

## Pharmacy Transition of Care

**Filling out and submitting this form to Physicians Plus does not guarantee coverage of benefits and services. All services must be authorized by Physicians Plus prior to services being provided. Benefit coverage and eligibility is determined at the time of claim submission.**

We want your transition to Physicians Plus to be as smooth as possible. Please fill out this form if you are currently on any medications that may/may not be on Physicians Plus' formulary. This will enable you to receive your non formulary prescription for a one month transition period. During this time, your doctor can be contacted to initiate the prior authorization process, if applicable. You will also receive a notification either by mail or phone, outlining the formulary alternatives if a prior authorization is not approved. Please contact Physicians Plus at (800) 545-5015 and follow the prompts to speak with a member of our Pharmacy Services staff if you have any questions on medications or formulary alternatives.

Please send this form to Physicians Plus within 30 days of your new enrollment date if you, or a member of your family, are on any medications that may not be formulary. Our formulary can be viewed online at [pplusic.com/members/pharmacy](http://pplusic.com/members/pharmacy). Our prior authorization forms can be accessed online at [pplusic.com/providers/pharmacy](http://pplusic.com/providers/pharmacy).

### Instructions:

- Complete this form
- Fax to "Transition Form" at (608) 327-0324
- Email using the subject line "Transition Form" to [pharmacyinfo@pplusic.com](mailto:pharmacyinfo@pplusic.com).
- Mail to Physicians Plus, Attention: Pharmacy Services, 2650 Novation Parkway, Madison, WI 53713

<b>MEMBER INFORMATION:</b>	
<b>Employer Name:</b>	<b>Member ID number:</b>
<b>Employee Name:</b>	<b>Employee Date of Birth:</b>
<b>Dependent Name:</b>	<b>Dependent Date of Birth:</b>
<b>Daytime Phone:</b> <b>Alternative Phone:</b>	<b>Best time to contact you between 8:00 a.m. and 5:00 p.m.:</b>
<b>Email Address:</b>	

*(Please see reverse for additional information)*

**Are you currently receiving regularly scheduled IV therapy or injections at a clinic or hospital?**

- Yes
- No

If yes, please list the name of the medication, frequency of infusion or injection, and location administered:

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Please list the name of medication, date it was last filled, day supply received, pharmacy name, and pharmacy phone number of the medications currently being used in the chart below. Our pharmacy services staff will review the medication list and contact you or your provider to address any coverage issues.

Name of Medication	Date Last Filled	Day Supply (30, 60, or 90 days)	Pharmacy Name	Pharmacy Phone Number

**Please note:** All specialty medications need to be filled within the Physicians Plus Specialty Network. For more information on what is considered a specialty medication and where it can be filled, please visit our website at [pplusic.com/members/pharmacy](http://pplusic.com/members/pharmacy).