



For Providers Prescribing
in the Deployment
Prescription Program

EXPRESS SCRIPTS[®] PHARMACY IS READY TO DELIVER FOR YOUR PATIENTS



EXPRESS SCRIPTS[®]



TRICARE[®]



DELIVERING MEDICATION SAFELY AND SECURELY

When you submit prescriptions to **Express Scripts® Pharmacy**, you can count on greater adherence, simplicity and safety for our service men and women, both during and after deployment.

This booklet explains how to prescribe through the Deployment Prescription Program so beneficiaries can get their new prescriptions and refills delivered from Express Scripts® Pharmacy. Remember, it's crucial that Service Members take their medication as you prescribe, to ensure their health and mission-readiness.

Who's eligible?

Eligible Beneficiaries	Medication Supply	Copayment
Deployed Service Members	Up to 180 days	\$0
TRICARE-eligible deployed contractors; civil service employees; retirees or spouses ¹	Up to 90 days	Paid by beneficiary, if applicable
Transitional Assistance Management Program (TAMP) participants ²	Up to 90 days	Paid by beneficiary, if applicable

¹ Spouse will use the sponsor's Social Security Number.

² If orders have been extended, TAMP participants must update their record with DEERS to reflect active status to be eligible for a 180-day supply.

Creating your MTF Provider Portal account

We recommend limiting account access to key clinical personnel to reduce the risk of fraudulent prescriptions.

Register your Account

1. Go to: express-scripts.com/mpp
2. Click on Register with your CAC button
3. Select your DOD PIV or Email Certificate
4. Follow the registration process

Log in to your account

If you already registered on the MTF Provider Portal, you can log into your account anytime.

1. Go to: express-scripts.com/mpp
2. Click CAC Login
3. Select your DOD PIV or Email Certificate

Updating your provider file

Click on My Settings then Provider File from the main menu. Please make sure your file has correct and up-to-date information including:

- Phone numbers
- Fax number
- MTF / Location Name
- Address

In the My Settings section you can also add Trusted Agents and Surrogates:

- Trusted Agents are delegates who can assist you with prescriptions.
- Surrogates are other Providers who can assist with and approve prescriptions on your behalf.



Do NOT share accounts. Request additional accounts for appropriate personnel.



Before deployment

When a beneficiary is being processed for deployment, please complete the following three steps:

1. **Use D-MART** (Deployment Medication Analysis and Reporting Tool) to see the medication profile snapshot for deploying beneficiaries.

For help with D-MART, contact DHA POSC Data Management Team at **1.866.275.4732** or dha.jbsa.pharmacy.mbx.pass@mail.mil.

For more information, see: <https://health.mil/About-MHS/OASDHA/Defense-Health-Agency/Operations/Pharmacy-Division/POD-Analytics-Support/D-MART>.

2. **Write an initial prescription for 180-day supply of medication to be dispensed at the pre-deployment pharmacy.** For refills in theater, use the DPP Prescription form found in the MTF Provider Portal.

Please review and if needed please attach a Deployment Medication Waiver (see page 11).

The Processing Center will send the form to Express Scripts to add the medication to the beneficiary's online account.

3. If the beneficiary is deploying to an area where malaria is a concern, **prescribe a full course of anti-malarial medication** for their entire deployment, to be dispensed by the pre-deployment pharmacy.

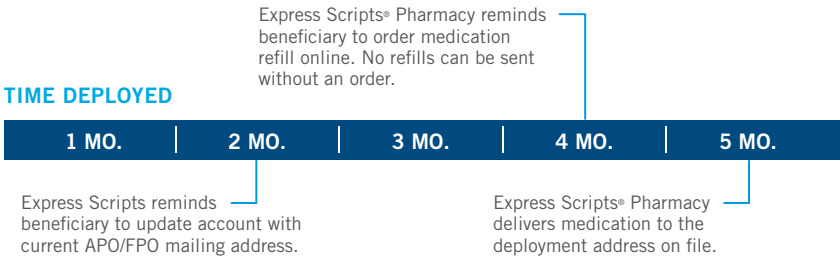
Give each beneficiary a reminder card with instructions to:

- ✓ Get up to a **180-day supply** of the prescribed medication from the pre-deployment pharmacy at their location.
- ✓ Create and sign in to their account online at militaryrx.express-scripts.com to update their mailing address to their deployment APO/FPO address. Service Members should use the email account they plan to access while deployed.
- ✓ Order all refills from their online account or the Express Scripts® mobile app.

While deployed

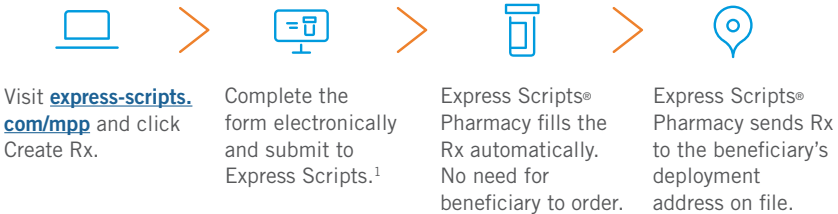
Medication refills

Deployed Service Members should order refills themselves online at militaryrx.express-scripts.com. Here's how it works:



Missing, new or changing medications

If there's no prescription on file with Express Scripts or if you're making a change to treatment that requires a new medication:



¹ CIII-CV prescriptions can be hand signed and faxed (does not have to be mailed).



Average shipping time to an APO/FPO address while deployed is approximately 3 to 4 weeks.

Submitting a DPP prescription

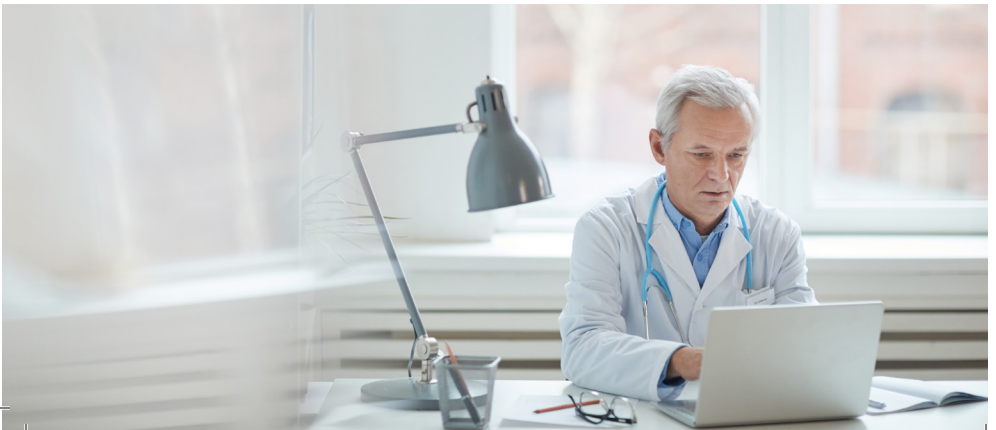
1. Use your CAC card to log in at express-scripts.com/mpp
2. Click Create Rx
3. Click Deployment Prescription Program (DPP)
4. Fill out all the required prescription information (You can add multiple medications to one request.)
5. Attach a waiver form if needed (See Deployment Medication Waivers, page 11)
6. Click Review
7. Review the prescription and make sure all information is correct
8. Click Submit to send the prescription for processing

For controlled medications, **fill out** the form, **print, sign** and **send** to Express Scripts.

CII prescriptions must be mailed.

CIII-CV prescriptions can be faxed, mailed or phoned in.

Electronic signatures cannot be accepted at this time.





Where to submit a prescription



MTF Provider Portal

express-scripts.com/mpp



Fax to 1.877.327.8038

Providers and Processing Centers only



Call 1.855.215.4488



Mail

Required for CII prescriptions

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

855.215.4488

DEPLOYMENT PRESCRIPTION PROGRAM (DPP)
TRICARE Mail Order Pharmacy Registration and Prescription Form 06016

Today's Date: _____

Secure server URL: <https://dpp.express-scripts.com> | e-mail: DeploymentPrescriptionProgram@express-scripts.com | www.tricare.com

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. Incomplete information may result in prescription delays.

Patient Information

Last Name: _____ First Name: _____ MI: _____

Date of Birth (MM/DD/YYYY): _____ Full SSN: _____ Gender: _____

Mailing Address: _____

Email Address: _____

Active PII (if this box is not checked, the bill will be pending until the patient releases it via the web)

Allergies (Check in Category That Applies): _____

No Known Drug Allergies Known Drug Allergies Specify: _____

Drug Name and Formulation	Strength	Form	Quantity	Directions	Refills

** All Controls REQUIRED - please indicate if N/A. Incomplete controls may result in prescription delays.

Supervising Physician for Prescriber: _____

Email Address: _____ NPI# _____

State License # _____ DEA# (Required for controlled drugs) _____

Name: _____ Signature: _____

Reset Form

Confidentiality Notice: This communication and any attachments are intended solely for the use of the addressee named above and contain confidential and highly 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 Security specialists are on hand and available to assist with HIPAA privacy concerns. The provision of the information requested in this form is for your patient's benefit. Express Scripts does not compensate for completing this form.



To help ensure compliance with HIPAA, do NOT submit prescriptions via email.

Special exceptions

Controlled medication (CII-CV)

May be authorized for up to 90-day supply only, with no refills.

What's required:

- Provider's valid personal DEA number (facility DEA numbers are NOT accepted)
- Provider's handwritten signature (photocopied or digitally signed prescriptions are NOT accepted)
- Mailed paper prescription (CII)
- Must be mailed or faxed to Express Scripts with a hand-written signature (CIII-CV)

Express Scripts
P. O Box 52012
Phoenix, AZ 85072-2012
Fax#: **877.327.8038**
Toll Free#: **855.215.4488**

For all controlled medications, if errors are identified, a new prescription may be required. Express Scripts® Pharmacy will contact you with any questions before processing the prescription.

Over-the-counter (OTC) medication

Most OTC medications are NOT available from Express Scripts® Pharmacy; however, there are a few that can be filled with a prescription. For a full list of OTCs that are available, please see the DPP Drug Limitations and Requirements page on the TRICARE.mil website:

[TRICARE.mil/CoveredServices/Pharmacy/FillPrescriptions/DPP/Limits](https://www.tricare.mil/CoveredServices/Pharmacy/FillPrescriptions/DPP/Limits)

Refrigerated packaging

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

Deployment medication waivers

Prescriptions for medications that are typically non-deployable will NOT be honored UNLESS they meet one of these conditions:

- Provider submits a copy of an approved CENTCOM waiver
- Medical or pharmacy personnel can confirm that a CENTCOM waiver is approved for the beneficiary and medication or that the prescription does NOT require a CENTCOM waiver
- For beneficiaries deployed to regions other than CENTCOM, the prescription must meet the requirements for that command or have a waiver for non-deployable medication

For more information on CENTCOM waivers please visit: health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Access-to-Healthcare/Pharmacy-Program/Deployment-Prescription-Program.

For the CENTCOM Formulary please visit: carepoint.health.mil/SitePages/Detail.aspx?detailId=7249

Psychotropic medication

Up to a 180-day supply may be dispensed at the pre-deployment processing center. Beneficiaries must see a provider in-theater for all follow-up care and prescription renewals to ensure close monitoring. Express Scripts® Pharmacy will NOT accept prescriptions from pre-deployment sites.

Smoking cessation

Medication is covered by TRICARE. However, per CENTCOM policy, Chantix® is a non-deployable medication and requires a waiver.



For more information, visit
[TRICARE.mil/CoveredServices/Pharmacy/
FillPrescriptions/DPP/Limits](https://TRICARE.mil/CoveredServices/Pharmacy/FillPrescriptions/DPP/Limits)

Reasons for delay

The following issues may cause a processing delay for Express Scripts® Pharmacy:

- The beneficiary is ineligible for TRICARE coverage
- We have 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 on controlled substances
 - CII prescriptions submitted electronically, by fax, scan or upload
 - Requests that include medications excluded from the TRICARE pharmacy benefit
 - Dosage prescribed is “use as directed”


Contact us

Express Scripts® Pharmacy ensures medications are delivered safely and securely to Service Members so they can stay focused on their mission. If you have any questions, please visit our website or contact us:

 deployedprescriptionprogram@express-scripts.com

 **1.855.215.4488** toll free, 24/7/365
or call **480.804.9465**

 **877.327.8038** fax number for providers and processing centers

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



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