



DEFENSE  
HEALTH AGENCY

**MB&RS**

**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS  
16401 EAST CENTRETECH PARKWAY  
AURORA, CO 80011-9066**

**CHANGE 124  
6010.58-M  
JANUARY 27, 2016**

**PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
TRICARE REIMBURSEMENT MANUAL (TRM), FEBRUARY 2008**

The Defense Health Agency has authorized the following addition(s)/revision(s).

**CHANGE TITLE: NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) FISCAL YEAR (FY) 2016,  
SECTION 702, PHARMACY COPAY CHANGES**

**CONREQ: 17747**

**PAGE CHANGE(S): See page 2.**

**SUMMARY OF CHANGE(S): This change modifies the TRM, Chapter 2, Addendum B, Pharmacy Benefits Program - Cost Shares, to reflect pharmacy copay increases specified in the NDAA FY2016.**

**EFFECTIVE DATE: February 1, 2016.**

**IMPLEMENTATION DATE: February 1, 2016.**

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**Ann N. Fazzini  
Team Chief, Medical Benefits &  
Reimbursement Section (MB&RS)  
Defense Health Agency (DHA)**

**ATTACHMENT(S): 1 PAGE(S)  
DISTRIBUTION: 6010.58-M**

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**REMOVE PAGE(S)**

**CHAPTER 2**

Addendum B, page 1

**INSERT PAGE(S)**

Addendum B, page 1

## Pharmacy Benefits Program - Cost-Shares

### PHARMACY PAYMENT MATRIX

PLACE OF SERVICE	FORMULARY		NON-FORMULARY
	GENERIC (TIER 1)	BRAND NAME (TIER 2)	(TIER 3)
<b>Military Treatment Facility (MTF) Pharmacy</b> (up to a 90-day supply)	\$0	\$0	Not Applicable
<b>TRICARE Mail Order Pharmacy (TMOP)</b> (up to a 90-day supply)	\$0	\$20	\$49
<b>TRICARE Retail Pharmacy Network</b> (up to a 30-day supply)	\$10	\$24	\$50
<b>Retail Non-Network Pharmacy</b> (up to a 30-day supply)  <b>Note:</b> 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.	<b>TRICARE Prime:</b> 50% cost-share after Point of Service (POS) deductibles (\$300 per person, \$600 per family deductible)  <b>For those who are not enrolled in TRICARE Prime:</b> \$24 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)	<b>TRICARE Prime:</b> 50% cost-share after POS deductibles (\$300 per person, \$600 per family deductible)  <b>For those who are not enrolled in TRICARE Prime:</b> \$50 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><b>Note:</b> If medical necessity is established for a non-formulary drug, patients may qualify for the \$24 copayment for up to a 30-day supply at the retail POS or a \$20 copayment for a 90-day supply at the mail POS.</p> <p><b>Generic copayments apply to approved Over-the-Counter (OTC) medications at retail network pharmacies and TMOP.</b></p> <p><b>Approved vaccines will be available at participating network retail pharmacies at \$0 copayment for beneficiaries eligible to use the TPharm benefit.</b></p> <p><b>Approved medications for smoking cessation will be available at the TMOP for up to two 120-day attempts per 365-day period, up to a 60-day supply per fill, at \$0 copayment.</b></p>			

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