

Medication Voucher Program

Frequently Asked Questions: For Pharmacies

Q: *What are my responsibilities as a participating pharmacy?*

A: If you decide to be a participating pharmacy, you will agree to accept and fill a prescription for a 90-day supply when a customer presents a medication voucher and a prescription for any of the medications listed on the IPDC Pharmaceutical Program Formulary. The customer must have, or be given, a medication voucher for each prescription that is to be filled.

You will accept a \$3.00 co-pay for each voucher presented by a patient, unless you elect to waive the co-pay.

For reimbursement, you will fax, e-mail or mail to IPDC a printout or a list which includes:

1. the patient's date of birth and gender;
2. the name and strength of the medication;
3. the quantity of units (i.e, tablets) of each of the medications that were dispensed;
4. the voucher number;
5. whether the \$3.00 co-pay was waived by the pharmacy; and,
6. the county number where the script was filled.

Q: *What paperwork do I need to fill out to sign up as a participating pharmacy?*

A: You will need to review and fill out the Network Pharmacy Agreement, as well as a Direct Deposit Authorization. These forms can be mailed or faxed back to us. To download the file, please visit our web site at www.iowapdc.org. Follow the link to the "**Medication Voucher Program**", then follow the link for "**Network Pharmacy Agreement**" to download the PDF. Or, call our office at 515-327-5405.

Q: *What medications are covered by the vouchers?*

A: The list of covered medications is printed on the back of the vouchers. To view the list of covered medications, please visit our web site at www.iowapdc.org. Follow the link to the "**Medication Voucher Program**", then follow the link for "**Medication Formulary**". Or, call our office at 515-327-5405.

Q: *Why are these medications covered and not others?*

A: The list of covered medications was developed by doctors and pharmacists. The drugs on the list are some of the most commonly used medications for some of the most common chronic health conditions.

Q: *How am I getting reimbursed for these vouchers?*

A: For each voucher that you redeem, you will be reimbursed \$7.00 from IPDC. For each voucher that you redeem, you will also receive a \$3.00 co-pay from the patient, unless you elect to waive the co-pay. Reimbursement will be made to your account via direct deposit no later than the 20th of the month following submission of the printout or list of prescriptions filled during the previous month.

Q: *When is the deadline for submitting my reimbursement information?*

A: Midnight of the fifth day of each month. It is important to submit your information by the deadline to ensure timely reimbursement.

Q: *Am I going to lose money by accepting these vouchers?*

A: No. Medications for our formulary were carefully selected so that they would be compatible with a reimbursement rate of \$10.00 per prescription (\$3.00 co-pay plus \$7.00 reimbursement from IPDC).

Q: *Who can use a voucher?*

A: The vouchers are for patients without insurance coverage for prescription medications and/or earn less than 200% of the Federal Poverty Level. Patients must also be residents of the state of Iowa. We do not require patients to provide pay stubs or any other documentation of income.

Q: *Can I give out more than one voucher to the same patient?*

A: Yes. If the patient has more than one prescription that is covered by the voucher, he or she will need a voucher for each prescription. If he or she needs refills later on, they may request more vouchers and you may distribute more at your discretion.

Q: *How long will these vouchers be available?*

A: As long as supplies last. We have obtained funding for a set number of vouchers, and have sent each county an initial supply of vouchers. More vouchers may be requested, but once all of them are gone the program may be discontinued. However, IPDC is in the process of applying for more funding to support the continuation of the voucher program.

Q: *What if patients cannot pay the \$3.00 co-pay?*

A: If patients are unable to pay the \$3.00 co-pay, the Iowa Prescription Drug Corporation can redeem their vouchers by mail. Our limited-use pharmacy will fill their prescriptions and mail them directly to the patients. The patients are responsible for mailing to our office the following items:

1. a valid prescription for a 90-day supply of one of the eligible medications;
2. a valid voucher;
3. a completed Hardship Form signed by a county representative (you or someone else from the county office).

To obtain copies of the forms, please visit our web site at www.iowapdc.org. Follow the link to the "**Medication Voucher Program**", then follow the links for "**Prescription Form**" and "**Hardship Form**" to download the PDF files. Or, call our office at 515-327-5405.

Q: *What about medications not covered by the vouchers?*

A: The county contacts may give the patient an Iowa Prescription Discount Card to use at your pharmacy. Typically the card provides a 10% discount on brand medications and a 50-60% discount on generic medications. To calculate the discount, enter the member number, BIN number, and group number as you would for an insurance card. All family members are to be processed under the cardholder's ID with a person code of "01".

If you have any difficulty using the card, you can call MedOne Healthcare Systems, the administrator of the discount card. The helpdesk phone number is 866-640-4430. After hours and weekends, you can call RESTAT Prescription Benefit Managers at 800-248-1062.

Q: *Do Walmart, Walgreens, or other national chain pharmacies participate in this program?*

A: No. Since the funds for this program came from the State of Iowa, we have only included pharmacies that are based in Iowa. This is to ensure that the funds are used in Iowa, for Iowans.

Q: *If I decide that I no longer want to participate in this program, can I terminate my Network Pharmacy Agreement?*

A: Yes. You must give a 30 day notice by fax or mail to IPDC.