

## Pharmacy Benefits Program - Cost-Shares

**FIGURE 2.B-1 PHARMACY PAYMENT MATRIX - CALENDAR YEAR 2020/2021 COST-SHARES**

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)
<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)	\$10	\$29	\$60
<b>TRICARE Retail Pharmacy Network</b> (up to a 30-day supply)	\$13	\$33	\$60
<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. See <a href="#">Section 2</a> for deductibles.  <b>For those who are not enrolled in TRICARE Prime:</b> \$33 or 20% of total cost, whichever is greater, after annual deductible is met. See <a href="#">Section 2</a> for deductibles.	<b>TRICARE Prime:</b> 50% cost-share after POS deductibles. See <a href="#">Section 2</a> for deductibles.  <b>For those who are not enrolled in TRICARE Prime:</b> \$60 or 20% of total cost, whichever is greater, after annual deductible is met. See <a href="#">Section 2</a> for deductibles.	
<b>Note:</b> If medical necessity is established for a non-formulary drug, patients may qualify for the \$33 copayment for up to a 30-day supply at the retail POS or a \$29 copayment for a 90-day supply at the mail POS.  Generic copayments apply to approved Over-the-Counter (OTC) medications at retail network pharmacies and TMOP.  Approved vaccines will be available at participating network retail pharmacies at \$0 copayment for beneficiaries eligible to use the TPharm benefit.  Approved medications for smoking cessation will be available at the TMOP for up to a 60-day supply per fill, at \$0 copayment.			

**TRICARE Reimbursement Manual 6010.58-M, February 1, 2008**

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**FIGURE 2.B-2 PHARMACY PAYMENT MATRIX - CALENDAR YEAR 2018/2019 COST-SHARES**

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)
<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)	\$7	\$24	\$53
<b>TRICARE Retail Pharmacy Network</b> (up to a 30-day supply)	\$11	\$28	\$53
<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. See <a href="#">Section 2</a> for deductibles.  <b>For those who are not enrolled in TRICARE Prime:</b> \$28 or 20% of total cost, whichever is greater, after annual deductible is met. See <a href="#">Section 2</a> for deductibles.	<b>TRICARE Prime:</b> 50% cost-share after POS deductibles. See <a href="#">Section 2</a> for deductibles.  <b>For those who are not enrolled in TRICARE Prime:</b> \$53 or 20% of total cost, whichever is greater, after annual deductible is met. See <a href="#">Section 2</a> for deductibles.	
<p><b>Note:</b> If medical necessity is established for a non-formulary drug, patients may qualify for the \$28 copayment for up to a 30-day supply at the retail POS or a \$24 copayment for a 90-day supply at the mail POS.</p> <p>Generic copayments apply to approved Over-the-Counter (OTC) medications at retail network pharmacies and TMOP.</p> <p>Approved vaccines will be available at participating network retail pharmacies at \$0 copayment for beneficiaries eligible to use the TPharm benefit.</p> <p>Approved medications for smoking cessation will be available at the TMOP for up to a 60-day supply per fill, at \$0 copayment.</p>			

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**FIGURE 2.B-3 PHARMACY PAYMENT MATRIX - FISCAL YEAR 2017 COST-SHARES**

This table reference is for those individuals falling under National Defense Authorization Act (NDAA) copay freeze at 2017 rates.

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)
<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. See <a href="#">Section 2</a> for deductibles.  <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. See <a href="#">Section 2</a> for deductibles.	<b>TRICARE Prime:</b> 50% cost-share after POS deductibles. See <a href="#">Section 2</a> for deductibles.  <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. See <a href="#">Section 2</a> for deductibles.	
<p><b>Note: 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.</b></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 a 60-day supply per fill, at \$0 copayment.</b></p>			

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