

## PHARMACY SERVICES

The primary mission of the Pharmacy Services Department is to strive for the appropriate, safe and cost effective drug therapy for all members. The Pharmacy Services staff applies numerous strategies to accomplish this goal. Education is perhaps the most important tool. Other important strategies include:

- Designing drug benefits
- Developing and managing the drug formulary
- Conducting drug use evaluations (DUE)
- Auditing
- Evaluating and contracting with network pharmacy providers
- Contracting with pharmaceutical manufacturers
- Integrating inpatient and outpatient pharmaceutical care
- Managing individual cases
- Notifying Providers and Members of Class I or II drug recalls
- Completing Drug Therapy Reviews for members participating in case management programs
- Implementing cost savings initiatives
- Analyzing drug therapy and medical trends on a population level
- Servicing the needs of members, prescribers, employers and pharmacy providers

### How to Contact Us

Phone: (608) 260-7803

(800) 545-5015

Fax: (608) 327-0324

Email: [pharmacyinfo@pplusic.com](mailto:pharmacyinfo@pplusic.com)

Address: Physicians Plus Insurance Corp.

Pharmacy Services

2650 Novation Parkway

Suite 400

Madison, WI 53713

## DRUG FORMULARY

The Physicians Plus Drug Formulary is a guide to the prescribing provider and the pharmacist for choosing high quality and cost-effective drug therapies for Physicians Plus members. The content of the formulary is decided by the Physicians Plus Pharmacy and Therapeutics (P&T) Committee (consisting of physicians and pharmacists), and is subject to change on a bi-monthly basis. All formulary changes are posted on the website, GO-TO and epocrates by the 30<sup>th</sup> of the month after P&T Committee meetings. Prescribing providers and members receive at least 30 days notice before a drug becomes non-formulary in the claims processing system.

Before prescribing a non-formulary drug for a Physicians Plus member, Pharmacy Services asks the prescribing providers to consider formulary alternatives. Members will be required to pay the entire cost if a non-formulary drug is dispensed. Most members who have a three-tier product have 50% co-insurance for most non-formulary drugs and an exception is not required or allowed. An exception to the benefit may be made if the needs of a member are not being met by a formulary choice. The member may initiate prior authorization by contacting their prescriber or Pharmacy Services. The prescribing provider may initiate the exception process by completing a medication prior authorization form and faxing it to the Pharmacy Services Department at (608) 327-0324.

**FORMULARY CATEGORIES**

**Prior Authorization (PA)**- These are drugs that the P&T Committee decides can be used only in specific circumstances. Prior authorization is required for coverage of the medication at a formulary tier copayment or coinsurance for two-tier or three-tier members before the member goes to the pharmacy. Three-tier members may receive PA drugs at a 50% copayment if the prior authorization is not submitted or is denied. Prior authorization may be done by faxing the medication prior authorization form to Physicians Plus Pharmacy Services at (608) 327-0324. (Examples: Lyrica, Lidoderm, etc.)

**Step Therapy (ST)** – These are drugs in which previous therapy (“Step 1” drug) must be tried prior to coverage at a formulary tier level of the “Step 2” drug. Step 2 drugs will deny or process at a non-formulary level if “Step 1” drug(s) is not documented in the system. (Example: Celebrex)

**Biopharmaceutical** – These are drugs manufactured through advanced technologies including biotechnology methods involving live organisms or derived functional components (bio-processing) approved and regulated under the FDA’s Center for Drug Evaluation and Research (CDER) intended for prevention, treatment, or cure of disease/conditions in human beings. Physicians Plus assigns drugs to the biopharmaceutical category based upon the need to provide exceptional management such as a prior authorization, clinical oversight, cost, disease management, and/or case management. A biopharmaceutical copay is either 10% (\$100 maximum) or a \$25 copay depending on the benefit plan.

**Non-Formulary** - These drugs require **prior authorization** via prior authorization form for coverage for two-tier drug plans only. These requests are individually reviewed by the clinical pharmacists or medical director. Members with a three-tier drug plan may obtain non-formulary medications at a Tier 3 50% co-insurance. Prior authorization is not necessary.

**FORMULARY INTRODUCTION**

The Physicians Plus Drug Formulary is a guide for prescribing providers regarding cost-effective prescribing. These suggestions are endorsed by the Physicians Plus P&T Committee and are based on efficacy, safety, and cost effectiveness. Prescribers can access the Physicians Plus formulary through Epocrates or formulary documents available on the Physicians Plus website. Versions of the “Physicians Plus” formulary are available at:

**On-line Free Epocrates Version:**

<https://online.epocrates.com/home>

**On-line Abbreviated 4-page Formulary Version:**

<http://www.pplusic.com/providers/index.asp?cid=10>

(The formulary is arranged by therapeutic categories)

**On-line Comprehensive Formulary Version:**

<http://www.pplusic.com/providers/index.asp?cid=10>

Medications that are non-formulary will not be covered for two-tier drug plans. If formulary alternatives do not meet the needs of the patient, there is an exception process. Please see the prior authorization procedure for plan details.

**FORMULARY KEY**

In drug classes where there are several products on the market, only certain products within that class may be on the formulary. By limiting the products available, it is possible to reduce drug costs through generic drugs or cost rebates. The key below demonstrates the meaning of the symbols.

- \* 1: “generic drug”, bolded, lowercase indicates Tier 1 copay (\$10 for most benefit plans)
- \* 2: “Brand Drug”, not bolded, uppercase indicates Tier 2 copay or coinsurance (\$25 for most benefit plans)
- \* **PA-Drug** – PA criteria established. The P&T Committee has decided that PA-drugs be used only in specific circumstances. Prescribers must follow the PA procedure to request coverage. (e.g. Lyrica)
  - \* Two-Tier Plans: Prescriber must follow PA procedure to request coverage for PA-drug. If denied or if the prescriber does not submit PA request, the member pays the full cost of the medication.
  - \* Three-Tier Plans: Prescriber must follow PA procedure to request coverage for PA-drug at the usual formulary tier generic or brand copay/coinsurance. If denied or if the prescriber did not submit PA request, the member pays a Tier 3 or full cost for the medication.
- \* **PA/Formulary Exception Request Procedure:**  
Prescriber's office must fax a completed "Standard PA Request Form" to Physicians Plus Pharmacy Services at 608-327-0324. Prior authorization forms are available at:  
**Physicians Plus Insurance Corporation : Prescriber Resources**  
(<http://www.pplusic.com/providers/index.asp?cid=10>)  
  
Or call Pharmacy Services at 608-260-7803 or 800-545-5015 to request a copy of the form be faxed to you. Drug PA forms by brand or generic drug name:  
<http://www.pplusic.com/providers/index.asp?cid=10&scid=323>
- \* **MD** = A Maintenance Drug List of medications that members may receive up to 90 days supply for 3 copays.

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This list may change at any time. The complete list of maintenance medications is found at: **Physicians Plus Insurance Corporation : Pharmacy Services**  
(<http://www.pplusic.com/providers/index.asp?cid=10>)

- \* **TS** = Voluntary Tablet Splitting Program. Members who choose to tablet split and use # 15 tablets per month will pay **HALF-copay** or a reduced coinsurance. This list may change at any time. The complete list of tablet splitting medications is found at: **Physicians Plus Insurance Corporation : Pharmacy Services**  
(<http://www.pplusic.com.com/providers/index.asp?cid=10>)

To be sent a free tablet splitter have the member contact Physicians Plus Pharmacy Services at 608-260-7803 or 800-545-5015 or send an email to [PharmacyInfo@pplusic.com](mailto:PharmacyInfo@pplusic.com)

- \* **GS** = The Generic Sampling Program offers an initial one-month supply of select prescriptions at a \$0 copay. This list may change at any time. The complete list of generic sampling medications is found at: **Physicians Plus Insurance Corporation : Pharmacy Services**  
(<http://www.pplusic.com/providers/index.asp?cid=10>)

- \* **AL** = Age limits apply for medications covered for a specific age group. Examples of age limits are as follows:

Vitamin A Derivatives (Retin-A)	Not covered for members over age 35 years. PA required for any diagnosis other than cosmetic (e.g. not covered for wrinkles).
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Budesonide (Pulmicort Respules)	Covered for members ≤ 8 years of age
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- \* **QL** = Quantity limits are established to promote safe and appropriate cost-effective use of specific classes of medications for both formulary and non-formulary agents.

- \* Members may receive a maximum of 30 days supply unless otherwise specified as a maintenance drug, oral contraceptive, or by quantity limits.

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- \* Formulary insulin copays are \$0 or \$10 depending upon the benefit plan. There is a limit of 20 mL (2 vials) of insulin per insulin type (R, NPH, etc) per 30 days supply whichever is greater. If a member requires a higher quantity per month, the member, pharmacy or prescriber may call Physicians Plus Pharmacy Services with their daily dose for immediate authorization or the prescriber may submit a prior authorization request.
- \* Limitations below specify the maximum amount of tablets allowed per copay and the maximum number of copays per month allowable. Higher quantities require the prescriber to fax a PA request to Physicians Plus Pharmacy Services at 608-327-0324.

Sumatriptan Tablets (Imitrex)	[9] tablets per copay, 2 copays per month
Sumatriptan Injection (Imitrex)	[6] syringes per copay per month
Sumatriptan Spray (Imitrex)	[6] spray devices per copay, 2 copays per month
Maxalt	[12] tablets per copay, 2 copays per month
Maxalt MLT	[12] tablets per copay, 2 copays per month
Naratriptan (NF)*	[9] tablets per copay, 2 copays per month
Axert (NF)*	[6] tablets per copay, 2 copays per month
Zomig Nasal Spray (NF)*	[6] spray devices per copay, 2 copays per month
Zomig (NF)*	[6] tablets per copay, 2 copays per month
DDAVP	[2] spray bottles per copay
Ear & Eye Drops	[30] day supply or 2 containers per copay, whichever is less
Glucagon Kit	[1] (one) kit per copay
Pulmicort Inhaler	[1] (one) inhaler per copay
Other Inhalers	[2] inhalers or one month supply, whichever is less
Enoxaparin, Fragmin, Innohep*, Orgaran*, Arixtra*	[14] day supply per copay
Regranex (PA)	[1] (one) copay per 15 gram tube
Vitamin A Derivatives (Retin-A)	Not covered for members over age [35] years

**Additional Formulary Information**

- 1) Narrow therapeutic index medications (NTI) allow both the brand and the generic medication to be considered formulary. (e.g. Dilantin/phenytoin, Coumadin/warfarin).
- 2) Lifetime limitation (L) on some benefit plans that offer coverage for infertility medications at a 50% coinsurance. The lifetime limit Physicians Plus pays for

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these drugs is \$1000. Coverage does not apply to in vitro fertilization.

- 3) Daily dose limitations or quantity limits (QL) on some medications that are available in several strengths. Members may receive up to 1.5 tablets daily (or 45 tablets per month) of the lower dose. If the dose is raised, they must use the higher strength tablet if available. (e.g. Sertraline 50 mg # 60 - not covered. Use Sertraline 100 mg #30 tablets)

**FORMULARY EXCLUSIONS****1) Most Over-the-counter (OTC) drugs.**

A prescription written by a participating provider allows coverage of these formulary OTC products:

- Chlorpheniramine
- Guaifenesin/Codeine Syrup
- Naphcon-A eye drops
- Nasalcrom Nasal Spray
- Niacin
- Opcon A eye drops
- Pseudoephedrine (not 120mg SR)
- Zaditor (ketotifen)

**2) Weight modification drugs** (ie. Meridia, Xenical, Phentermine)**3) Growth hormone (PA Required)**

- \* Growth hormone is covered at the plan formulary tier copay, coinsurance, or biopharmaceutical level if member fulfills Physicians Plus Prior Authorization criteria.
- \* If criteria is not fulfilled, member is responsible for the full cost of the growth hormone medication.

**4) Anabolic steroids** are only covered for replacement **(PA Required)**

- \* Anabolic steroids are covered at the plan formulary tier copay or coinsurance if member fulfills Physicians Plus Prior Authorization criteria.
- \* If criteria is not fulfilled, member is responsible for the full cost of the anabolic steroid medication.

**5) Infertility drugs**

Some plans have a 50% coinsurance and \$1,000 lifetime coverage limit.

**6) Sexual dysfunction drugs, cosmetic drugs, or compounded hormonal products**

Drugs excluded by drug certificate are not covered benefits. (Example: Viagra, Vaniqa)

**Standard Prior Authorization Request Form is Included On the Next Page.**

\*Specific prior authorization request forms are available at: **Physicians Plus Insurance Corporation : Prescriber Resources**  
(<http://www.pplusic.com/providers/index.asp?cid=10&scid=82>)

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Need formulary information?  
Visit our Web site

[www.pplustic.com/providers](http://www.pplustic.com/providers)

**MEDICATION PRIOR AUTHORIZATION REQUEST FORM**

Use this form to obtain authorization for:

P+4044-1108

1. Medications requiring prior authorization – identified as “(PA)” in the formulary.
2. Non-formulary medications for two-tier members (a 50% coinsurance automatically applies for three-tier members, and prior authorization is unnecessary).

Form directions:

1. Review the formulary first to ensure suitable alternatives were attempted.
2. Complete the form entirely so a proper review can be performed.
3. Submit this form via fax or mail using contact information below.

**Prescriber Information**

Prescriber Name (print):	Prescriber Phone Number:
Prescriber Signature:	Prescriber Fax Number:

**Member Information** (a patient clinic sticker may be affixed to this area of the form)

Member Name:	Date of Birth:
Physicians Plus Member Number:	

**Medication Information**

Medication Name:	Strength:	Schedule:	Duration of Therapy:
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**Clinical Justification**

Diagnosis:					
Justification:  - State any formulary alternatives that have failed  - Attach additional information to assist us in reviewing the request	<table border="1" style="width: 100%; height: 100px;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>				

**You and your patient will be notified of our decision in writing.**

**Mailing Address:**  
 Physicians Plus Insurance Corporation  
 Attn: Pharmacy Services  
 P.O. Box 2078  
 Madison, WI 53701-2078

**Physicians Plus Pharmacy Services Fax:**  
 (608) 327-0324

**Prior Authorization Questions?**  
 (608) 260-7803 or (800) 545-5015

**DRUG PLANS**

Multiple types of pharmacy benefit plans exist. There are traditional two-tier plans, three-tier plans, plans with a biopharmaceutical component, generic only individual plans as well as high deductible health accounts. Due to the large variation in pharmacy benefit designs, a member should verify their coverage with the Physicians Plus Pharmacy Services Department at 608-260-7803 if questions arise.

For two-tier and three-tier plans, drug coverage is based on the formulary status of the drug. For two-tier plans, the copayment for formulary drugs is a lower amount for a generic (first-tier) and a higher amount for a brand product (second-tier). Non-formulary drugs are not covered. For three-tier plans, the copayment for formulary drugs is a lower amount for generic (first-tier), higher copayment or coinsurance for brands (second-tier), and non-formulary drugs pay at the third tier level (usually 50% coinsurance). Some two-tier and three-tier plans contain a biopharmaceutical benefit in which biopharmaceutical drugs will process at a 10% coinsurance up to \$100 maximum per prescription per month.

If you or your patient are concerned about coverage of a particular drug on a Physicians Plus drug plan, you may call one of the numbers listed below for specific information.

Physicians Plus Pharmacy Services  
608-260-7803 or 800-545-5015

## Tobacco Cessation Coverage

Members are eligible to receive tobacco cessation medications for 3 consecutive months per member per calendar year.

- Members must receive a prescription for any tobacco cessation product written by a participating provider for coverage.
- Prescriptions must be filled and billed on-line by a pharmacy.
- Products covered include:

**Tier 1:** Bupropion SR,  
Nicotine patches (QL-30),  
Nicotine gum, and  
Nicotine lozenges (QL-288/month)

**Tier 2:** Nicotine OTC patches (QL-30),  
Nicotrol Nasal Spray (QL-40mL/month),  
Nicotrol Inhaler (QL-4 boxes/month), and  
Chantix (QL-60 limit 6 months per year)

- Physicians Plus Tobacco Resources page and Nicotine Cessation Brochure are available at:  
**[Physicians Plus Insurance Corporation : Tobacco Cessation Resources](http://www.pplusic.com/providers/index.asp?cid=52&scid=172)**  
(<http://www.pplusic.com/providers/index.asp?cid=52&scid=172>)
- The Wisconsin Tobacco Quit Line, 800-QUIT-NOW (800-784-8669), provides free phone counseling and free nicotine patches, gum or lozenges.