



Delivering for our service men and women

Count on us to deliver long-term
medication to your patients.



Provider Edition

Overview

This booklet explains how to submit prescriptions to the TRICARE® Deployment Prescription Program (DPP).

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Ease service members' minds before deployment

We know you want the best for our men and women in uniform. That's why TRICARE® Pharmacy's Deployment Prescription Program (DPP) is committed to helping you get them their long-term medications with less hassle, fewer delays and the highest level of support.

When service members are preparing for deployment, they need to know that their medication will be delivered successfully, even in theater. Because it's crucial to take their medication as directed, we're dedicated to delivering it on time – right when and where they need it.

We're honored to help you administer the TRICARE pharmacy benefit to our men and women in uniform as they serve our nation.

Eligibility

Eligible beneficiaries

A beneficiary can participate in the DPP if they're:

- **A deployed service member**
 - No copayments
 - May receive up to 180-day supply of medication
- **A TRICARE-eligible deployed contractor or civil service employee (for example, a retiree or spouse)**
 - Must pay applicable copayments
 - Prescriptions limited to a 90-day supply
 - Spouse will use the sponsor's Social Security Number (SSN)
- **Getting health care through the Transitional Assistance Management Program**
 - Eligible to use TRICARE mail order pharmacy
 - Responsible for any applicable copayments
 - Limited to a 90-day supply only
 - If orders have been extended, the beneficiary needs to update their record with DEERS to reflect active status to be eligible for 180-day supply
 - Beneficiaries get an email if DEERS needs to be updated (all Home Delivery requests will be delayed until the update is completed)



Exception:

Not available if the beneficiary has other health insurance (OHI) with a pharmacy benefit. By law, TRICARE is the second payer and they must utilize their other pharmacy benefit.

Ineligible beneficiaries

The Deployment Prescription Program is not available to DoD contractors or civil service employees with other health insurance (OHI).



How to submit a prescription

There are several ways to submit a new prescription to TRICARE Pharmacy Home Delivery:



Fax

(Providers and Processing Centers only)

1.877.327.8038

The cover sheet must indicate fax origin, number of pages and sender's contact information.



DPP Server

(Providers and Processing Centers only)

Clinic/pharmacy may upload the prescription via DPP secure server.



U.S. Mail

(Required for CII prescriptions)

Express Scripts

P.O. Box 52012

Phoenix AZ 85072-2012



Email

Do NOT submit prescriptions via email. This is a HIPAA violation.



Accessing the DPP secure server

Who should request access?

We recommend limiting server access to your key clinical personnel. This helps prevent fraudulent prescriptions.



Important: Accounts are for individual use only and should NOT be shared. Additional access accounts should be requested for appropriate personnel.

How to request access

Email the Express Scripts DPP team at **deployedprescriptionprogram@express-scripts.com** and request access to the server for prescription upload.

We'll need the following information:

- Requestor's name
- Rank
- Military email address
- Clinical status (for example, MD, PA, NP, RPh)
- Country of origin or ship name

Logging in

After we create your account, we'll send you an email with your user ID and a temporary password. Once you get this email, activate your account by:

1. Going to our secure server at <https://dpp.express-scripts.com>
2. Entering the user ID and password you received in the email from Express Scripts DPP and clicking **Log in**
3. After logging in, you'll need to change your password
 - Re-enter the temporary password in the **Current password** box
 - Enter your new password in the **New password** box
 - Passwords must be 8 characters long
 - Cannot contain your user ID
 - Must contain one of each:
 - upper-case letter
 - lower-case letter
 - number (0 to 9)
 - special character



Important: User IDs and passwords are case-sensitive.

4. Click **Save changes**

User ID:

Password:

Remember me on this computer

Reset password for user: Training User

The system administrator has required that you reset your password. You cannot proceed until you do so.
For security purposes, please enter your current password.

Current password:

Enter the new password for "Training User".

New password:

Confirm new password:

What to do before deployment

When a service member is being processed, complete the following steps:

1. Use P-Mart to pre-screen what medications are needed and to find high-risk drugs and non-deployable service members
2. Providers should prescribe medications using the DPP prescription forms
3. Update the service member
 - Tell them about the deployment prescription process
 - Help them enroll in mail order (express-scripts/tricare.com)
 - Make sure they have a valid email address
 - Express Scripts will email them after deployment
 - If they don't receive an email after 60 days in theater, they should contact the Express Scripts Deployment Prescription Team by phone or email:



1.855.215.4488 (toll free); or **1.480.438.8344**, 24 hours a day, 7 days a week



deployedprescriptionprogram@express-scripts.com

- Check that they have a valid shipping address on file
- Give them a mail order contact information card

4. Dispense an initial 180-day supply of medication for their chronic conditions
5. If necessary, give them a full course of anti-malarial medication that will last their entire deployment



Important:

Dispensing less than a 180-day supply of long-term medication will disrupt DPP process and may interrupt therapy.

DEPLOYMENT PRESCRIPTION PROGRAM (DPP)
TRICARE Mail Order Pharmacy Registration and Prescription Form 86016



Today's Date:

Secure server URL: <https://DPP.express-scripts.com> (e-mail: DeploymentPrescriptionProgram@express-scripts.com for instructions)

Fax To: 877-327-8038

Mail To: PO Box 52012 Phoenix, AZ 85072-2012

Center/Theater Name:

** All Information REQUIRED - please indicate if N/A. Insufficient information may result in prescription delays.

Patient Information			
Last Name:	<input type="text"/>	First Name:	<input type="text"/>
		MI:	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>	Full SSN:	<input type="text"/>
		Gender:	<input type="text"/>
Mailing Address: <input type="text"/>			
Email Address: <input type="text"/>			
<input type="checkbox"/> Active Fill (if the box is not checked, the fill will be pended until the patient releases it via the web)			
Allergies (Check in Category That Applies)			
No Known Drug Allergies <input type="checkbox"/> Known Drug Allergies <input type="checkbox"/> Specify: <input type="text"/>			

Drug Name and Formulation	Strength	Form	Quantity	Directions	Refills
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

** All Credentials REQUIRED - please indicate if N/A. Insufficient credentials may result in prescription delays.

Supervising Physician for Prescriber: <input type="text"/>	
Email Address: <input type="text"/>	NPI# <input type="text"/>
State License #: <input type="text"/>	DEA# (Required for controlled drugs): <input type="text"/>
Name: <input type="text"/>	Signature: <input type="text"/>



Confidentiality Notice: This communication and any attachments are intended solely for the use of the addressee named above and contains confidential and legally privileged information. If you are not the intended recipient, any dissemination, distribution or copying is strictly prohibited. If you received this communication in error, please notify Express Scripts by fax or phone immediately. Express Scripts facsimile machines are secure and in compliance with HIPAA privacy standards.

The provision of the information requested in this form is for your patient's benefit. Express Scripts does not compensate for completing this form.



Submitting a prescription before deployment

1. Prescribe medication for deploying service members using the DPP prescription form
2. The MTF completes the DPP prescription form and sends it to Express Scripts DPP at the end of the day
3. Give the service member a mail order contact information card
4. Express Scripts emails the service member two months into deployment asking them to provide a current mailing address (APO/FPO)
5. Express Scripts will email the service member four months into deployment and remind them to order their medication
6. The prescription is sent to the address provided

Submitting prescriptions during deployment

If there's no prescription on file or if there's a change in treatment, just have the service member visit their provider in theater for a new prescription.

1. Submit the prescription for processing
2. We'll fill the prescription automatically (the service member doesn't need to request their initial fill online)
3. We'll send the prescription to the address they provided when ordering the medication

Submitting prescriptions to the DPP secure server

1. Find the DPP Prescription form in the Support Docs folder on the DPP secure server
2. Complete the form electronically. It needs to include:
 - A complete APO/FPO address – Our DPP team will follow up if we need more information
 - Authorizing signature and credentials –Schedule II-V (controlled) drugs require a handwritten signature
 - **Note:** Schedule II drugs **MUST** be mailed with a handwritten signature to:
Express Scripts
P.O. Box 52012
Phoenix, AZ 85072-2012



Note:

Average shipping time to an in-theater member is approximately 3-4 weeks.

Uploading the DPP Rx form



Questions? Express Scripts is here to help. Call us at **1.855.215.4488** email us at **deployedprescriptionprogram@express-scripts.com**.

For help with P-MART call DHA PASS at **1.866.275.4732**.
Select option 1 and ask for a data management team member.

1. Use the **Show/Hide** tab to expand the menu
2. Click **Send document**
3. From Select recipients screen, hit the **To** button (default is Express Scripts)
4. Add documents by clicking **Browse**, selecting the files you'd like to upload and clicking **Open**
5. Confirm those documents appear in the window
6. Click **Send**

You can review all files from the **Sent** folder in the left-hand navigation.



Server upload tips

Save

- Save the document to your computer and include the site location in the file name
- Print and scan any forms with a handwritten signature
- You can scan multiple forms into a single file and upload in batches

Upload

- Files can't be opened or removed after you upload them
 - If you find a problem, just resubmit and contact our DPP Team
- After you finish the upload, email our DPP Team to confirm

Updating your DPP server profile

To change your profile settings, mouse over your user name at the top of the page and click **My Profile**.



You can update your:

- Name
- Email address
- Phone number
- Alternate contact information
- Date/time settings

Once you've completed your updates, click **Save changes**.



Home Delivery prescription limitations

Not all medications are available through TRICARE Pharmacy Home Delivery. The following limitations apply:

Controlled (CII)

- **Required:**
 - A hardcopy paper prescription
 - A provider's valid personal DEA # (a facility DEA# will NOT be accepted)
 - A provider's hand-written signature; photocopied, scanned, faxed or digitally signed prescriptions will NOT be accepted
- CII prescriptions may be authorized for a maximum of a 90-day supply only with no refills
- If errors are identified, a NEW prescription may be required
- ALL CII prescriptions MUST be mailed to:
Express Scripts
P.O. Box 52012
Phoenix, AZ 85072-2012

Controlled (CIII-CV)

- **Required:**
 - A provider's valid personal DEA # (a facility DEA# will NOT be accepted)
 - A provider's handwritten signature; photocopied or digitally signed prescriptions will NOT be accepted
- If errors are identified, a NEW prescription may be required
- CIII-CV prescriptions may be faxed or scanned to Express Scripts

Over-the-counter (OTC) medications

- OTC medications are NOT part of the TRICARE pharmacy benefit through Home Delivery
 - Exceptions:** Prilosec, Claritin, Claritin D, Zyrtec, Zyrtec D and fexofenadine
- Brand Allegra will not be a covered OTC

Refrigerated packaging

- Medications requiring refrigerated packaging will NOT be shipped to APO/FPO addresses

Non-deployable medications*

- Proof of an approved CENTCOM waiver is required for drugs that are disqualifying for deployment
- Prescriptions for non-deployable medications will not be honored UNLESS:
 - Your providers submits a copy of an approved CENTCOM waiver**

OR

- Medical/pharmacy personnel can:
 - Confirm that CENTCOM waiver has been approved for this member/medication
- OR**
- Provide documentation/confirmation that the member/Rx fall under circumstances which do NOT require a waiver



Treatment Tip:

Over-the-counter medications are NOT part of the TRICARE Home Delivery benefit.

* Reference PPG TAB A. medications which may be disqualifying for deployment.

** Reference USCENTCOM Deployment Policy current MOD, Medical Waivers <https://www.express-scripts.com/TRICARE/tools/deployedrx.shtml>

Psychotropic medications***

- A 180-day supply of psychotropic medication may be supplied at the pre-deployment processing center
- Mail order prescriptions for psychotropic medication will NOT be accepted from pre-deployment sites
- Service members must see a provider in theater for all follow-up care/prescription renewals to ensure close monitoring

Smoking Cessation

- Is covered by TRICARE
Note: Chantix is a non-deployable medication and needs a waiver



Treatment Tip:

Smoking cessation medication is now covered.

*** Reference USCENTCOM Deployment Policy current MOD, Exceptions
<https://www.express-scripts.com/TRICARE/tools/deployedrx.shtml>



Reasons for delay

The following issues may cause a processing delay for Home Delivery:

- The beneficiary is ineligible for TRICARE coverage
- We have missing, incomplete, illegible or invalid prescription information including:
 - Issue date (post-dated prescriptions are NOT accepted)
 - Drug name, strength or form
 - Missing quantity
 - Missing provider signature or digital signature on controlled prescriptions
- CII prescriptions submitted electronically by fax, scan or upload
- The medication requested is excluded from the TRICARE pharmacy benefit
- The dosage prescribed is “use as directed”



Important:

Prescriptions that have to be corrected will be returned to the pre-deployment site or the provider in theater.



Contact info



Phone

1.855.215.4488 or **1.480.438.8344**
24 hours a day, 7 days a week



Email

deployedprescriptionprogram@express-scripts.com



Mail

Express Scripts
P.O. Box 52012
Phoenix, AZ 85072-2012



Fax

1.877.327.8038

Note: If you're calling after hours, leave a voice mail with your name, reason for your call and the best way to contact you. We'll be sure to follow up.

