

Medication Voucher Program

Frequently Asked Questions: For County Contacts

Q: *What are my responsibilities as a county contact?*

A: Your primary responsibility is distributing the vouchers to physicians, clinics, pharmacies, and other providers in your county. Instruct them to fill in an expiration date on the vouchers (we usually recommend 2 weeks) when they distribute them to patients. You will also assist patients in obtaining vouchers. When your county is in need of more vouchers, you will contact us to request more. Lastly, for patients with hardship cases (they are unable to pay the \$3.00 co-pay) you will need to sign their Hardship Form.

Q: *How much time is required to fulfill my responsibilities?*

A: A minimal time commitment is required of county contacts. The most time-consuming responsibility would most likely be the distribution of vouchers, which you could do in person or by mail.

Q: *Do I receive any compensation for being a county contact?*

A: No. IPDC is a not-for-profit organization; 88% of the funds for this program is being used for vouchers. The remaining 12% is allotted for administrative costs such as printing, mailing, and establishment of the limited-use pharmacy. We are unfortunately unable to provide compensation to our county contacts.

Q: *What paperwork do I need to fill out for the vouchers?*

A: Very little. If you are personally distributing any vouchers directly to a patient, you should fill in an expiration date on the vouchers (we usually recommend 2 weeks). If a patient needs to submit a Hardship Form to us, it will require your signature. It is the patients responsibility to complete the hardship form. You do not have to do any paperwork related to pharmacy reimbursement; our participating pharmacies send their paperwork directly to us.

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

A: You will need to fill out the Notice of Participation form, a brief one-page form for your contact information. This can be mailed or faxed back to us. To obtain a copy of the form, please visit our web site at www.iowapdc.org. Follow the link to the "**Medication Voucher Program**", then follow the link for "**Notice of Participation**" to download the PDF. Or, call our office at 515-327-5405.

Q: *Once I sign up as a county contact, what materials will I be receiving for the program?*

A: You will receive a box containing 100 vouchers, 100 discount cards (in sealed envelopes) to hand out to individuals in need of assistance for medications not on the Voucher Program formulary, a general information sheet, a copy of the Medication Formulary, a copy of the Prescription Form, a copy of the Hardship form, a chart of the Federal Poverty Level guidelines, and some brochures about our organization.

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: *Where can patients use the vouchers?*

A: They can use the vouchers at one of our participating pharmacies. They must bring the vouchers and valid prescriptions for 90-day supplies of eligible medications. To find a participating pharmacy in your county, please visit our web site at www.iowapdc.org. Follow the link to the "**Medication Voucher Program**", then follow the link for "**Participating Pharmacies**". Or, call our office at 515-327-5405.

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: *What if patients do not have access to a participating pharmacy?*

A: If patients are unable to visit one of our participating pharmacies, the Iowa Prescription Drug Corporation can redeem their vouchers by mail. Our limited-use pharmacy will fill the prescriptions and mail them directly to the patients. **The patients are responsible for completing the Prescription Form and 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. the \$3.00 co-pay for each voucher;
4. a completed Prescription Form.

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

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

A: Check with a participating pharmacy to see if they will waive the \$3.00 co-pay. If they will not waive the 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 completing the Hardship Form and 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 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: *What about medications not covered by the vouchers?*

A: You can give the patient an Iowa Prescription Discount Card, included in your initial voucher kit. **The discount card is not to be used for the \$3.00 voucher program.** This card is accepted at over 700 pharmacies in Iowa and may save patients money on their medication. Typically the card provides a 10% discount on brand medications and a 50-80% discount on generic medications. The patient presents the card to a participating pharmacy and the pharmacy will find out how much the

discount will be. If the pharmacy has any difficulty using the card, they can call the help number on the back of the card.

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.