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## CHAMPVA POLICY MANUAL

CHAPTER: 1  
SECTION: 4.2  
TITLE: MEDS BY MAIL (MbM)

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AUTHORITY: 38 CFR 17.272(a)

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### I. DESCRIPTION

Meds by Mail (MbM). This program, established in December 1995, enables eligible beneficiaries to purchase maintenance medications through a VA mail-order program rather than from a local, private pharmacy.

### II. POLICY

Meds by Mail (MbM)

1. Beneficiaries may be eligible to participate only if the other health insurance (OHI) certification form has been completed and indicates the beneficiary does not have OHI prescription drug coverage.

2. If OHI is Medicare or CHAMPVA supplemental insurance, the beneficiary is eligible to participate in the MbM Program.

3. **Effective October 1, 2004**, there are two MbM Servicing Centers. Beneficiaries must submit their prescriptions forms as follows:

a. **West.** Beneficiaries who live in the following states must mail their prescription forms to the address listed below:

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, Wyoming:

**Address:** Meds by Mail  
PO Box 20330  
Cheyenne, WY 82003-7008

**Telephone:**  
1-888-385-0235

b. **East.** Beneficiaries who live in the following states must mail their prescriptions forms to the address listed below:

Alabama, Connecticut, Delaware, District of Columbia, Florida, Georgia, Kentucky, Maine, Maryland, Massachusetts, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Puerto Rico, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia:

**Address:** Meds by Mail  
VISN 7/Dublin  
PO Box 9000  
Dublin, Ga. 31040

**Telephone:**  
866-229-7389

4. Pharmacists access software located at the Health Administration Center (HAC) to verify beneficiary eligibility and confirm that the prescribed drug is CHAMPVA authorized. The appropriate information regarding the prescription is then entered into the HAC housed software and the data is transmitted to the Leavenworth Consolidated Mail Outpatient Pharmacy (CMOP) for filling of the prescription.

5. The drug must be FDA approved (see [Chapter 2, Section 22.1, Pharmacy](#)).

6. The CMOP is reimbursed for the actual VA cost of the prescriptions filled. Payment is made to the CMOP on a quarterly basis through the transferring of disbursing authority (TDA) process.

7. There is no beneficiary cost share or deductible requirement.

**\*END OF POLICY\***