

Part 199.21

Pharmacy Benefits Program

Revision:

Rule:

(a) General--

- (1) Statutory authority.
- (2) Pharmacy benefits program.
 - (i) Applicability.
 - (ii) Applicability exception.
- (3) Uniform formulary.

(b) Definitions.

- (1) Clinically necessary.
- (2) Therapeutic class.
- (3) Over-the-counter drug.

(c) Department of Defense Pharmacy and Therapeutics Committee--

- (1) Purpose.
- (2) Composition.
- (3) Executive Council.

(d) Uniform Formulary Beneficiary Advisory Panel.

(e) Determinations regarding relative clinical and cost effectiveness for the selection of pharmaceutical agents for the uniform formulary--

- (1) Clinical effectiveness.
- (2) Cost effectiveness.

(f) Evaluation of pharmaceutical agents for determinations regarding inclusion on the uniform formulary.

(g) Administrative procedures for establishing and maintaining the uniform formulary--

- (1) Pharmacy and Therapeutics Committee determinations.
- (2) Beneficiary Advisory Panel.
- (3) Uniform formulary final decisions.
- (4) Transition to the Uniform Formulary.
- (5) Administrative procedure for newly approved drugs.

(h) Obtaining pharmacy services under the retail network pharmacy benefits program.

- (1) Points of service.
- (2) Availability of formulary pharmaceutical agents.
 - (i) General.
 - (ii) Availability of formulary pharmaceutical agents at military treatment facilities (MTF).

- (3) Availability of non-formulary pharmaceutical agents.--
 - (i) General.
 - (ii) Availability of non-formulary pharmaceutical agents at military treatment facilities.
 - (iii) Availability of clinically appropriate non-formulary pharmaceutical agents to members of the Uniformed Services.
 - (iv) Availability of clinically appropriate pharmaceutical agents to other eligible beneficiaries at retail pharmacies or the TMOP.
- (4) Availability of vaccines/immunizations.
- (5) Availability of selected over-the-counter (OTC) drugs under the pharmacy benefits program.
- (i) Cost-sharing requirements under the pharmacy benefits program--**
 - (1) General.
 - (2) Cost-sharing amounts.
 - (xii) Special copayment rule for OTC drugs in the retail pharmacy network.
 - (3) Special cost-sharing rule when there is a clinical necessity for use of a non-formulary pharmaceutical agent.
- (j) Use of generic drugs under the pharmacy benefits program.**
- (k) Preauthorization of certain pharmaceutical agents.**
- (l) TRICARE Senior Pharmacy Program.**
- (m) Effect of other health insurance.**
- (n) Procedures.**
- (o) Preemption of State laws.**
- (p) General fraud, abuse, and conflict of interest requirements under TRICARE pharmacy benefits program.**
- (q) Pricing standards for retail pharmacy program--**
 - (1) Statutory requirement.
 - (2) Manufacturer written agreement.
 - (3) Refund procedures.
 - (4) Remedies.
 - (5) Beneficiary transition provisions.
- (r) Refills of maintenance medications for eligible covered beneficiaries through the mail order pharmacy program--**
 - (1) In general
 - (2) Medications covered.
 - (3) Refills covered.
 - (4) Waiver of requirement.
 - (5) Procedures.