



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
HEALTH AFFAIRS

16401 EAST CENTRETECH PARKWAY
AURORA, COLORADO 80011-9066

TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 138
6010.55-M
SEPTEMBER 21, 2011**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL
FOR
TRICARE REIMBURSEMENT MANUAL (TRM), AUGUST 2002**

The TRICARE Management Activity has authorized the following addition(s)/revision(s).

CHANGE TITLE: REVISED PHARMACY PAYMENT MATRIX

CONREQ: 15583

PAGE CHANGE(S): See page 2.

SUMMARY OF CHANGE(S): This change modifies Chapter 2, Addendum B to reflect the new pharmacy copayments, and this change reflects the \$0 copayments for approved Over-The-Counter (OTC) medications and approved vaccines available through the retail Point of Service (POS).

EFFECTIVE AND IMPLEMENTATION DATE: October 1, 2011.

**Ann N. Fazzini
Chief, Medical Benefits and
Reimbursement Branch**

**ATTACHMENT(S): 1 PAGE(S)
DISTRIBUTION: 6010.55-M**

CHANGE 138
6010.55-M
SEPTEMBER 21, 2011

REMOVE PAGE(S)

CHAPTER 2

Addendum B, page 1

INSERT PAGE(S)

Addendum B, page 1

CHAPTER 2
ADDENDUM B

PHARMACY BENEFITS PROGRAM - COST-SHARES

I. COST-SHARES

PHARMACY PAYMENT MATRIX

TRICARE PHARMACY (TPHARM) COPAYMENTS/COST SHARES IN THE UNITED STATES (INCLUDING PUERTO RICO, GUAM, AND THE U.S. VIRGIN ISLANDS, AMERICA SAMOA, AND THE NORTHERN MARIANNA ISLANDS)			
PLACE OF SERVICE	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 (up to a 90-day supply)	\$0	\$9	\$25
TRICARE Retail Pharmacy Network (up to a 30-day supply)	\$5	\$12	\$25
Retail Non-network 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.	<p>TRICARE Prime: 50% cost share after Point of Service (POS) deductibles (\$300 per person, \$600 per family deductible)</p> <p>For those who are not enrolled in TRICARE Prime: \$12 or 20% of total cost, whichever is greater, after annual deductible is met (E1-E4: \$50/person; \$100/family; all others, including retirees, \$150/person, \$300/family)</p>		<p>TRICARE Prime: 50% cost share after POS deductibles (\$300 per person, \$600 per family deductible)</p> <p>For those who are not enrolled in TRICARE Prime: \$25 or 20% of total cost, whichever is greater, after annual deductible is met (E1-E4: \$50/person; \$100/family; all others, including retirees, \$150/person, \$300/family)</p>
<p>Notes: If medical necessity is established for a non-formulary drug, patients may qualify for the \$12 copayment for up to a 30-day supply at the retail POS or a \$9 copayment for a 90-day supply at the mail POS.</p> <p>Approved Over-The-Counter (OTC) medications will be available at network retail pharmacies for up to a 30-day supply at \$0 copayment for beneficiaries eligible to use the TPharm benefit.</p> <p>Approved OTC medications will be available at the TRICARE mail order pharmacy for up to a 90-day supply at \$0 copayment for beneficiaries eligible to use the TPharm benefit.</p> <p>Approved vaccines will be available at participating network retail pharmacies at \$0 copayment for beneficiaries eligible to use the TPharm benefit.</p>			

- END -

