



# TRICARE Pharmacy Essentials Quick Reference Guide

## Key Points

- TRICARE offers four primary options for prescription fulfillment: Military Pharmacies (free), Mail Delivery (low cost, 90-day supply), Network Pharmacies (for urgent, short-term needs), and Non-Network Pharmacies (costly, reimbursement-based).
- Providers must prescribe medications based on the TRICARE Formulary, include detailed provider information, and follow specific procedures for preauthorization and medical necessity for certain drugs, particularly non-formulary and high-cost medications.
- Specialty prescriptions require designated program facilitation with pharmacist support and delivery options, while urgent prescriptions follow expedited protocols with a 14-day limit and require strict compliance with authorization and monitoring procedures.



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## Introduction

The TRICARE Pharmacy Program provides patients with safe and affordable prescription drugs when medically necessary, with services covering both general and routine prescriptions, as well as urgent and emergent medicine.

This guide provides Pharmacy Program essentials for providers to quickly reference in their work.

## TRICARE Pharmacy Facts

### Military Pharmacies

- **Free** for covered medications
- Offer up to **90-day supply**
- Based on **Basic Core Formulary**
- Include **e-prescribed** or **dropped off prescriptions**

### Mail Delivery (TRICARE Home Delivery)

- **Least expensive** after military pharmacies
- Offers up to **90-day supply, free shipping**
- Includes **24/7 pharmacist access, safe packaging, interaction checks**

### Network Pharmacies

- Ideal for **immediate needs**
- Exist at over **41,000 locations**
- Offer up to **30-day supply**
- Require **uniformed services ID**

### Non-Network Pharmacies

- Require a full payment upfront, then a reimbursement form
- Subject to deductibles, copayments, cost-shares.

For Copayment and Cost-Share information, visit [TRICARE's Copayments & Cost-Shares page](#).



## Prescriptions

### General/Routine Prescriptions

TRICARE providers handle all general/routine medication fulfillments directly by:

1. Prescribing medications according to the [TRICARE Formulary](#)
2. Submitting the prescription and approved referral/authorization electronically to the patient's TRICARE pharmacy within one hour of the visit  
**Note:** *Patients may pick up medications at any TRICARE network or Express Scripts (ESI) pharmacy. Do not give out sample medications.*
3. Registering with the state's prescription monitoring program

If the medication is not on the TRICARE Formulary:

- Use the [TRICARE Formulary Search Tool](#) to find alternatives or request approval for non-formulary drugs.
- If approved, proceed with the standard prescribing process.

### Urgent/Emergent Medicine

When a patient needs an urgent prescription that is not fillable through TRICARE's standard channels, providers write a prescription by:

1. Prescribing medications according to the TRICARE Formulary  
**Note:** *Urgent prescriptions are available for a maximum of 14 days.*
2. Sending the prescription and a copy of the approved referral/authorization to a TRICARE-authorized retail pharmacy, through the Surescripts e-Prescribing tool when possible, or alternatively, fax
3. Writing a second prescription if needed and submitting it electronically to the TRICARE-authorized pharmacy within one hour of seeing the patient

Providers should check with the state's prescription monitoring program for any controlled substance use prior to writing prescriptions.



## What to Include

Prescriptions must include the following:

- Provider's Name (family, given, middle, suffix [if applicable])
- Provider's National Provider Identifier (NPI)
- Provider's Tax ID Number (TIN)
- Provider's personal Drug Enforcement Administration (DEA) Number and expiration date
- Provider's office address
- Provider's office phone and additional contact number
- Provider's fax number (if applicable)
- Provider's discipline (e.g., physician, physician assistant, nurse practitioner)

## TRICARE Formulary

The [TRICARE Formulary](#) is updated each quarter, and prescription drugs are organized into four categories:

- **Generic Formulary** (pre-tested, reliable)
- **Brand-Name Formulary** (generic substitute included, if possible)
- **Non-Formulary** (higher cost, may require medical necessity)
- **Non-Covered** (full cost, not applied to cap)



## Prescription Authorizations

### Preauthorization

**Preauthorization** ensures a patient's prescription drug is safe, effective, medically necessary, and cost effective. A preauthorization may be necessary if a prescription is:

- Specified by the Department of Defense (DOD) Pharmacy & Therapeutics Committee
- A brand-name prescription drug with a generic substitute
- A medication with age limits
- Prescribed for an amount more than the normal limit

**Preauthorization** requires patients to:

1. Download and print the drug's form
2. Give the form to the provider to complete
3. Send it back to Express Scripts

### Medical Necessity

**Medical necessity** requires patients to:

1. Search for the drug on the TRICARE Formulary Search Tool
2. Download and print the form
3. Give the form to the provider to complete and send back to Express Scripts

Authorization approval will apply to network pharmacies and home delivery.



## Specialty Medications and Mail Delivery

Specialty drugs treat chronic conditions, and their prescriptions operate through the specialty drug network (specialty drug home delivery program).

Patients can obtain specialty drugs by:

- **Mail Delivery (Express Scripts)**
  - Patients are contacted before delivery
  - Patients have access to clinicians and pharmacists
  - Provider faxes prescription or patient submits mail form
- **Military Pharmacy**
  - Free, if stocked
  - Patients must call ahead to confirm availability
- **Network Pharmacy**
  - Accredo is the primary pharmacy
  - Also available at select retail chains (e.g., Kroger, Walgreens, Walmart)
  - Patient pays copay
- **Non-Network Pharmacy**
  - Patient pays full cost, submits for reimbursement
  - Subject to non-network pharmacy rates and deductibles