



EXPRESS SCRIPTS®



FEDERAL PHARMACY SERVICES

Deployment Prescription Program (DPP)

Pre-Deployment Site Overview

May 2015



This document contains Express Scripts, Inc. proprietary information and/or data. Recipient, by accepting this document, agrees that it will not duplicate, use, or disclose-in whole or in part-this document, or the information contained therein, or any part thereof to others for any other purpose except as specifically authorized in writing by Express Scripts, Inc. EXEMPT FROM PUBLIC DISCLOSURE: Information contained herein is confidential information of Express Scripts, Inc. and is exempt from public disclosure under 5 U.S.C. § 552(b). Do not disclose outside of the recipient organization of the United States Government



Objectives

By the end of this presentation you will be able to:

- Identify the role the DPP team
- Identify the prescription pre-deployment steps
- Identify DPP Rx Form requirements
- Identify mail order prescription limitations
- Identify who is eligible for mail order
- Request DPP server access
- Upload files to the ESI server
- Identify the three methods to submit an Rx
- Identify the deployment reminders for SMs
- Contact the DPP Team



Express Scripts DPP Team is:

- The primary point of contact for all questions about the Deployment Prescription Program (DPP).
- A liaison between the MTF, the service member (SM) and the TRICARE Mail Order Pharmacy (Express Scripts (ESI)) to ensure processing of deployment prescriptions.



Pre-Deployment Site Key Personnel

- The pre-deployment site should establish key personnel to act as main points-of-contact to communicate with the ESI DPP Team regarding all DPP matters, such as:
 - Submitting prescriptions to ESI
 - Coordinating with site providers to correct returned prescriptions



Pre-Deployment Steps

P-Mart

- Used to pre-screen medication needs.
- Reports high risk medications and non-deployable service members.

Providers

- Prescribe medications for deploying service members using DPP Rx forms.

Brief the SM

- Provide briefing information to SMs on deployment prescription process.
- Assist SMs enrolling in mail order.
 - Website: <http://www.express-scripts.com/TRICARE>.
 - **MUST** have a valid SM e-mail address. ESI will send e-mail reminders. If they do **NOT** receive an e-mail from ESI 60 days after arriving in theater, they will need to contact the DPP Team 8am-8pm (CST) Monday-Friday, 855-215-4488 or 314-684-7506.
 - **MUST** have a valid shipping address.
- Provide MOP reminder card contact information.

Dispense

- Dispense an initial 180-day supply of medications to treat chronic conditions. (Quantities less than 180-day supply will disrupt DPP process and may cause interruption in therapy).
- Provide a full course of anti-malarial medications for the entire deployment.



EXPRESS SCRIPTS®



FEDERAL PHARMACY SERVICES

Prescription Stages

Providers prescribe medications for deploying service members using Deployment Prescription Program Rx Form.

MTF completes the DPP Rx Form and submits to ESI at the end of the day. Provide MOP Reminder Card.

ESI sends an e-mail to the SM two months into deployment asking them to update their online registration with their current mailing address (APO/FPO).

ESI sends an e-mail to the SM four months into deployment reminding the SM to order the medication.

ESI will send the prescription to the address the SM has provided when ordering the medication .



EXPRESS SCRIPTS®

FEDERAL PHARMACY SERVICES

Prescription Ordering Guidelines

- Only requested medications will be filled. Medications are **NOT** automatically sent out.
- If the SM does not update their address, the medication will be mailed to the address provided on DPP Rx form during pre-deployment.
- **IMPORTANT:** If the MTF does not submit DPP Rx forms to ESI in a timely manner, the SM will **NOT** receive reminder e-mails from ESI.



DPP Rx Form

- Obtain the DPP Prescription form in the Support Documents folder on the DPP secure server.
- The form can be filled out electronically (*preferred*) or by hand (print clearly, use dark ink).
- A complete address should be provided.
 - ESI DPP Team will contact the member for address verification if incomplete or illegible.

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: DeployedPrescriptionProgram@express-scripts.com for instructions)

Fax To: 877-327-8038
Mall 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: First Name: MI:

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

Mailing Address:

Email Address:

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 Known Drug Allergies Specify:

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

Email Address: NPI#:

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

Name: Signature:

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.



DPP Rx Form

- The Rx must include the provider's authorizing signature and credentials.
 - **Non-controlled** medications - Electronic signatures are allowed and will be honored.
 - **Schedule II-V** (controlled) medications - Hand-written signature is **REQUIRED**.
 - Valid provider credentials (facility DEA# is not acceptable).
- The ESI DPP Team will contact the member/provider via e-mail for additional information, if necessary.

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: DeployedPrescriptionProgram@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: _____ First Name: _____ MI: _____

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

Mailing Address: _____
Email Address: _____

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 Known Drug Allergies Specify: _____

Drug Name and Formulation	Strength	Form	Quantity	Directions	Refills
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Supervising Physician for Prescriber _____

Email Address: _____ NPI#: _____

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

Name: _____ Signature: _____

Reset Form Print Form

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.



DPP Rx Form

- Send all completed DPP Rx forms to ESI at end of day – **Failure to submit in a timely manner will result in prescription delays!**
- Contact ESI for assistance with mail order process.
- Contact DHA PASS for assistance with PMART at 1-866-275-4732, option 8 and ask for a Data Management Team member or email: <http://pec.ha.osd.mil/PMART/default.php>

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: DeployedPrescriptionProgram@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: _____ First Name: _____ MI: _____
Date of Birth (MM/DD/YYYY): _____ Full SSN: _____ Gender: _____
Mailing Address: _____
Email Address: _____

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 Known Drug Allergies Specify: _____

Drug Name and Formulation	Strength	Form	Quantity	Directions	Refills
	▼	▼			
	▼	▼			
	▼	▼			
	▼	▼			
	▼	▼			

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

Supervising Physician for Prescriber _____
Email Address: _____ NPI#: _____
State License #: _____ DEA# (Required for controlled drugs): _____
Name: _____ Signature: _____

Reset Form Print Form

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.



Mail Order Prescription Limitations

Prescription Type	Limitation
Controlled (CII)	<ul style="list-style-type: none">• A hardcopy paper prescription• A valid personal DEA # (a facility DEA # will NOT be accepted)• Must have a provider's hand-written signature; photocopied, scanned, faxed or digitally signed prescriptions will NOT be accepted.• CII Rxs may be authorized for a maximum of a 90-day supply with no refills.• If errors are identified, a NEW prescription may be required.• ALL CII Rxs MUST be mailed to: Express Scripts, P.O. Box 52012, Phoenix AZ 85072-2012
Controlled (CIII-CV)	<ul style="list-style-type: none">• A valid personal DEA # (a facility DEA# will NOT be accepted)• Must have a provider's hand-written 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
OTC medications	<ul style="list-style-type: none">• Are NOT part of the TRICARE pharmacy benefit through Mail Order. (Exceptions: Prilosec, Claritin, Claritin-D, Zyrtec and Zyrtec-D).• Allegra is considered OTC and is not available.
Refrigerated packaging	Medications requiring refrigerated packaging will not be shipped to APO/FPO addresses.





Mail Order Prescription Limitations

Prescription Type	Limitation
Non-deployable medications *	<p>Proof of an approved CENTCOM waiver is required for medications which are disqualifying for deployment.</p> <ul style="list-style-type: none">• Rxs for non-deployable medications will not be honored UNLESS at least one of the following applies:<ul style="list-style-type: none">• Copy of an approved CENTCOM waiver**• Medical/pharmacy personnel can:<ul style="list-style-type: none">• Confirm that CENTCOM waiver has been approved for this member/medication.• Provide documentation/confirmation that the member/Rx fall under circumstances which do NOT require a waiver.
Psychotropic medication***	<ul style="list-style-type: none">• 180 day supply of psychotropic medications may be supplied at the pre-deployment processing center. Exception: CII stimulants - 90 day MAX. In Theater, a 180 day supply (total) may be supplied.• Mail order prescriptions for psychotropic medications 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	<p>Are now covered by the TRICARE pharmacy benefit. Chantix is considered a non-deployable medication and proof of waiver is required.</p>

*Reference PPG TAB A, paragraph 7.H – medications which may be disqualifying for deployment.

** Reference USCENTCOM Deployment Policy MOD 12, paragraph 15.C.3 – Medical Waivers

*** Reference USCENTCOM Deployment Policy MOD12, paragraph 15.D.2.B - Exceptions



EXPRESS SCRIPTS®

FEDERAL PHARMACY SERVICES

Reasons for Delay

Member ineligible for TRICARE coverage – Orders may need to be updated with DEERS or they are a civilian/contractor without DoD retirement benefits.

CII Rx submitted electronically (fax, scan/upload).

Medications that are excluded from TRICARE pharmacy benefits:
Examples: OTC medications with the exception of Prilosec, Claritin, Claritin-D, Zyrtec and Zyrtec-D.

Missing/incomplete/illegible/invalid:

- Issue date (post-dated Rx's are **NOT** accepted).
- Drug name, strength or form.
- Missing quantity.
- Missing provider signature, or a digital signature on controlled Rx's.

Direction clarification needed for:

- Incomplete information
- Dosage form conflict (Example: A medication is a patch but the directions are written 'one po qd')
- "Use as directed" directions. These are **NOT** acceptable – All Rx's must specify quantity per dose and dosing frequency

***Prescriptions that require correction will be returned to the PRE-DEPLOYMENT SITE.**

Eligibility

DoD contractors and civil service employees :	TRICARE eligible beneficiaries (retirees, spouses) working as deployed contractors or civil service employees:	Transitional Assistance Management Program (TAMP) members:
Are NOT eligible to use TRICARE mail order pharmacy	<ul style="list-style-type: none">• Are eligible to use TRICARE mail order pharmacy EXCEPTION: If member has other health insurance, TRICARE is considered secondary and member must utilize their other pharmacy benefits• Are responsible for any applicable co-pays• Are limited to 90-day supply only• Spouses must provide Sponsor SSN, not their own	<ul style="list-style-type: none">• Are eligible to use TRICARE mail order pharmacy• Are responsible for any applicable co-pays• Are limited to 90-day supply only• If orders have been extended, update record with DEERS to reflect active status to be eligible for 180-day supply



Request DPP Secure Server Access

- It is recommended that access be limited to established points-of-contact to minimize confusion and miscommunication.
- Access account is for the individual's use only and should **NOT** be shared. Additional access accounts should be requested for additional personnel.
- Contact the ESI DPP Team via e-mail @ DeployedPrescriptionProgram@express-scripts.com to request access to the DPP secure server for prescription upload.
- In the e-mail include:
 - Requestor's name
 - Rank
 - Military e-mail address
 - Clinical status (MD, PA, NP, Pharmacist, etc.)
 - Site name
- You will need to select new login/password information upon the first login.



Server Upload Instructions

- Access the ESI secure server at: <https://DPP.express-scripts.com>.
- Enter the login credentials emailed to you by Express Scripts and click **Log in**.
 - If you do not have login-Id to this site please contact Express Scripts at DeployedPrescriptionProgram@express-scripts.com
 - Both the login-id and the **temporary** password are case-sensitive.
 - The first time you login to the website, you will be prompted to change the temporary password.

Managed File Transfer (MFT)
QA / UAT

User ID:

Password:

Remember me on this computer



Server Upload Instructions

- Re-enter the temporary password in the **Current password** box.
- New password rules:
 - Minimum length 8 characters
 - Must **NOT** contain the user-id
 - Must have at least:
 - One upper-case letter
 - One lower-case letter
 - One number (0 to 9)
 - One special character
- Click **Save changes** .

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:*

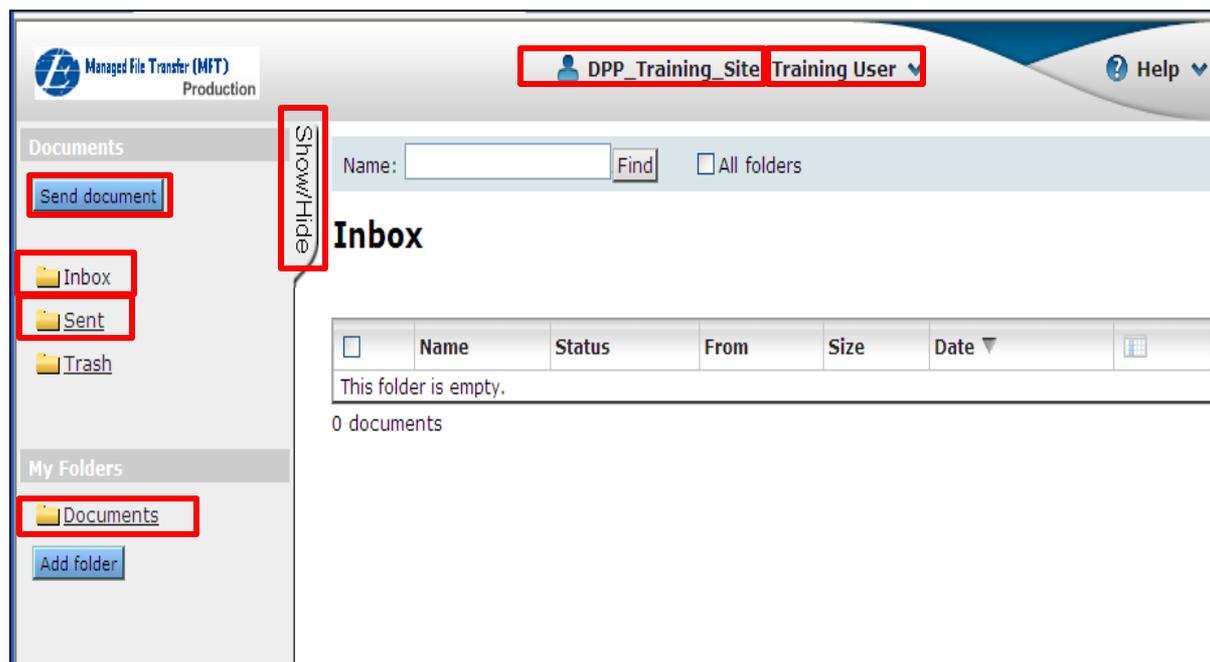
Confirm new password:*

[Save changes](#)



Server Upload Instructions

- **Send Document:** Used to upload files to Express Scripts.
- **Inbox :** Contains files from Express Scripts. Example: Questions about prescriptions
- **Sent:** Contains files sent to Express Scripts. Example: DPP Prescription Form
- **Documents:** A folder to store support documents, including the user guide, account management engagement process and procedures.
- **Show/Hide:** Click Show/Hide to see or hide the left-hand vertical toolbar.





Server Upload Instructions



- To change your profile settings (or log out of the GUI), mouse over the site-name/user-name at the top of the page.
- Profile settings include:
 - Full name
 - Email address
 - Phone number
 - Alternate contact information
 - Date/Time settings



Server Upload Instructions

- To change the time zone:
 - Click the **Date/Time** tab.
 - Select **Choose a time zone**.
 - Select the local time zone from the drop down list.
 - Click **Save changes**. This new time zone will be used by default for all future logins.

The screenshot shows the 'Change WebTrader user: Training User' page. The 'Date/Time' tab is selected. The page contains the following text and controls:

Managed File Transfer (MFT) Production

Training User

Help

Change WebTrader user: *Training User*

General | Alternate contact | **Date/Time** | Sponsor Test Community

Times displayed in the user interface can be in the browser's time zone (local time), the server's time zone (local or remote time) or you can choose another time zone.

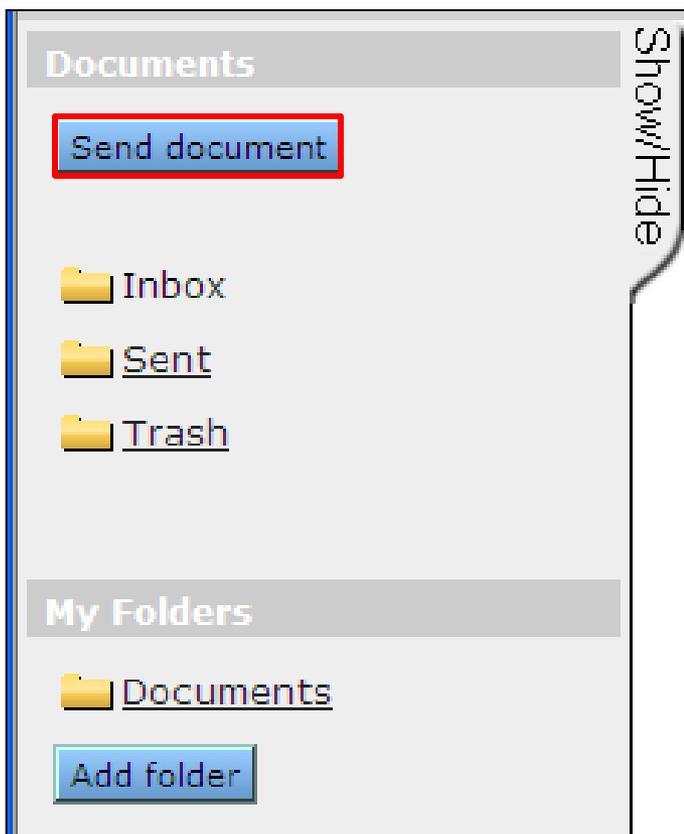
- Browser's time zone (Central Daylight Time)
Time zone always matches the browser's time zone. This time zone is usually set in your operating system.
- Server's time zone (Central Daylight Time)
Time zone always matches the server's time zone.
- Choose a time zone:
Central Daylight Time

Save changes | Cancel

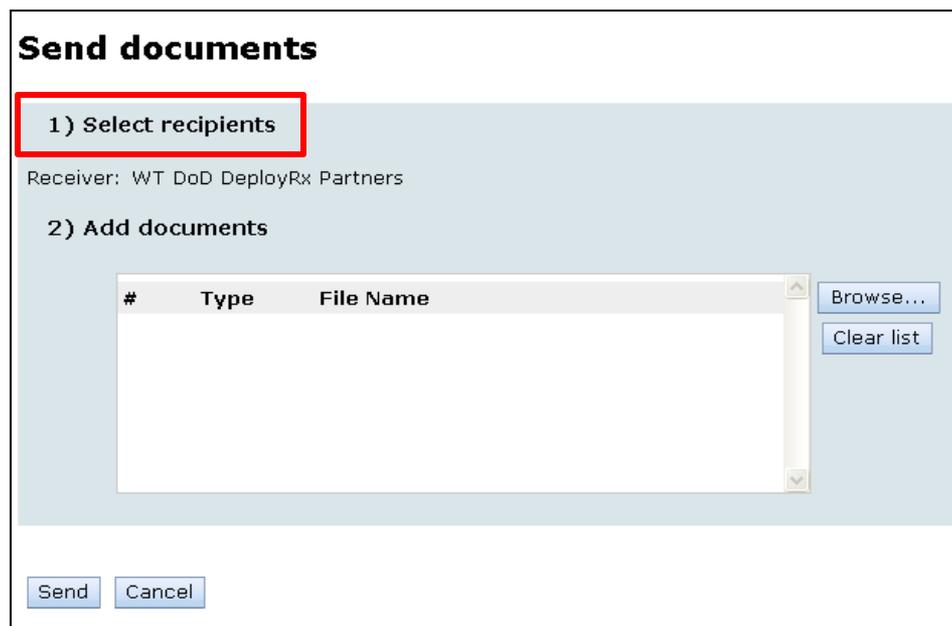


Server Upload Instructions

Step 1: Click Send Document



Step 2: Select recipients (default is Express Scripts)





Server Upload Instructions

Step 3: Add documents

- Click **Browse** to open the **File Upload** window.
- Select **ALL** the files you want to upload from your local drive.
- Click **open**.
- The document names show in the Add documents box.

Send documents

1) Select recipients

Receiver: WT DoD DeployRx Partners

2) Add documents

#	Type	File Name
1	TXT	Test Upload File 01.txt
2	TXT	Test Upload File 02.txt

Browse...
Clear list

Send Cancel



Server Upload Instructions

Step 4: Click **Send** to upload the files to the Express Scripts server.

Send documents

1) Select recipients

Receiver: WT DoD DeployRx Partners

2) Add documents

#	Type	File Name
1	TXT	Test Upload File 01.txt
2	TXT	Test Upload File 02.txt

Browse...
Clear list

Send Cancel



Server Upload Instructions

- To see all of the files that were sent to Express Scripts, click the **Sent** folder.

The screenshot shows an email client interface. On the left, a sidebar lists folders: 'Documents' (with a 'Send document' button), 'Inbox', 'Sent' (highlighted with a red box), and 'Trash'. Below these are 'My Folders' including 'Support_Docs' and an 'Add folder' button. The main area shows the 'Sent' folder contents. At the top, there is a search bar with 'Name:' and a 'Find' button, and a checkbox for 'All folders'. Below the search bar, the title 'Sent' is displayed. A table lists four documents:

<input type="checkbox"/>	Name	Status	To	Size	Date ▾	<input type="checkbox"/>
<input type="checkbox"/>	Test Upload File 02.txt	Delivered	WT DoD DeployRx Partners	58 bytes	Mar 12, 2015 02:09:45 PM CDT	<input type="checkbox"/>
<input type="checkbox"/>	Test Upload File 01.txt	Delivered	WT DoD DeployRx Partners	50 bytes	Mar 12, 2015 02:09:44 PM CDT	<input type="checkbox"/>
<input type="checkbox"/>	ESIMOAS2_2015.txt	Delivered	WT DoD DeployRx Partners	718 bytes	Feb 23, 2015 02:19:14 PM CST	<input type="checkbox"/>
<input type="checkbox"/>	aaa.txt	Delivered	WebTrader Partners	87 bytes	Jan 29, 2015 11:45:07 PM CST	<input type="checkbox"/>

Below the table, it says '4 documents' and there is a 'Select an action...' dropdown menu.



Server Upload Tips

Save

- Save the completed document to your computer. It is suggested that the file be named with the site's name.
- Forms with hand-written signature must be printed and scanned into a new image file before saving.
- Multiple forms may be scanned into a single file for uploading as batches.

Access

- Access the ESI secure server at: <https://DPP.express-scripts.com>

Upload

- Upload file(s)
 - Files cannot be opened or removed once uploaded. If you identify an error, please resubmit and notify the ESI DPP Team.
 - After upload has been completed, an e-mail may be sent to the ESI DPP Team to confirm receipt.



Submit a Prescription



Fax

- 877-327-8038 (*PREFERRED*)
- The cover sheet must indicate fax origin, # of pages & sender contact info



Upload via DPP server

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



Postal mail (required for CII prescriptions):

- Send to:
- Express Scripts P.O. Box 52012 Phoenix AZ 85072-2012



E-mail

DO NOT SUBMIT PRESCRIPTIONS VIA E-MAIL

This is a HIPAA VIOLATION

- ❖ **Prescriptions submitted through non DPP channels (anything other than listed above), may result in delayed or incorrect processing.**



Reminders for Service Members

1. Remind the SM to update their APO/FPO address & e-mail address online: <http://www.express-scripts.com/TRICARE>.
2. If the SM does not receive an e-mail from ESI 60 days after arriving in theater, they will need to contact the DPP Team 8am-8pm (CST) Monday-Friday, (Toll Free) 855-215-4488 or (Direct) 314-684-7506.



Contact Information

Phone

Phone: 855-215-4488 or 314-684-7506
8am-8pm (CST) Monday-Friday*
Fax: 877-327-8038

Mail

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

E-mail

[DeployedPrescriptionProgram@
express-scripts.com](mailto:DeployedPrescriptionProgram@express-scripts.com)

*If you are calling after hours, leave a voice mail with your name, reason for your call and the best way to contact you. ESI will return your call or send you an email.



EXPRESS SCRIPTS®



FEDERAL PHARMACY SERVICES



Questions?



EXPRESS SCRIPTS®



FEDERAL PHARMACY SERVICES

Thank You