

General

1.0 GENERAL

The TRICARE Pharmacy (TPharm) Benefits Program offers worldwide services through:

- Direct Care (DC) pharmacies located at Military Treatment Facilities (MTFs);
- Retail network pharmacies;
- A Mail Order Pharmacy (MOP) program including specialty pharmacy services; and
- Retail non-network pharmacies.

The requirements/guidelines in this chapter apply only to the TPharm contractor.

2.0 ELIGIBILITY

2.1 The TPharm Benefits Program is available to all TRICARE eligible beneficiaries, including Uniformed Service members, TRICARE Prime Remote (TPR) enrollees, TRICARE Dual Eligibles, and TRICARE Reserve Select (TRS) members. Eligible beneficiaries need not enroll in order to use the pharmacy program. The contractor will use the Defense Enrollment Eligibility Reporting System (DEERS) to verify TRICARE eligibility prior to dispensing pharmaceuticals (or paying any claim) for all beneficiaries.

2.2 Foreign Force Members (FFMs) and their dependents from countries that are party to a North Atlantic Treaty Organization (NATO), Status of Forces Agreement (SOFA), or Partnership For Peace (PFP) SOFA are eligible to receive pharmaceuticals or Durable Medical Equipment (DME) dispensed through retail pharmacies subject to the same rules regarding payment as are applicable to U.S. active duty members and dependents of active duty members using the TRICARE Standard/CHAMPUS program. Refer to www.tricare.mil/foreignforces/index.cfm to verify coverage.

2.3 Guard or service members who are injured or become ill while serving on active duty or performing official drills with their unit may be eligible for continued care/treatment associated with the specific episode of care once their active duty or drill status has terminated.

Documentation from Military Medical Support Office (MMSO) will serve as proof of eligibility and pharmaceutical claims will be processed for reimbursement. MMSO, per [Chapter 17, Section 2, paragraph 1.2](#), has authority to approve claims for drugs not covered under standard benefit guidelines.

3.0 APPLICABILITY OF TRICARE REQUIREMENTS

Unless waived or superseded by the provisions of this chapter or the contract, all normal TRICARE requirements set forth in the TRICARE Operations Manual (TOM), TRICARE Policy Manual (TPM), TRICARE Reimbursement Manual (TRM), and TRICARE Systems Manual (TSM) apply. Sections or language in these Manuals that obviously have no direct application to the pharmacy contractor

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do not apply (e.g., requirements related to enrolling beneficiaries in TRICARE Prime, requirements related to medical benefit determinations, etc.). The requirements in the following TOM chapters **do not** apply to the pharmacy contractor:

- Chapter 4, Provider Certification and Credentialing;
- Chapter 5, Network Development;
- Chapter 6, Enrollment;
- Chapter 7, Utilization and Quality Management;
- Chapter 9, TRICARE Duplicate Claims System (DCS) - TED Version;
- Chapter 11, Beneficiary and Provider Services (BPS);
- Chapter 14, Audits, Inspections and Reports;
- Chapter 15, Regional Director (RD)/MTF and Contractor Interfaces;
- Chapter 16, TRICARE Prime Remote (TPR) Program;
- Chapter 17, Supplemental Health Care Program (SHCP);
- Chapter 20, TRICARE Dual Eligible Fiscal Intermediary Contract (TDEFIC);
- Chapter 21, TRICARE Alaska; and
- Chapter 22, TRICARE Reserve Select (TRS)

4.0 PERFORMANCE/PROCESSING STANDARDS

Performance standards for the TPharm Benefits Program are located in Section C of the contract. Additionally, the contractor shall comply with the TRICARE Encounter Data (TED) timeliness and TED accuracy standards included in [Chapter 1, Section 3](#).

5.0 SPECIALTY PHARMACEUTICALS

Specialty pharmaceuticals typically covered by the pharmacy contract are listed in [Addendum A](#). Products may be added or removed as necessary.

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