

PHARMACY COPAYMENTS

| TYPE OF PHARMACY | FORMULARY DRUGS | | NON-FORMULARY DRUGS (Tier 3) ¹ |
|---|--|---------------------|---|
| | Generic (Tier 1) | Brand Name (Tier 2) | |
| MTF (up to 90-day supply) | \$0 | \$0 | Not Applicable ² |
| Mail Order Pharmacy (up to 90-day supply) | \$3 | \$9 | \$22 ³ |
| Retail Network Pharmacy (up to 30-day supply) | \$3 | \$9 | \$22 ³ |
| Non-Network Pharmacy (up to 30-day supply) | TRICARE Prime options: 50% copayment applies after point of service (POS) deductible is met All other beneficiaries: \$9 or 20% of the total cost, whichever is greater, after annual deductible is met | | TRICARE Prime options: 50% copayment applies after point of service (POS) deductible is met All other beneficiaries: \$22 or 20% of the total cost, whichever is greater, after annual deductible is met |

1. Approval is required for active duty service members (ADSMs). Non-formulary drugs may be obtained free of charge by ADSMs only if medical necessity has been established. All other beneficiaries will pay the copayments listed above. Medical necessity information should be submitted along with the prescriptions. The Department of Defense Pharmacy and Therapeutics Committee may set quantity limits on some medications. For more information, visit www.tricare.mil/pharmacy.

2. Non-formulary drugs are generally not available at MTFs.

3. The non-formulary copayment applies unless medical necessity is established.

FORMULARY AND NON-FORMULARY DRUGS

In 2005, the Department of Defense (DoD) established a uniform formulary, which is a list of covered drugs consisting of generic and brand-name drugs. This formulary also contains a third tier of medications that are designated as “non-formulary.” Prescriptions for non-formulary drugs can be dispensed, but at a higher cost to beneficiaries.

QUANTITY LIMITS

TRICARE has established quantity limits on certain medications, which means that the DoD will only pay for a specified, limited amount of medication each time you have your prescription filled. Quantity limits are often applied to ensure the medications are safely and appropriately used. Exceptions to quantity limits may be made if the prescribing provider is able to justify medical necessity.

PRIOR AUTHORIZATION

To ensure that some medications are used appropriately, prior authorization may be required before the prescription can be filled. Medications requiring prior authorization may include, but are not limited to, prescription drugs specified by the DoD, brand-name medications with a generic equivalent, medications with age limitations, and medications prescribed for a quantity exceeding normal limits.

FILING A PHARMACY CLAIM

You will not need to file pharmacy claims if you have prescriptions filled at an MTF pharmacy, through the Mail Order Pharmacy, or at a TRICARE retail network pharmacy. However, if you fill a prescription at a non-network pharmacy in the United States and its territories, you must pay the full price of your prescription and file a claim for reimbursement.

OTHER HEALTH INSURANCE

TRICARE pays after your other health insurance (OHI) (except for Medicaid, TRICARE supplements, the Indian Health Service, and others). To minimize out-of-pocket costs, fill prescriptions at a TRICARE retail network pharmacy that your OHI also covers. If you have OHI prescription coverage, you cannot use the Mail Order Pharmacy unless the medication is not covered by your OHI or you have met the OHI benefit cap. For more information, visit www.tricare.mil/ohi.

OVERSEAS PHARMACY BENEFITS

Overseas, you may fill prescriptions at MTF pharmacies. Otherwise, you will need to fill prescriptions at host nation pharmacies by paying the full cost up front and filing a claim for reimbursement. Visit www.tricare.mil/overseas for more information. Visit www.TRICARE4u.com for information about overseas claims, which are handled by Wisconsin Physicians Service.

Note: The Mail Order Pharmacy is only available overseas if you have an APO/FPO address.

FOR INFORMATION AND ASSISTANCE

| CUSTOMER SERVICE | GENERAL CORRESPONDENCE/MAIL ORDER PHARMACY | STATESIDE CLAIMS |
|---|---|---|
| 1-877-363-1303 1-877-540-6261 (TDD/TTY) www.express-scripts.com/TRICARE | Express Scripts P.O. Box 52150 Phoenix, AZ 85072-9954 | Express Scripts P.O. Box 66518 St. Louis, MO 63166-6518 |