

Select Drug Program® Q&A

Voluntary Mail



Q: What is the Select Drug Program®?

A: The Select Drug Program is a formulary-based prescription drug program. The Select Drug Program formulary includes all generic drugs and a defined list of brand drugs that have been chosen for their medical effectiveness, positive results and value.

Q: How do I receive benefits as a Select Drug Program member?

A: At a participating pharmacy, your level of benefits is higher when you use a Select Drug Program Formulary medication. This means you will only be responsible for a copayment, which varies whether you purchase a generic or brand formulary medication. Your benefit for a covered non-Select Drug Program Formulary medication will result in a higher out-of-pocket expense.

Q: How will my doctor know to prescribe a Select Drug Program Formulary medication?

A: Have your doctor review the Select Drug Program Formulary to determine if your prescription medications are on the formulary; you may already be taking Select Drug Program Formulary medications. If you are, you will only pay your generic or brand formulary copayment for these drugs.

If you are prescribed covered drugs that are not on the Select Drug Program Formulary, ask your doctor to review your formulary to see if another drug on the formulary, such as a generic equivalent or therapeutic alternative, can be used to treat your condition.

If, after discussion with your doctor, he/she does not prescribe a Select Drug Program formulary medication, your covered prescription will be subject to a higher out-of-pocket expense.

Q: What is a maintenance medication?

A: A maintenance medication is a drug that is prescribed for an extended period of time to treat an ongoing or chronic illness. Some examples of maintenance medications are drugs used to treat high blood pressure and heart conditions.

Q: What is the mail order program?

A: The mail order program saves you money and allows you to get medications delivered directly to your home. When you are prescribed a maintenance drug, ask your doctor to write you two prescriptions - one for a 30 day supply to be filled immediately at a local, participating pharmacy and one for a 90 day supply (plus any necessary refills) to be filled through mail order. Once you are enrolled, you will receive a mail order envelope and mail service order form in your Welcome Kit. You may obtain additional mail service order forms and envelopes by calling FutureScripts® at 1-888-678-7012.

When you fill a Select Drug Program Formulary or covered non-formulary medication through the mail order feature, you will be responsible for two times the generic or brand formulary copayment or two times the non-formulary brand copayment for up to a 90 day supply!

Q: How do I use the mail order program?

A: It's easy!

- 1) Complete the Mail Service Order Form with your first order only.
- 2) Send the completed Mail Service Order Form plus the original prescription and the appropriate payment to FutureScripts using the mail order envelope.
- 3) Your mail order request will be processed and your medication sent to you within 10 days from the day you mailed your order. You will also receive reorder instructions for future refills.

Q: How do I know what to pay for my maintenance medications with the mail order program?

A: If you are purchasing covered drugs from the mail order program, you'll need to pay two times the generic or brand formulary copayment or two times the non-formulary brand copayment that you paid at your local, participating pharmacy for up to a 90 day supply. You may pay by check, money order or credit card.

See reverse side for more details.



Your doctor needs to give you a prescription for medication.

You give your doctor your formulary listing and ask him/her to prescribe you a drug from the Select Drug Program Formulary, if possible. (Your cost sharing will be less if the drug is on the formulary.)

Your Prescription is a formulary drug.

Your Prescription is NOT on the formulary.

Your doctor reviews the formulary and decides that a drug on the formulary can treat your condition. He gives you a prescription for your medication. (If you are taking a maintenance medication, you may obtain a second prescription for your 90 day refill through mail order.)

Your doctor reviews the formulary and decides a covered non-formulary drug fits your needs better and writes you a prescription. (If you are taking a maintenance medication, you may obtain a second prescription for your 90 day refill through mail order.)

You take your prescription to your local FutureScripts® participating pharmacy. Your pharmacist fills your prescription and charges you the lower generic or brand formulary copayment.

You take your prescription to your local FutureScripts participating pharmacy. Your pharmacist fills your prescription and charges you the higher non-formulary copayment.

If this drug is a maintenance medication, you may send your second prescription to our mail order service, to receive your next 90 day supply. You will pay two times the generic or brand formulary copayment for a formulary drug or two times the higher non-formulary brand copayment for a covered non-formulary drug.

OR

Simply return to your pharmacy if a refill is indicated. You will pay the generic or brand formulary copayment for a formulary drug or the higher non-formulary brand copayment for a covered non-formulary drug. You can receive up to a 90 day supply of your medication for three copayments at a retail pharmacy.