To: Holders of the Manual of the Medical Department

1. This Change. Updates MANMED Chapter 21, Section I, article 21-5.

2. Summary of Changes

   a. Removes part of subparagraph (8) from article 21-5.

   b. Removes the following sentences of subparagraph (8) from article 21-5 on page 21-10: “MTF pharmacies will not fill prescription written by civilian, non-federal providers for any medication used exclusively for its anorexiant or weight loss effect. This includes AD members holding otherwise valid prescriptions.”

3. Action:

   a. Remove page 21-10 and replace with revised page 21-10.

   b. Record this Change 170 in the Record of Page Changes.
(g) Prescriber’s name.

(h) Filler’s and checker’s initials (when not supported through automation or pharmacy information system).

(i) Number of refills remaining.

(j) Beyond-use date (such as reconstituted antibiotics with short date), if applicable.

(k) Proper auxiliary or cautionary labels as indicated.

(l) Other requirements per Federal law.

(8) MTF pharmacies must fill, or provide the opportunity to have filled, all MTF formulary and approved non-MTF formulary prescriptions written by its providers. Unapproved non-MTF formulary requests may be filled using mail order benefits or a retail pharmacy if covered by the patient’s TRICARE benefit and listed on the Uniform Formulary Web site at: [https://www.expresscripts.com/static/formularySearch/2.7/#/formularySearch/drugSearch?accessLink=FSTResults](https://www.expresscripts.com/static/formularySearch/2.7/#/formularySearch/drugSearch?accessLink=FSTResults) otherwise alternative medications should be prescribed. This does not preclude the patient from choosing to have prescriptions filled elsewhere. Under the Uniform Formulary guidance, certain medications require the completion of either a Medical Necessity form or a Prior Authorization form to be obtained by TRICARE patients with a formulary co-pay (see above Uniform Formulary Web site for additional information).

(9) MTFs will not routinely dispense prescriptions by mail. TRICARE Pharmacy Home Delivery, a mail order benefit has been established as an option and should be used by eligible beneficiaries. Pharmacy staff will refer patients who choose to use a mail order program to the TRICARE program for maintenance medications. Exceptions for individual patients, with prior approval by the pharmacy department head, may be authorized, but each situation should be evaluated on an individual basis. In all cases, an individual’s eligibility and entitlement to prescription services will be determined before filling and mailing any prescriptions.

(10) MTFs pharmacies should direct patients with civilian prescriptions to use the mail order program or retail pharmacies to fill certain special medications not routinely provided by the MTF formulary. Note: Most over-the-counter (OTC) medication and non-FDA approved products are not covered under the TRICARE benefit.

(11) Prescriptions will be honored when written by an MTF or network referral provider acting in a consultant capacity. If the drug is not on the formulary, it will be processed according to the MTFs policies and procedures for evaluation and acquisition of non-formulary drugs. Local MTF policy may allow the filling of non-formulary medications from non-referral civilian providers when a P&T Committee approved non-formulary review process is utilized. See paragraph 1b under “General Policies” in the TRICARE Pharmacy Policy Guidance (Assistant Secretary of Defense for Health Affairs Policy Memo 95-011 of 26 Jul 1995).