



## Guide to Health Care Reform

As you already know, after many, many months of debate and discussion, a health care reform bill was recently approved by the U.S. government. As intended, the uninsured stand to gain the most from passage of this bill. Over the next several years, millions will acquire health insurance through a variety of channels.

At first glance, it looks like there will be only minimal impacts on current Physicians Plus members. Some of the first round of benefit changes include:

- Expanding coverage for dependent children until age 26 (already in place for P+ members as a state of Wisconsin mandate, effective with 2010 plan renewal);
- No pre-existing limitations for children 0–18;
- Removal of lifetime coverage limits on all policies (most policies currently include a \$2 million lifetime limit);
- Removal of cost-sharing for preventive care;
- Coverage for Autism services; and
- Behavioral Health/Alcohol or Other Drug Abuse (BH/AODA) coverage.

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## Physicians Plus Partners with Wisconsin Tobacco Quit Line

Physicians Plus remains committed to helping its members quit using tobacco. We are the first state health plan to contract with the UW-Center for Tobacco Research and Intervention (UW-CTRI) to cover the services formerly offered by the Wisconsin Tobacco Quit Line.

Wisconsin Tobacco Quit Line services offered through Physicians Plus include a series of five calls with a quit coach and eight weeks of free nicotine therapy to help them quit tobacco. (Standard Quit Line services available to Wisconsin residents are now limited to just one coaching call and two weeks of free medication.) Through their services, members receive confidential, personalized advice on how to quit, information on medications and assistance choosing a quit date and creating a quit plan.

Wisconsin Tobacco Quit Line services at 1-800-QUIT-NOW (800-784-8669) are available every day from 7 a.m.–2 a.m. Physicians Plus members are not charged for the services provided by the Wisconsin Tobacco Quit Line. They simply inform Quit Line staff that they are P+ members at the time of their call and Quit Line staff verifies membership. For more information on Wisconsin Tobacco Quit Line services offered to Physicians Plus members, please contact your provider network management liaison.

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*The Provider Newsletter is dedicated to informing Physicians Plus providers about our organization's news and developments.*

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## Introduce Your Patients to Money-saving Pharmacy Programs

We want our members — your patients — to maximize their prescription drug benefit, and we need your help spreading the word. Physicians Plus offers three specific programs that help members reduce out-of-pocket prescription drug costs. Tell your patients about our:

- **Tablet Splitting Program** P+ members can save up to 50% on out-of-pocket costs for some medications. The program is simple — if you prescribe a tablet strength that is double a member's usual dose, they can use a free, Physicians Plus-provided tablet splitter to easily cut the tablet in half and take their usual dose. Because the patient receives half as many pills with each prescription, their copay is also cut in half. A list of drugs included in the Tablet Splitting Program can be found at [pplusic.com](http://pplusic.com) (under "Providers" then "Pharmacy Services").
- **Generic Sampling Program** P+ members receive their initial, one-month supply of designated generic prescriptions at no charge, saving one-month's copay. A list of the designated generics and their brand equivalents is posted at [pplusic.com](http://pplusic.com) (under "Providers" then "Pharmacy Services"). Only members who have not filled a prescription for the requested generic drug in the past 12 months are eligible. (Please note: Members with Medicare Supplement, Insulin-Only and High Deductible health plans are not eligible for this program.)
- **Maintenance Drug List Program** Using a single prescription, a member can obtain a three-month supply of selected prescription drugs, eliminating two trips to the pharmacy for regular, monthly refills. To get a patient started in this program, visit [pplusic.com](http://pplusic.com), "Providers" and "Pharmacy Services" to confirm that the drug in question is on the maintenance list, then simply write a new prescription for a three-month quantity. Members pay three copays when filling the prescription.

Please note: Members should review their pharmacy schedule of benefits to check if the Maintenance Drug List program is available to them and how the drug is covered on their particular formulary. Not all dosage forms and strengths are included. Drugs without listed strengths come only as one dosage strength.

For questions regarding these programs, please feel free to call Physicians Plus Pharmacy Services at (608) 260-7803 or (800) 545-5015, extension 7803.

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### Reform *(continued from p. 1)*

We aren't experts yet, but we're learning details of the reform bill as quickly as possible, and we want to help you do the same. We've created a dedicated section of our Web site to act as an information clearinghouse of sorts for what we know about the reform bill. It is our goal to share relevant information with you when it becomes available and after we have had the opportunity to determine its impact on our membership. We will strive to keep the lines of communication open during this challenging time in our industry.

A direct link to this health care reform information can be found on our home page at [pplusic.com](http://pplusic.com). We'll update the information as we find out more, so check back often! If you have questions, suggestions or comments, please direct them to your provider network management liaison.

## Aspirin Use to Prevent Heart Attack and Stroke

A recent National Commission on Prevention Priorities report ranked "Advising At-risk Adults about Regular Aspirin Use" as No. 1 on its list of 25 evidence-based Clinical Preventive Services. However, less than 40% of high-risk adults are using aspirin regularly for primary prevention.

The United States Preventive Services Task Force's (USPSTF) March 2009 guideline update recommends three steps to help determine the potential net benefit of aspirin use for primary prevention of CVD events in men ages 45–79 and women ages 55–79.

**Step 1** Determine the benefit from aspirin. Potential clinical benefit from aspirin depends on an individual's baseline risk.

**Step 2** Determine harms from aspirin. Harms from aspirin include the risks of serious upper GI bleeding and hemorrhagic stroke.

**Step 3** Determine net benefit. Net benefit is assessed by weighing potential clinical benefit against potential harms.

Risk assessment and discussion should probably be held at least every five years with middle-aged and older people or when CVD risk factors are detected. Focus on the individual's risk of MI or stroke, the potential benefits and harms of aspirin therapy, and patient preferences.

While the optimum dose and timing for primary prevention is not yet known, readily available formulations include one low-dose aspirin (81mg) every day or one regular aspirin (325 mg) every other day.

Physicians Plus has developed fact sheets for men, women and providers to support the use of aspirin to prevent heart attack and stroke. The fact sheets can be found in the provider section at [www.pplusic.com](http://www.pplusic.com), or contact your provider network liaison for hard copies.

## Formulary Update

The Physicians Plus prescription drug formulary is the preferred list of prescription drugs developed by our Pharmacy & Therapeutics Committee and is continually updated through additions, deletions and status changes. Formulary drugs are covered under all of our prescription drug plans. Drugs not on the formulary are covered only by our three-tier drug plans. Prior Authorization (PA) medications require prescribers to submit a PA request form to Physicians Plus. The form must be submitted before the prescription is filled at a pharmacy. If PA is not obtained or is denied, members with two-tier coverage are responsible for 100% of the medication cost, and members with three-tier plans are responsible for 50% coinsurance. In addition, a change in formulary status may affect a member's out-of-pocket expense. Please contact Pharmacy Services at (608) 260-7803 with any questions.

**KEY Tier 1** Formulary low copay. **Tier 2** Formulary moderate copay. **Tier 3** Non-Formulary (prescription drugs available at 50% coinsurance for some benefit plans). **PA** Prior Authorization required. **QL** Quantity Limits are in place. **TS** Voluntary Tablet Splitting Program medication. Members electing to use #15 tablets per month will receive a half-copay or coinsurance reduction depending on their drug benefit.

Tier 2 Copay with Prior Authorization Required	Comments
Banzel™ (Rufinamide)	Anticonvulsant with a quantity limit of #3 200mg tabs/day and #8 400 mg tabs/day. PA Criteria: 1) Diagnosed Lennox-Gastaut Syndrome AND 2) failure of topiramate and lamotrigine.
Fanapt™ (Iloperidone)	Atypical neuroleptic in the piperidiny- benzisoxazole class similar to risperidone. PA criteria: Failure of one atypical neuroleptic or risperidone.
Sabril® (Vigabatrin)	In adults indicated for refractory complex partial seizures. In adults visual and neuro-toxicity may not outweigh the benefits of the drug. PA criteria: 1) Infantile spasms refractory to other treatment.
Intuniv™ (Guanfacine ER)	Once daily dosed extended release tablet. PA criteria: 1) Diagnosis of ADHD; 2) Failure/intolerance to guanfacine.
Noxafil® (Posaconazole)	Antifungal with PA criteria: 1) Febrile neutropenia prophylaxis, or 2) intolerance/refractory to other therapy for serious fungal infections.
Samsca™ (Tolvaptan)	Vasopressin receptor antagonist with a Quantity limit 10 days supply/copay. Coverage maximum 30 day supply per Rx. PA criteria: Hyper- or euvoemic hyponatremia and initiated in the hospital.
Tyvaso® (Treprostinil)	Pulmonary Hypertension PA criteria: 1) diagnosis of PAH, 2) Used as add-on therapy to phosphodiesterase inhibitors or endothelin receptor antagonists, 3) Requires cardiology or pulmonology consult.
Vimpat® (Lacosamide)	Adjunctive therapy in the treatment of partial-onset seizures with a quantity limit of 2 tablets per day. PA criteria: Epilepsy and Prescribed by a Neurologist.
Victoza® (Liraglutide)	Once daily dosed incretin mimetic. PA Criteria: 1) CDE visit scheduled, 2) Failed maximum doses of Metformin, Sulfonylurea and/or a Glitazone.
Extavia® (interferon Beta-1b)	For the treatment of multiple sclerosis. PA Criteria: Failure of Avonex or Copaxone.
Metozolv ODT™ (metoclopramide)	Orally dissolving tablet indicated for gastroparesis and GERD. PA Criteria: Intolerance/failure to metoclopramide tablets or syrup.
Removed from Formulary	Comments
Aciphex® (Rabeprazole)	Used for stomach acid suppression. Formulary alternatives are: Tier 1 Prilosec OTC, Lansoprazole (Quantity limit 30 caps/month), and Tier 2 Kapidex.
Pantoprazole	Used for stomach acid suppression. Formulary alternatives are: Tier 1 Prilosec OTC, Lansoprazole (Quantity limit 30 caps/month) and Tier 2 Kapidex.
ProAir® HFA (Albuterol HFA)	Short acting rescue inhaler for the treatment of asthma. Formulary alternative Tier 2 Ventolin HFA.
Proventil® HFA (Albuterol HFA)	Short acting rescue inhaler for the treatment of asthma. Formulary alternative Tier 2 Ventolin HFA.

## P+ offers Provider Participation Opportunities

Physicians Plus has upcoming opportunities for provider participation on our Credentialing Committee and Regional Advisory Council (RAC). The Credentialing Committee meets once a month, typically on the fourth Wednesday at 7 a.m., and includes breakfast. The RAC meets quarterly, in the evening, and includes dinner. Reimbursement is offered to providers with .5 FTE in patient care. These are excellent opportunities for networking, learning more about Physicians Plus, and making a positive contribution for the benefit of Physicians Plus members and the provider network. If you are interested, please contact Sarah Linda, Credentialing Supervisor, at sarah.linda@pplusic.com or (608) 260-7163.

### Reminders

**Insulin Pump Therapy** When you have a patient who you feel is a candidate for insulin pump therapy (or needs a replacement pump), Physicians Plus has two contracted providers.

Patients will need to meet insulin pump criteria. This includes current lab information (i.e. A1C within past 6 months). In most cases, an active working relationship with a CDE is also required.

Please continue to refer your patients to one of the contracted providers: Animas or Medtronic (MiniMed).

**Dental Services** Please remember that Physicians Plus does not cover dental services received in the ER. Please refer patients to a dentist and not the ER for dental issues. Physicians Plus will cover hospitalization for dental procedures only when a non-dental physical impairment exists which makes hospitalization necessary to safeguard the health of the patient.

**Botox Injections** Physicians Plus requires prior authorization for botox injections. Please contact your Provider Network Management liaison for more information.

## Provider Network Management Contacts

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*How are we?*

Tell us how to improve your newsletter at [scott.rabehl@pplusic.com](mailto:scott.rabehl@pplusic.com)

### Provider Network Web Site

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

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