

# Using Your *Prescription Drug Program*



**Answers to important questions about retail pharmacy and mail order purchasing**



**Independence Administrators**

# Welcome to your Prescription Drug Program!

We know you're going to enjoy the many advantages of your prescription drug benefit program, administered for Independence Administrators by FutureScripts®, an independent company. Take a look at the advantages:

## For short term prescription needs:

**It's easy to use** — A national network of chain and neighborhood pharmacies will recognize and accept your prescription identification card.

**You'll have access to discounts** — As long as you use a participating pharmacy and use select medications, your out-of-pocket costs are based on a discounted price, fixed copayments, or a coinsurance.

**No paperwork** — You don't ever have to file a claim form or wait for reimbursement when you use a participating pharmacy.

**Highest level of safety** — Every time you fill a prescription at a participating pharmacy, your pharmacy can identify harmful drug interactions and other dangers by viewing your drug history, which FutureScripts provides to the pharmacy's computerized system.

**An eye on costs** — Our prescription drug program uses a formulary, which includes all generic drugs and a defined list of brand drugs that have been chosen for their medical effectiveness, positive results, and value.

Ask your doctor to consider these formulary medications when you require a prescription.

You can view your formulary guide at [www.MyIBXTPA.com](http://www.MyIBXTPA.com).

## **For maintenance drugs needed to treat ongoing or chronic conditions:**

**Outstanding convenience** — Our mail order program allows you to receive drugs right at your door, eliminating time spent waiting in line at the pharmacy counter.

**Even lower costs** — Mail order purchases allow you to get up to a 90-day supply of drugs, which is more than what you may purchase at your pharmacy. So your out-of-pocket expenses will be lower, and you won't have to refill your prescription as often.

**Identification cards are for your permanent use** — As long as you are enrolled in this drug program, your cards are for your permanent use. Please keep them in a safe place, and take some time to review this brochure.

We hope you'll agree that your program makes purchasing prescriptions a simple and convenient experience.

## ***How does the formulary drug program work?***

The formulary drug program allows you to purchase prescription medications that fit your needs.

## **Visit any FutureScripts participating pharmacy:**

**If you purchase formulary medications,** your low copayment is based on your use of generic or brand drugs from the formulary drug program.

**If you purchase covered non-formulary medications from a participating pharmacy,** you are responsible for a higher out-of-pocket expense.

## ***How do I fill my prescriptions at the pharmacy?***

1. Take your prescription identification card (sometimes the card is separate from your medical ID card) to a pharmacy that participates in the FutureScripts network.
2. Present the card and your prescription to the pharmacist.
3. The pharmacist will use a computerized system to confirm your eligibility and determine your cost for the prescription based on your use of formulary or non-formulary medications.
4. Take your prescription home.

You will be given up to a 30-day supply. That's all there is to it. NO claim form to fill out and NO waiting for reimbursement when you use a FutureScripts participating pharmacy.

## ***Where are the pharmacies that participate in FutureScripts?***

They're everywhere. Many pharmacies in your area recognize and accept your prescription identification card, including large chains and many neighborhood pharmacies. When you're traveling, most of the pharmacies in all 50 states accept your card and give you your medication based on the same plan allowance you pay back home.

REMEMBER: There is no need to select just one pharmacy to fill your prescription needs. To locate a participating pharmacy near you, call FutureScripts at **1-888-678-7013**, or look for a participating pharmacy online at [www.MyIBXTPA.com](http://www.MyIBXTPA.com).

## ***What happens if I go to a pharmacy that isn't part of the FutureScripts network?***

If your prescription is filled at a pharmacy that does not participate in the FutureScripts network, you will have to pay the pharmacy's regular charge right at the counter. Then, submit a claim form for reimbursement to:

**FutureScripts  
Dept. #0384  
P.O. Box 419019  
Kansas City, MO 64141**

Your reimbursement check should arrive within 14 days from the day your claim form is received.

### ***How to use your prescription program at the pharmacy.***

#### **At participating FutureScripts pharmacies:**

- Present your identification card and prescription. Your pharmacist will tell you the amount to pay based on whether you receive a formulary medication or non-formulary medication and your plan sponsor's program.

#### **At non-participating pharmacies:**

- Pay the full amount for the prescription, complete a claim form (available by calling the number on your ID card), and mail it to FutureScripts.

## ***Sometimes more than one drug is available. Does it matter which one I choose?***

Many drugs are manufactured by only one company, which advertises and sells its product under a special trade name. These are called **brand drugs**. In many cases, they're quite expensive. That's why your share of the cost is higher for brand drugs.

Many other drugs are manufactured by several companies. There is the original brand drug as well as one or more **generic alternatives**, which are called simply by their chemical name. Generic drugs are approved by the Food and Drug Administration (FDA) to assure they are as safe and effective as their brand counterparts. Generic drugs are almost always less expensive than the brand drug.

We've designed this prescription drug program to provide a wide variety of prescription medications that are effective at treating your condition and keeping your costs down. View your formulary guide on our website at [www.MyIBXTPA.com](http://www.MyIBXTPA.com). In most cases, if a generic is available, it is a formulary drug and subject to the lower copayment. Formulary drugs will be subject to your plan copayment (generic or brand). Covered non-formulary drugs are subject to a higher out-of-pocket expense.

## ***How do I know what to buy?***

**Talk with your doctor.** Let him/her know what kind of prescription drug benefits you have. The "Please present this portion to your physician" panel of this brochure will help you provide your doctor with this important information.

**Sometimes your doctor decides for you.** Your prescription may instruct the pharmacist *not* to substitute the generic form of the drug.

**Other times it's up to you.** Depending on how much money you're willing to spend, you may want to *ask the pharmacist* to give you a formulary generic drug *instead* of the brand drug because buying generic will save you money.

**If no formulary generic equivalent is manufactured,** you'll pay your copayment or coinsurance for the brand drug.

**If your pharmacy does not have any formulary generic alternatives in stock,** you may either pay your copayment or coinsurance for the brand drug or see whether another FutureScripts participating pharmacy has a formulary generic available.

Occasionally, you may be prescribed a drug for which the discounted price is less than your copayment. In these cases, you will be asked to pay the discounted drug price instead of your copayment. This way, you'll always pay the lower price.

## ***About your prescription***

Sometimes, your physician may prescribe a medication to be "Dispensed as Written" when there is a generic alternative drug. To help your benefits plan save money, the pharmacist may, on occasion, discuss with your physician whether an alternative drug might be appropriate for you. Let your physician know if you have a question about a change in prescription or if you prefer the original prescription. Your physician always makes the final decision on your drug.

**Please note: Certain controlled substances and several other prescribed medications may be subject to other dispensing limitations and to the professional judgment of the pharmacist. If you have any questions regarding your medication, please call the toll-free number on your identification card.**

## ***How does the mail order service work?***

The mail order program is an excellent way to get a long-lasting supply *and* reduce your out-of-pocket costs. For medication taken for long periods, such as high blood pressure medication, you can use the mail order service.

Your doctor will need to prescribe a supply that will last up to 90 days. *You can get almost three times as many doses of your maintenance medication through the mail.* For specific mail order cost-sharing information, see your benefit booklets for details.

You may need to obtain two prescriptions from your doctor if you need your medication immediately — one prescription for your pharmacy to obtain your initial 30-day supply and one for the mail order service to obtain the remainder of your maintenance medication.

You will be able to receive the initial 30-day supply of your maintenance medication\* at the pharmacy, and then you will need to obtain additional refills through the FutureScripts mail order service.

Maintenance medications are prescribed for patients who have chronic long-term conditions.

\*Maintenance medications prescribed for seasonal conditions, such as antihistamines to treat allergies, are not included as maintenance medications.

## ***Is it safe to get prescriptions through the mail?***

**Yes, absolutely.** Mail order prescriptions have been handled through the mail for many years. When your order is received, a team of registered pharmacists — licensed professionals — checks your prescription against the record of all drugs ever dispensed to you by a FutureScripts network pharmacy as long as you've been in the Independence Administrators program administered by FutureScripts. This process means every prescription is reviewed for safety and accuracy before it is mailed to you. If there are questions about your prescription, a pharmacist will contact your doctor before your medication is dispensed. You will receive your prescription at your home within 14 days from the date you mail your order.

## ***What exactly will be sent to me?***

**You will always be dispensed the lower-priced formulary generic drug (if manufactured)**

*unless* your doctor writes “Brand Medically Necessary” *or* “Dispense as Written” on your prescription, *or* you indicate you do not want the generic version of your brand drug on the Mail Service Order Form. A Mail Service Order Form and pre-addressed envelope will be included with each mail order delivery. If the payment you enclose is incorrect, you will be sent either a reimbursement check or an invoice, as appropriate.

## ***How do I use the FutureScripts mail order service?***

- 1.** When you are prescribed a chronic or “maintenance” drug therapy, ask your doctor to write the prescription for a 90-day supply, *plus refills*. (Make sure he/she knows that you have a mail order service so that you get one 90-day prescription and not three 30-day prescriptions). If you are taking medication now, ask your doctor for a new prescription. **The “Please present this portion to your physician” panel of this brochure provides information about this program for your doctor.**
- 2.** Complete the FutureScripts Mail Service Order Form *with your first order only*. Be sure to answer all the questions, and make certain you include your member identification number. An incomplete form can cause a delay in processing.
- 3.** Send the completed Mail Service Order Form plus your *original* 90-day prescription and the appropriate payment to FutureScripts using a special pre-addressed mail order envelope. Mail Service Order Forms and envelopes are available by calling the number on your ID card.
- 4.** Your mail order request will be processed and your medication sent to you within ten days from the day you mail your order. Standard shipping is via U.S. Mail and is free of charge. *To avoid the risk of running out of medicine, order your refills two weeks before you need them. Narcotic substances and refrigerated medicines will be shipped by FedEx® at no additional charge.*

## *How do I pay FutureScripts?*

Your payment can be a check or money order (made payable to FutureScripts), or you can complete the credit card portion of the Mail Service Order Form. FutureScripts accepts Visa, MasterCard®, Discover®, and American Express®. Please do not send cash. **If you are uncertain of your payment, call the number on your ID card.**

## *What about refills?*

When you receive a medication through the mail order service, you will also receive a notice showing the number of refills allowed by your doctor. To avoid the risk of being without your medication, mail the refill notice and your payment two weeks before your present supply is expected to run out. The refill notice will include the date when you should re-order and the number of refills you have left. Remember, most prescriptions are valid for a maximum of one year, except where prohibited by law.

**Please note: PRN refills on a prescription may be limited, for example up to five times or six months, whichever is less.**

## *What if I need to begin taking medicine immediately?*

There will be times when you need a prescription right away. On these occasions, you should have your prescription filled at a local participating pharmacy.

If you need medication immediately, but you will be taking it on an ongoing basis, ask your doctor for two prescriptions: you can have the first prescription filled locally for an initial 30-day supply of your medication, and you can send the second prescription to FutureScripts for a 90-day supply provided through the mail.

## Helpful hints

Check your prescription before you leave your doctor's office to make sure that:

- the doctor's name is legible;
- the exact daily dosage is indicated;
- the exact strength is indicated;
- the exact quantity is indicated;
- the full first and last name of the patient are legible.

## How to use your mail order service:

1. Complete the FutureScripts Mail Service Order Form (for your first mail order only).
2. Send the following items in the pre-addressed mail order envelope:
  - FutureScripts Mail Service Order Form;
  - original prescription (no photocopies);
  - payment.
3. Your order will be processed promptly within ten days from the day you mail your order along with instructions for future refills.

## *What if I have more questions?*

Just call the number on your ID card or visit [www.MyIBXTPA.com](http://www.MyIBXTPA.com) for answers to your questions about your prescription drug benefits, specific generic and brand drugs, or participating pharmacy locations.

## **Please present this portion to your physician**

Dear Physician:

Your patient is enrolled in a prescription drug program that includes a formulary. Please refer to your patient's formulary guide when prescribing medications. You can view the formulary guide online by choosing the *Provider* tab at [www.IBXTPA.com](http://www.IBXTPA.com).

As part of this program, maintenance medications may be received through the mail order service, which permits up to a 90-day supply of medication when so prescribed by you. Refills, when authorized by you, are permitted to a maximum of one year except where prohibited by law.

Your patient's health plan requests your cooperation in prescribing generic drugs whenever possible and medication quantities to the plan's 90-day maximum, when appropriate. This request is not intended to compromise your judgment, nor is it a request to order medication that will not be used.

Example: If a patient takes one pill daily, please write the exact quantity of 90 tablets with three refills. If the patient takes two pills daily, prescribe 180, etc. Please specify the exact quantity you wish. When applicable, please include your DEA number and either use a form showing your name clearly or print your name. Please include daily directions, proper strengths, the exact number of refills, and generic names of the medication.

If you have any questions concerning this program, please contact FutureScripts® at 1-888-678-7013.

Thank you for your cooperation.







## Formulary guide

You can view your current formulary guide online 24/7. Visit [www.MyIBXTPA.com](http://www.MyIBXTPA.com) and choose the *Prescription Drug Program Formulary* link. Or talk with a FutureScripts representative toll free at 1-888-678-7013.

## Online services

Log on to our secure online portal, [www.MyIBXTPA.com](http://www.MyIBXTPA.com), to take advantage of convenient features, such as:

- network pharmacy search
- formulary search
- claims information

Register online today!

[www.MyIBXTPA.com](http://www.MyIBXTPA.com)



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