

**Baseline Health Policy Analysis
in support of
Health Program Analysis and Evaluation Activities**

**PMI Contract DASW01-01-A-0012
Delivery Order DASW01-02-F-0966**

**EVALUATION REPORT
DOD TRICARE
SENIOR PHARMACY PROGRAM**

December 6, 2002

Submitted to: Health Program Analysis & Evaluation Office
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1. EXECUTIVE SUMMARY

This report documents an independent evaluation of the DoD experience with the TRICARE Senior Pharmacy (TSRx) Program in accordance with the provisions of Section 723 of the Fiscal Year (FY) 1999 Defense Authorization Act, as amended by Section 711 of the FY01 National Defense Authorization Act (NDAA). The TSRx benefit makes available to all Medicare-covered DoD health beneficiaries age 65 and older the TRICARE outpatient drug benefit. In particular, this includes access to the National Mail Order Pharmacy (NMOP) program and retail pharmacies, both TRICARE network and non-network providers. The program has no annual premium, and provides prescriptions for modest copayments. Beneficiaries also continue to have access to free prescription drugs from military MTFs.

This independent evaluation reviewed TSRx implementation and operating costs and workload. It also addressed the degree to which the program meets prescription drug needs of eligible beneficiaries and measured their participation rate. This evaluation is based on information provided by Pharmacy Benefits Division, Operations Directorate, TMA, OASD(HA), the TRICARE website, and data centrally available through the MHS Mart (M2).

Key observations include the following:

- The TRICARE Management Activity (TMA) and supporting contractor organizations appear to have been highly successful in marketing the TSRx benefit and implementing coverage effective April 1, 2001.
- The cumulative, incremental (new program) total costs of TSRx through June 30, 2002 are summarized in Table 1.
- The program is easy to access, extensive in coverage, and low in out-of-pocket cost. For those who access the program, TSRx meets their prescription drug needs comprehensively. Most eligible beneficiaries have already acted on this opportunity.
- The multi-venue flexibility of the TSRx program and the fiscal stability afforded by the Accrual Fund weigh heavily against any adverse effect on military medical readiness.

Table 1. Summary of TSRx Costs Through 30 June 2002

Costs	Dollars (Millions)
FY01 Startup Cost	\$16.244
FY01 Government Cost of TSRx ¹	224.832
FY02 Government Cost of TSRx ²	659.230
Sub-Total (Government)	\$900.306
FY01 Beneficiary Cost of TSRx ¹	47.429
FY02 Beneficiary Cost of TSRx ²	118.695
15-Month Grand Total Cost (TSRx)	\$1,066.430
¹ FY01 reflects first 6 month's experience (Apr-Sep 01) for this new program. ² FY02 reflects the first 9-months of fiscal year (Oct 01-Jun 02), considered "complete."	

- The TMA Pharmacy Benefits Division reports that since its inception on April 1, 2001, the TRICARE Senior Pharmacy Program has seen participation among its 1.6 million eligible beneficiaries reach approximately 1.2 million — a 75% participation rate. Allowing for eligibles with other insurance coverage or minimal prescription drug requirements, the 1.2 million participants represent an even greater effective participation rate.
- It appears that this new health program was well publicized by multiple entities, efficiently and effectively implemented by TMA and well-received by constituents.

2. INTRODUCTION

2.1 BACKGROUND

This report documents an independent evaluation of the Department of Defense's (DoD) experience with the TRICARE Senior Pharmacy (TSRx) Program in accordance with the provisions of Section 723 of the Fiscal Year (FY) 1999 Defense Authorization Act, as amended by Section 711 of the FY01 National Defense Authorization Act (NDAA). These amended provisions changed the subject of the independent evaluation from a two-county short-term demonstration project titled *Pharmacy Redesign Pilot Program* to the worldwide permanent prescription drug benefit known as the *TRICARE Senior Pharmacy Program*.

The TSRx program makes the TRICARE outpatient drug benefit available to all Medicare-covered DoD health beneficiaries age 65 and older. In particular, this includes access to the National Mail Order Pharmacy (NMOP) program and retail pharmacies, both TRICARE network and non-network providers. With no annual premium, TSRx provides unlimited covered (formulary-based) prescriptions from the NMOP for \$3 and \$9 copayments per 90-day supply for generic and brand-name medications, respectively; from network pharmacies for \$3 and \$9 copayments per 30-day supply for generic and brand-name medications, respectively; and from non-network civilian pharmacies for the greater of \$9 per prescription or a 20% coinsurance, subject to \$150/\$300 annual individual/family deductibles. Participants also continue to have access to free prescription drugs from military medical treatment facilities (MTFs).

As specified in the statute and covered in Section 3 of this document, the purpose of this evaluation was to provide the following:

- An analysis of the costs of implementing TSRx to the government and to participants,
- An assessment of the extent to which TSRx meets the prescription drug needs of eligible individuals,
- An assessment of TSRx's effect, if any, on military medical readiness, and
- A description of the rate of participation in TSRx among eligible individuals.

2.2 TSRX IMPLEMENTATION

The TRICARE Management Activity (TMA) and supporting contractor organizations appear to have been highly successful in marketing the TSRx benefit and implementing coverage effective April 1, 2001. As shown in Table A-3, Appendix A, TMA reports that 251,500 eligible beneficiaries accessed this new program during its very first month in operation (April, 2001). According to the TMA Pharmacy Benefits Division, participation continues to climb, having reached approximately 1.2 million active participants by late FY02. For this evaluation, FY01 (beginning with April startup date) experience is compared with FY02 (through June "complete-claims-data" date) experience.

3. EVALUATION RESULTS

This section reports the analysis of TSRx implementation and operating costs and workload. The analysis also addresses the degree to which the program meets the prescription drug needs of eligible beneficiaries and measures their participation rate. This evaluation is based on information provided by Pharmacy Benefits Division, Operations Directorate, TMA, OASD(HA), the TRICARE website and TRICARE pharmacy claims data extracted from the Military Health System (MHS) Mart (M2, formerly the *ARS Bridge*), a central source of MHS data. For this evaluation, FY01 experience is compared with FY02. Note that the FY01 evaluation period begins with the startup date in April. The FY02 evaluation continues only as far as June 2002, the limit of complete claims data. Key aggregate data compiled during this evaluation are presented in Appendix A. Tables A-1 and A-2 show monthly cost and utilization experience for TSRX for the period April 2001 through June 2002 at TRICARE retail and mail order pharmacies, respectively. Table A-3 shows the numerical growth of individual TSRx-eligible beneficiaries who accessed the program by venue, fiscal year, and in total since April 2001.

3.1 COSTS

Costs of the TSRx program are assessed in three components: (1) program startup and non-recurring administrative expenses, (2) program operating costs to the government, and (3) co-payment/coinsurance costs to participating beneficiaries.

3.1.1 Administrative Costs for Startup of TSRx

Certain non-recurring administrative costs were reported by various components of TMA directly involved in preparing for and initiating operation of the TSRx program effective April 1, 2001. These activities included operational planning, program marketing, automated systems modifications and other related administrative procedures. Total "start-up" expenses identified by the Pharmacy Benefits Division, Operations Directorate, TMA, OASD(HA) amounted to \$16.2 million in FY01.

3.1.2 Utilization and Cost of TSRx Benefits Provided to Beneficiaries

Beneficiaries eligible for TSRx may access prescription drug benefits in three venues: the NMOP (mail order) program, TRICARE network/non-network pharmacies, and military pharmacies. TSRx cost sharing arrangements consist of \$3/\$9 copayment for up to a 90-day generic/brand-name prescription from NMOP; \$3/\$9 copayment for up to a 30-day generic/brand-name prescription from TRICARE network pharmacies; \$9 copayment or 20% coinsurance, whichever is greater, for prescriptions from non-network commercial pharmacies; and free prescriptions from military pharmacies. There are no benefit limits other than the application of a formulary to define covered medications.

Table 2 displays utilization by venue for beneficiaries participating in TSRx during the initial FY01 benefit period (April 1-September 30, 2001). Participation in the new programs, i.e. TSRx retail and mail order pharmacies, climbed from 251,500 individuals in April to 497,600 in September (see Table A-3, Appendix A). TSRx monthly costs rose from \$36 million and \$7.4 million in April to \$41 million and \$8.5 million in September (monthly averages of \$38 million and \$7.9 million) for the government and participating beneficiaries, respectively. Over the same period, the number of prescriptions issued by MTF pharmacies to Medicare-eligible DoD beneficiaries monthly declined from 1.4 million to just over 1.2 million (average of 1.3 million MTF scripts per month).

Table 2. Initial (FY01) 6-Months' TSRx Experience (Apr01 – Sep 01)

Venue	Unique Users*	Average Monthly Prescriptions (Millions)	Average Monthly Pharmacy Costs	
			Government (Million \$)	Beneficiaries (Million \$)
Baseline: MTF Pharmacies (Source: TMA Pharmacy Benefits Division)				
MTF Pharmacies	855,000	1.3	\$ 33	N/A
New Program: TSRx Civilian Pharmacies (Source: M2)				
Retail Pharmacies	419,000	0.6	\$ 26	\$ 6.6
Mail Order	162,800	0.2	\$ 12	\$ 1.3
Total (New Program)	497,600	0.8	\$ 38	\$ 7.9

* User counts will not sum to the "total" due to numerous individuals who accessed multiple venues.

DoD experience with TSRx during the first 9 months of FY02 (September 2001 – June 2002) is summarized in Table 3. Compared with the initial 6-month TSRx experience, all categories of new program activity indicate that TSRx essentially doubled in size and, aside from mail

order pharmacy experience, the program has not yet shown signs of leveling off. Rapid program growth should subside soon because approximately 1.2 million out of a total 1.6 million eligible beneficiaries have already accessed one or more venues, including MTFs, available under TSRx. Future growth will likely be driven by a combination of general population aging and progressive changes in average utilization rates among TSRx participants.

Table 3. TSRx Experience for First 9 Months of FY02 (Oct 01 – Jun 02)

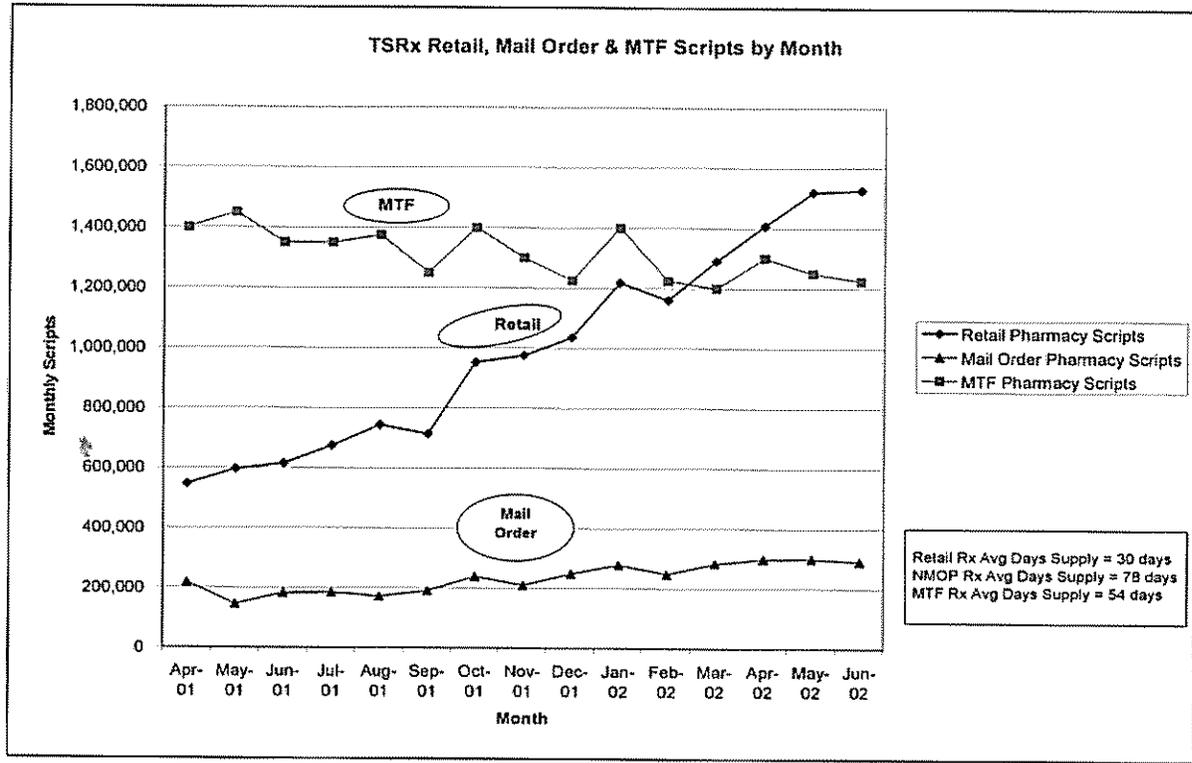
Venue	Unique Users*	Average Monthly Prescriptions (Millions)	Average Monthly Pharmacy Costs	
			Government Million \$	Beneficiaries Million \$
Baseline MTF Pharmacies (Source: TMA Pharmacy Benefits Division)				
MTF Pharmacies	810,000	1.2	\$ 34	N/A
New Program: TSRx Civilian Pharmacies (Source: M2)				
Retail Pharmacies	784,500	1.2	\$ 55	\$ 11.3
Mail Order	272,100	0.3	\$ 18	\$ 1.9
Total (New Program)	855,200	1.5	\$ 73	\$ 13.2

* User counts will not sum to the "total" due to numerous individuals who accessed multiple venues.

For the last 3 months of the period (April –June 02), the average MTF pharmacy (<60-day) prescription cost the government about \$30 with no cost to the patient; the average retail pharmacy (<30-day) prescription cost the government about \$47 with a \$9 patient cost; and the average mail order pharmacy (<90-day) prescription cost the government about \$68 with a \$7 patient cost.

Comparative monthly prescription counts by venue across the 15-month period April 2001 through June 2002 appear in Figure 1. Note that MTF volume has declined gradually and mail order scripts have increased slightly since the initiation of TSRx on April 1, 2001. However, the bulk of the program growth has involved retail pharmacies where script counts have nearly tripled. The mild decline in continued use of MTF pharmacies underscores the importance placed on this internal source by DoD Seniors. Indeed, TMA Pharmacy Benefits Division reported that roughly 21% of Medicare-eligible DoD beneficiaries (336,000 of 1.6 million) relied *exclusively* on MTF pharmacies for all outpatient medications during the fiscal year ended September 30, 2002. To the extent that this reliance on in-house care continues, cost advantages at MTF pharmacies will help contain the overall cost of this program to both the government and to individuals.

Figure 1. Monthly TSRx Prescription Volume by Venue (Apr 01 – Jun 02)



3.1.3 Cumulative Fifteen Month TSRx Experience

In summary, the cumulative total costs of TSRx through June 30, 2002 appear in Table 4. Details appear in Appendix A.

Table 4. Cumulative Costs for TSRx (Apr 01 – Jun02)

Costs	Dollars (Millions)
FY01 Startup Cost	\$16.244
FY01 Government Cost of TSRx ¹	224.832
FY02 Government Cost of TSRx ²	659.230
Sub-Total (Government)	\$900.306
FY01 Beneficiary Cost of TSRx ¹	47.429
FY02 Beneficiary Cost of TSRx ²	118.695
15-Month Grand Total Cost (TSRx)	\$1,066.430
¹ FY01 reflects first 6 month's experience (Apr-Sep 01) for this new program. ² FY02 reflects the first 9-months of fiscal year (Oct 01-Jun 02), considered "complete."	

3.2 ASSESSMENT OF THE EXTENT TO WHICH TSRX MEETS THE NEEDS OF ELIGIBLE INDIVIDUALS

The TSRx benefit represents a tremendous bargain with no premium and modest co-payment/coinsurance provisions for unlimited (formulary-based) prescription drugs. TSRx is a comprehensive pharmacy benefit that covers both prescription medications and the important pharmacy-based medication counseling and education services that help eligible seniors take their medications properly. A key feature of TRICARE pharmacy benefits administration is the Pharmacy Data Transaction Service (PDTS). This secure online-automated technology integrates DoD-beneficiary prescription information from MTF, mail order, and civilian retail pharmacies to screen against potentially dangerous drug interactions/reactions, maximize the efficient execution of the prescription drug program and prevent fraud/abuse. Additionally, the TMA Pharmacy Benefits Division provides useful beneficiary information through a combination of publications and website resources.

According to the DoD-TMA news release "The TRICARE Senior Pharmacy Program Celebrates First Anniversary," (April 19, 2002) TSRx has been extremely well received by eligible beneficiaries. The article states, "Since (TSRx) implementation, beneficiaries have reported glowing accounts of its outstanding operation. Many of these beneficiaries had no pharmacy coverage previously, and the cost of their medications absorbed a significant portion of their household budgets." The article continues "retired Navy Capt. Clarence Creel and his wife Eunice think the TRICARE Senior Pharmacy Program 'is the greatest thing since sliced bread.' They are saving nearly \$4,100 per year on prescription medications. According to retired Army Col. Chuck Partridge of the National Association of Uniformed Services, the TRICARE Senior Pharmacy Program was 'a major step in restoring the promise of lifetime health care.'"

TMA population data (Source: MCFAS) indicate that about 63% of the 1.6 million Medicare/DoD dual-eligibles reside outside the service area boundaries of a military pharmacy and, generally, experience more difficulty accessing this singular source of prescription drug coverage before TSRx. These 1 million "non-catchment area" beneficiaries are the individuals who benefit the most from TSRx. The program is easy to access, extensive in coverage and low in out-of-pocket cost. For those who access the program, TSRx clearly does a com-

prehensive job of meeting their prescription drug needs; most eligible beneficiaries have already acted on this opportunity.

Finally, prescription volumes shown in Figure 1 lead to utilization rates of 33 to 44 annual scripts per capita, depending on whether the base number is 1.6 million eligibles or the estimated 1.2 million participants, respectively. This experience compares well with an earlier actuarial estimate for the TSRx benefit of 36 scripts per capita from Reden & Anders, Ltd.

3.3 ASSESSMENT OF TSRX'S EFFECT, IF ANY, ON MILITARY MEDICAL READINESS

The establishment of this permanent prescription drug benefit for Medicare-eligible retirees, their families and survivors concomitant with creation of the DoD Medicare-Eligible Retiree Health Care Trust Fund (Accrual Fund) to assure adequate long-term financial viability of the program likely represents a positive factor in support of overall military service recruitment and retention objectives. Similarly, the multi-venue flexibility of the TSRx program and fiscal stability afforded by the Accrual Fund weigh heavily against any adverse effect of TSRx on military medical readiness. Moreover, if the slight decline in use of MTF pharmacies by the elderly population continues, this will likely free personnel and other resources for increased training and/or enhanced support of Active Duty beneficiaries and families.

3.4 DESCRIPTION OF THE RATE OF PARTICIPATION IN TSRX AMONG ELIGIBLE INDIVIDUALS

Since its inception on April 1, 2001, the TRICARE Senior Pharmacy Program has seen participation among its 1.6 million eligible beneficiaries climb from 251,500 participants during the first month of operation, April 2001, to approximately 1.2 million active participants by late FY02. This represents a 75% participation rate. Allowing for eligibles who have other health insurance coverage through employment, those whose health is such that they had no need for prescription drugs, and those who, for whatever reason, would not or could not access TSRx, the 1.2 million participants represent something even closer to full participation. It appears that this new health program was well publicized by the Department and well received by its constituents.

APPENDIX A. SUPPORTING DATA

Table A-1. Retail Pharmacy TSRx Experience, (Apr 01-Jun 02)

Data Source: M2

TRICARE Senior Pharmacy (TSRx) Program Experience - Retail Pharmacies (HCSRs) only, Apr'01-Jun'02									
Month-Yr	FM	ALLOWED	Aver Allowed	GOVT PAID	Aver Paid	HCSR SCRIPTS	PT COST	Aver Copay	NUMBER OF MIBRS
Apr-01	7	\$ 27,067,561	\$49.51	\$ 21,195,894	\$38.77	546,706	\$ 5,871,667	\$10.74	192,491
May-01	8	\$ 28,565,427	\$47.91	\$ 22,477,158	\$37.70	596,202	\$ 6,088,269	\$10.21	267,069
Jun-01	9	\$ 29,960,954	\$48.71	\$ 23,752,089	\$38.61	615,134	\$ 6,208,865	\$10.09	314,288
Jul-01	10	\$ 33,988,838	\$50.36	\$ 27,079,825	\$40.12	674,891	\$ 6,909,013	\$10.24	351,363
Aug-01	11	\$ 37,602,976	\$50.57	\$ 30,137,234	\$40.53	743,624	\$ 7,465,743	\$10.04	388,213
Sep-01	12	\$ 36,070,961	\$50.53	\$ 28,960,159	\$40.57	713,902	\$ 7,110,802	\$9.96	419,020
Last 6-Mo, FY01		\$ (193,256,718)	(\$49.67)	\$ (153,602,359)	(\$39.48)	(3,890,459)	\$ (39,654,359)	(\$10.19)	419,020
Monthly Average		\$ (32,209,453)		\$ (25,600,393)		(648,410)	\$ (6,609,060)		
Oct-01	1	\$ 48,838,917	\$51.27	\$ 39,281,424	\$41.23	952,627	\$ 9,557,493	\$10.03	479,768
Nov-01	2	\$ 50,156,990	\$51.41	\$ 40,733,574	\$41.75	975,696	\$ 9,423,416	\$9.66	527,201
Dec-01	3	\$ 53,723,859	\$51.88	\$ 43,858,568	\$42.35	1,035,544	\$ 9,865,291	\$9.53	567,663
Jan-02	4	\$ 64,554,951	\$52.96	\$ 53,322,418	\$43.75	1,218,871	\$ 11,232,533	\$9.22	621,719
Feb-02	5	\$ 62,018,577	\$53.43	\$ 51,464,902	\$44.33	1,160,832	\$ 10,553,675	\$9.09	661,942
Mar-02	6	\$ 69,769,277	\$54.05	\$ 58,125,860	\$45.03	1,290,769	\$ 11,643,417	\$9.02	697,886
Apr-02	7	\$ 77,752,802	\$55.23	\$ 65,049,819	\$46.20	1,407,903	\$ 12,702,983	\$9.02	731,085
May-02	8	\$ 84,689,000	\$55.71	\$ 71,168,515	\$46.82	1,520,190	\$ 13,520,485	\$8.89	760,457
Jun-02	9	\$ 86,414,205	\$56.59	\$ 72,995,755	\$47.80	1,527,030	\$ 13,418,450	\$8.79	784,478
First 9-Mo, FY02		\$ (597,918,578)	(\$53.92)	\$ (496,000,834)	(\$44.73)	(11,089,462)	\$ (101,917,744)	(\$9.19)	784,478
Monthly Average		\$ (66,435,398)		\$ (55,111,204)		(1,232,162)	\$ (11,324,194)		
First 15-Mo, TSRx		\$ 791,175,296	\$52.82	\$ 649,603,193	\$43.36	14,979,921	\$ 141,572,103	\$9.45	

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Table A-2. Mail Order Pharmacy (NMOP) TSRx Experience (Apr 01-Jun 02)

Data Source: M2.

TRICARE Senior Pharmacy (TSRx) Program Experience - Mail Order (NMOP) only, Apr'01-Jun'02										
Month-Yr	FM	ALLOWED	Aver Allowed	GOVT PAID	Aver Paid	NMOP SCRIPTS	PT COST	Aver Copay	NUMBER OF MBRS	
Apr-01	7	\$ 16,374,606	\$75.02	\$ 14,806,224	\$67.84	218,265	\$ 1,568,382	\$7.19	80,838	
May-01	8	\$ 10,409,520	\$71.37	\$ 9,369,834	\$64.24	145,848	\$ 1,039,686	\$7.13	113,599	
Jun-01	9	\$ 13,028,647	\$71.30	\$ 11,724,460	\$64.17	182,720	\$ 1,304,187	\$7.14	133,039	
Jul-01	10	\$ 13,258,511	\$71.89	\$ 11,954,516	\$64.82	184,415	\$ 1,303,995	\$7.07	144,425	
Aug-01	11	\$ 12,257,593	\$71.44	\$ 11,041,486	\$64.35	171,580	\$ 1,216,107	\$7.09	154,487	
Sep-01	12	\$ 13,675,070	\$71.73	\$ 12,333,020	\$64.69	190,652	\$ 1,342,050	\$7.04	162,836	
Last 6-Mo, FY01		\$ (79,003,948)	(\$72.25)	\$ (71,229,541)	(\$65.14)	(1,093,480)	\$ (7,774,407)	(\$7.11)	162,836	
Monthly Average		\$ (13,167,325)		\$ (11,871,590)		(182,247)	\$ (1,295,734)			
Oct-01	1	\$ 17,482,677	\$73.24	\$ 15,809,777	\$66.23	238,698	\$ 1,672,900	\$7.01	179,990	
Nov-01	2	\$ 15,478,578	\$73.56	\$ 13,998,774	\$66.53	210,419	\$ 1,479,804	\$7.03	194,094	
Dec-01	3	\$ 18,453,991	\$74.31	\$ 16,718,418	\$67.32	248,348	\$ 1,735,573	\$6.99	206,697	
Jan-02	4	\$ 21,387,794	\$76.72	\$ 19,436,383	\$69.72	278,763	\$ 1,951,411	\$7.00	222,512	
Feb-02	5	\$ 18,914,129	\$76.29	\$ 17,183,911	\$69.31	247,939	\$ 1,730,218	\$6.98	235,411	
Mar-02	6	\$ 21,297,736	\$75.00	\$ 19,324,993	\$68.06	283,953	\$ 1,972,743	\$6.95	246,786	
Apr-02	7	\$ 22,564,253	\$75.46	\$ 20,475,585	\$68.47	299,039	\$ 2,088,668	\$6.98	256,610	
May-02	8	\$ 22,533,860	\$74.98	\$ 20,427,996	\$67.97	300,533	\$ 2,105,864	\$7.01	265,336	
Jun-02	9	\$ 21,893,146	\$75.15	\$ 19,853,468	\$68.15	291,340	\$ 2,039,678	\$7.00	272,050	
First 9-Mo, FY02		\$ (180,006,164)	(\$75.03)	\$ (163,229,305)	(\$68.04)	(2,399,032)	\$ (16,776,859)	(\$6.99)	272,050	
Monthly Average		\$ (20,000,685)		\$ (18,136,589)		(266,559)	\$ (1,864,095)			
First 15=Mo, TSRx		\$ 259,810,112	\$74.16	\$ 234,458,846	\$67.13	3,492,512	\$ 24,551,266	\$7.03		

Table A-3. Unique TSRx Users by Commercial Venue and Month (Apr 01-Jun 02)

Data Source: M2

Unique TSRx Users by Venue, FY and Totals		
Retail Pharmacies (HCSR Rx)		
FY01	New	Cumulative
Apr	192,491	192,491
May	74,578	267,069
Jun	47,219	314,288
Jul	37,075	351,363
Aug	36,850	388,213
Sep	30,807	419,020
FY02		
Oct	60,748	479,768
Nov	47,433	527,201
Dec	40,462	567,663
Jan	54,056	621,719
Feb	40,223	661,942
Mar	35,944	697,886
Apr	33,199	731,085
May	29,372	760,457
Jun	24,021	784,478
NMOP		
FY01	New	Cumulative
Apr	80,838	80,838
May	32,761	113,599
Jun	19,440	133,039
Jul	11,386	144,425
Aug	10,062	154,487
Sep	8,349	162,836
FY02		
Oct	17,154	179,990
Nov	14,104	194,094
Dec	12,603	206,697
Jan	15,815	222,512
Feb	12,899	235,411
Mar	11,375	246,786
Apr	9,824	256,610
May	8,726	265,336
Jun	6,714	272,050
Combined Retail Pharmacies and NMOP		
FY01	New	Cumulative
Apr	251,503	251,503
May	89,272	340,775
Jun	52,493	393,268
Jul	37,788	431,056
Aug	36,157	467,213
Sep	30,378	497,591
FY02		
Oct	62,086	559,677
Nov	46,882	606,559
Dec	39,957	646,516
Jan	53,769	700,285
Feb	39,204	739,489
Mar	34,313	773,802
Apr	31,324	805,126
May	27,654	832,780
Jun	22,429	855,209

APPENDIX B. ACRONYMS

DoD	Department of Defense
DEERS	Defense Eligibility and Enrollment Reporting System
FY	Fiscal Year
M2	MHS Mart
MCFAS	Managed Care Forecasting and Analysis System
MCSC	Managed Care Support Contractors
MHS	Military Health System
MTF	Military Medical Treatment Facility
NMOP	National Mail Order Pharmacy
TSRx	TRICARE Senior Pharmacy Program
TMA	TRICARE Management Activity