

**PHARMACY BENEFITS PROGRAM**

<b>(a) General--</b> .....	1
(1) Statutory authority.....	1
(2) Pharmacy benefits program.....	1
(i) Applicability.....	1
(ii) Applicability exception.....	1
(3) Uniform formulary.....	1
<b>(b) Definitions</b> .....	2
(1) Clinically necessary.....	2
(2) Therapeutic class.....	2
(3) Over-the-counter drug.....	2
<b>(c) Department of Defense Pharmacy and Therapeutics Committee--</b> .....	2
(1) Purpose.....	2
(2) Composition.....	2
(3) Executive Council.....	2
<b>(d) Uniform Formulary Beneficiary Advisory Panel</b> .....	3
<b>(e) Determinations regarding relative clinical and cost effectiveness for the selection of pharmaceutical agents for the uniform formulary--</b> .....	3
(1) Clinical effectiveness.....	3
(2) Cost effectiveness.....	4
<b>(f) Evaluation of pharmaceutical agents for determinations regarding inclusion on the uniform formulary</b> .....	5
<b>(g) Administrative procedures for establishing and maintaining the uniform formulary--</b> .....	5
(1) Pharmacy and Therapeutics Committee determinations.....	5
(2) Beneficiary Advisory Panel.....	5
(3) Uniform formulary final decisions.....	5
(4) Transition to the Uniform Formulary.....	6
(5) Administrative procedure for newly approved drugs.....	6
<b>(h) Obtaining pharmacy services under the retail network pharmacy benefits program</b> .....	6
(1) Points of service.....	6
(2) Availability of formulary pharmaceutical agents.....	6
(i) General.....	6
(ii) Availability of formulary pharmaceutical agents at military treatment facilities (MTF).....	7
(3) Availability of non-formulary pharmaceutical agents--.....	7
(i) General.....	7

DHA Version - April 2005

DHA Version - April 2005

- (ii) Availability of non-formulary pharmaceutical agents at military treatment facilities. . . . . 7
- (iii) Availability of clinically appropriate non-formulary pharmaceutical agents to members of the Uniformed Services. . . . . 7
- (iv) Availability of clinically appropriate pharmaceutical agents to other eligible beneficiaries at retail pharmacies or the TMOP. . . . . 7
- (4) Availability of vaccines/immunizations. . . . . 8
- (5) Availability of selected over-the-counter (OTC) drugs under the pharmacy benefits program. . . . . 8
- (i) Cost-sharing requirements under the pharmacy benefits program-- . . . . . 8**
  - (1) General. . . . . 8
  - (2) Cost-sharing amounts. . . . . 9
    - (xii) Special copayment rule for OTC drugs in the retail pharmacy network. . . . . 10
  - (3) Special cost-sharing rule when there is a clinical necessity for use of a non-formulary pharmaceutical agent. . . . . 10
- (j) Use of generic drugs under the pharmacy benefits program. . . . . 12**
- (k) Preauthorization of certain pharmaceutical agents. . . . . 12**
- (l) TRICARE Senior Pharmacy Program. . . . . 13**
- (m) Effect of other health insurance. . . . . 13**
- (n) Procedures. . . . . 13**
- (o) Preemption of State laws. . . . . 13**
- (p) General fraud, abuse, and conflict of interest requirements under TRICARE pharmacy benefits program. . . . . 14**
- (q) Pricing standards for retail pharmacy program-- . . . . . 14**
  - (1) Statutory requirement. . . . . 14
  - (2) Manufacturer written agreement. . . . . 14
  - (3) Refund procedures. . . . . 15
  - (4) Remedies. . . . . 16
  - (5) Beneficiary transition provisions. . . . . 16
- (r) Refills of maintenance medications for eligible covered beneficiaries through the mail order pharmacy program-- . . . . . 16**
  - (1) In general. . . . . 16
  - (2) Medications covered. . . . . 16
  - (3) Refills covered. . . . . 17
  - (4) Waiver of requirement. . . . . 17
  - (5) Procedures. . . . . 17