary, go to www.tricareformularysearch.org. Each MTF's local formulary may include additional medications based on the facility's scope of care.

** Available at the formulary (\$9) copayment if medical-necessity determination is approved (see page 6).

*** This is the normal TRICARE Standard deductible. If other medical expenses already met the deductible, there is no additional pharmacy deductible. Network and mail-order pharmacy expenses are not charged against the TRICARE deductible.

■ Frequently Asked Questions

DO I NEED MEDICARE PART D DRUG COVERAGE?

In general, the answer is no for TRICARE For Life (TFL) beneficiaries, who already have far better pharmacy coverage (with no monthly premiums) under TRICARE. You need to consider Medicare Part D coverage only if you lose TRICARE eligibility (e.g., through divorce from a military member or remarriage of a TFL-eligible former spouse or survivor to someone who is not a military member or retiree) or if you are eligible for Medicaid (in which case the Part D premium may be waived and TRICARE becomes second payer to Medicaid). Beneficiaries who lose TRICARE coverage must enroll in Medicare Part D within 63 days of losing TRICARE or face a late enrollment penalty for Part D. For additional information on Medicare Part D, call (800) 633-4227 or visit www.medicare.gov.



WHAT DO I NEED TO DO TO START USING THE TRICARE PHARMACY PROGRAM?

Make sure the Defense Enrollment Eligibility Reporting System (DEERS) has your current

address. To update your address in DEERS, call (800) 538-9552 (for California, (800) 334-4162; for Alaska and Hawaii, (800) 527-5602), or visit www.tricare.osd.mil/deersaddress.

WHAT PHARMACIES IN MY AREA TAKE TRICARE?

For a listing of TRICARE network pharmacies for your locality, call (866) 363-8779 or visit the Pharmacy Locator found at <http://member.express-scripts.com/dodcustom/home.do>.



CAN I USE TRICARE PHARMACY BENEFITS WHILE ON VACATION?

Yes. You can use the benefit at any network retail pharmacy in the United States, Puerto Rico, the U.S. Virgin Islands, and Guam. Call (866) 363-8779 or visit <http://member.express-scripts.com/dodcustom/home/do> to locate participating pharmacies at a specific location.

WHAT'S THE BENEFIT OF USING TRICARE'S MAIL ORDER PHARMACY (TMOP)?

Using TMOP triples your value. You can get up to **90 days'** supply of medication for your copayment through TMOP, versus only **30 days'** supply through the retail program. TMOP is especially valuable for long-term-use medications. Call (866) 363-8667 or visit www.express-scripts.com/custom/dod/ben_message/ to activate a TMOP account.



HOW LONG DOES IT TAKE TO GET A PRESCRIPTION THROUGH TMOP?

Your order should arrive at your U.S. postal address within 14 days. Reorder at least two weeks before you need your refill to ensure you don't run out. You may order your refill when 75 percent of the drug is used. Your label will state the date a refill may be requested.

CAN I APPEAL IF TRICARE DENIES MY DOCTOR'S REQUEST FOR PRIOR AUTHORIZATION OR MEDICAL NECESSITY DETERMINATION?

In some circumstances, you can. Anytime the doctor's request is denied, you'll receive a letter stating the reason. That letter also will include information on your appeal rights.

I HAVE DRUG COVERAGE UNDER OTHER HEALTH INSURANCE. WILL TRICARE REIMBURSE ME FOR THE COPAYMENTS I PAID UNDER THE OTHER INSURANCE?

In most cases, yes, if the claim is filed within one year. See page 7 for specific claim-filing instructions.

WHERE CAN I FIND TRICARE'S FORMULARY LIST OF PREFERRED DRUGS?

Call (866) 363-8779 or visit www.tricareformularysearch.org.

WHY DO SOME DRUGS REQUIRE PRIOR AUTHORIZATION?

In some cases, it's for safety concerns — to protect against overuse. In others, it's to protect against prescribing excessive amounts of expensive medications or to encourage use of other equivalent medications that typically provide equal results at significantly lower cost.

Who Do I Contact if I Have a Problem?

TRICARE MAIL ORDER PHARMACY (TMOP)

Phone: (866) 363-8667

Web site: www.tricare.osd.mil/pharmacy/tmop.cfm

ESI (contractor) TMOP Web site:

<http://member.express-scripts.com/dodcustom/welcome.do>

TRICARE RETAIL PHARMACY (TRRx)

Phone: (866) 363-8779

Web site: www.tricare.osd.mil/pharmacy/retailnetwork.cfm

ESI (contractor) Retail Rx Web site:

<http://member.express-scripts.com/dodcustom/home.do>

ADDITIONAL INFORMATION SOURCES

TRICARE PHARMACY HOME PAGE

www.tricare.osd.mil/pharmacy

TRICARE PHARMACY FORMULARY SEARCH TOOL

www.tricareformularysearch.org — contains medication-specific information by either drug name or medical condition

UNRESOLVED TRICARE PHARMACY PROBLEMS: Contact MOAA. If you are unable to resolve your problem or get your questions answered through the avenues listed above, or if the system seems to have broken down in your case, call MOAA at (800) 234-6622 or e-mail beninfo@moaa.org.

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ONLINE AT WWW.MOAA.ORG.**



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