

Select Drug Program® Q & A

Voluntary mail order service for maintenance medications

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, you will have the lowest out-of-pocket cost 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 or 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 the voluntary mail order service?

A: The voluntary mail order service 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 service, you will be responsible for two times the generic formulary, brand formulary, or non-formulary brand copayment for up to a 90-day supply!

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: How do I use the voluntary mail order service?

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 voluntary mail order service?

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



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How to Use Your Select Drug Program

