



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
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TRICARE
MANAGEMENT ACTIVITY

MB&RB

**CHANGE 78
6010.58-M
JANUARY 31, 2013**

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

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

**CHANGE TITLE: NATIONAL DEFENSE AUTHORIZATION ACT (NDAA) FISCAL YEAR (FY) 2013,
SECTION 712, NEW PHARMACY CO-PAYS**

CONREQ: 16359

PAGE CHANGE(S): See page 2.

**SUMMARY OF CHANGE(S): This change modifies the TRM, Chapter 2, Addendum B to reflect new
pharmacy co-pays.**

EFFECTIVE DATE: February 1, 2013.

IMPLEMENTATION DATE: February 1, 2013.

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

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REMOVE PAGE(S)

CHAPTER 2

Addendum B, page 1

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Pharmacy Benefits Program - Cost-Shares

PHARMACY PAYMENT MATRIX

TRICARE Pharmacy (TPharm) Copayments/Cost-Shares In The United States (Including Puerto Rico, Guam, The U.S. Virgin Islands, American Samoa, and The Northern Marianna Islands)			
PLACE OF SERVICE	FORMULARY		NON-FORMULARY
	GENERIC (TIER 1)	BRAND NAME (TIER 2)	(TIER 3)
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	\$13	\$43
TRICARE Retail Pharmacy Network (up to a 30-day supply)	\$5	\$17	\$44
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.	TRICARE Prime: 50% cost-share after Point of Service (POS) deductibles (\$300 per person, \$600 per family deductible) For those who are not enrolled in TRICARE Prime: \$17 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)	TRICARE Prime: 50% cost-share after POS deductibles (\$300 per person, \$600 per family deductible) For those who are not enrolled in TRICARE Prime: \$44 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)	
Note: If medical necessity is established for a non-formulary drug, patients may qualify for the \$17 copayment for up to a 30-day supply at the retail POS or a \$13 copayment for a 90-day supply at the mail POS.			
Approved Over-the-Counter (OTC) medications will be available at network retail pharmacies for up to a 30-day supply a \$0 copayment for beneficiaries eligible to use the TPharm benefit.			
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.			
Approved vaccines will be available at participating network retail pharmacies at \$0 copayment for beneficiaries eligible to use the TPharm benefit.			

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