

ISSUE 4, 2007

### Unity's Health Management Programs

Unity offers health management programs for the following conditions:

- Asthma
- Diabetes
- Depression

For more information about these programs, visit [unityhealth.com](http://unityhealth.com) and click on *Fitness & Wellness* or call Unity Customer Service at 1-800-362-3310.



800-362-3310 (toll-free)  
608-643-2491 (local)  
608-643-2564 (fax)

[unityhealth.com](http://unityhealth.com)

## Improving Quality for All

The purpose of Unity's Quality Improvement Program is to ensure members have access to high quality health care services. Measurement of the effectiveness of the services is done yearly through chart reviews for Healthcare Effectiveness Data and Information Set (HEDIS®) standards of care. Unity then trends these results against previous years and other local managed care organizations. Areas in which improvement could be made are discussed and interventions are suggested.

Interventions are designed around routine quality reporting, management of complaints, and specially-designed quality improvement activities. Our commitment to quality improvement enables us to continuously identify opportunities to improve access, quality and outcomes.

### Our program goals include:

- Ensuring the availability of health promotion and prevention programs and monitoring practices.
- Assuring the accessibility of high quality services.
- Monitoring acute care activity and assisting members in managing chronic conditions. Programs currently offered are diabetes health management, asthma health management,

depression health management, anxiety education and Attention-Deficit/Hyperactivity Disorder education. In addition, we offer assistance for members with depression as a co-morbidity with their cardiovascular disease.

- Developing and maintaining safety monitoring practices that demonstrate commitment to improving safe clinical practice.

Each year, we establish program priorities and goals. After setting these, we monitor our progress in achieving them. Programs you may have seen include reminder mailings about colorectal cancer screening tests and pap smears or mammography exams that are soon due or may be past due. These mailings are sent to at-risk members and their practitioners. We have also designed incentives to encourage women to schedule their postpartum care exam and to have their children immunized according to guidelines.

These and other initiatives are implemented where necessary to improve overall health care performance. We continuously work to ensure that you and your patient have the best quality interactions on a regular basis.

For more information about our health management, preventive or wellness programs, please go to [unityhealth.com](http://unityhealth.com) and select *Fitness & Wellness*.

## Unity Offers Incentives to Improve Quality

Each year, we review our Healthcare Effectiveness Data and Information Set (HEDIS®) to help prioritize initiatives. To help improve areas identified as needing improvement, Unity has created a pay for performance program that provides financial incentives for practitioners who focus on these key areas.

In developing these incentive programs, Unity worked in collaboration with physicians from our regional service area and UW Health. Together, we reviewed clinical practice guidelines and established the appropriate measures and assessment tools.

Two current incentive programs focus on diabetic care and colorectal screening.

*"Unity Offers Incentives"....continued on next page*

# RX 90 Extended Supply Program: Two copayments for a three month supply of medication!

Unity is pleased to announce the copayment incentive for participating in the RX 90 Extended Supply Program has been increased. In the past, members could receive a 90-day supply of qualifying medications through the program for 2.5 copayments. The new incentive provides a 90-day supply for two copayments.

As a reminder, the RX 90 Extended Supply Program allows your patients whose medications qualify to receive a three month supply of those medications by mail or pick-up.

To qualify, program pharmacists must verify that the medications your patients wish to receive are chronic medications at a stable dosage regimen. Patients whose medications qualify may be able to receive a three month supply of these medications for two copayments instead of three (subject to the specific drug benefit the member holds with Unity).

Unlike mail order programs, the Unity RX 90 Extended Supply Program places a priority on maintaining the patient-pharmacist relationship and minimizing wasted medications inherent in dispensing a three month supply. Additionally, **program pharmacists proactively manage your patient's adherence to prescribed regimens.** Pharmacists contact patients directly every 12 weeks which helps your patients with adherence, persistence and understanding of their medications. Any adherence issues that are identified are addressed by the pharmacist in collaboration with the prescriber of the medications.

Unity members interested in this service can call the University of Wisconsin Hospital and Clinics Pharmacy at 1-866-894-3784. ■

*Please Note: This information does not apply to members with their pharmacy benefit through Navitus or for those without a drug benefit through Unity.*

## Unity Criteria for Coverage of COX-2 Selective NSAID

Celecoxib is the only cyclo-oxygenase-2 selective (COX-2) nonsteroidal anti-inflammatory currently available in the US. It is indicated for use in osteoarthritis, rheumatoid arthritis, juvenile rheumatoid arthritis, ankylosing spondylitis, acute pain, primary dysmenorrhea and familial adenomatous polyposis. In studies evaluating any COX-2 agent, including studies with rofecoxib and valdecoxib (previously available), the evidence demonstrated that COX-2 specific NSAIDs were NOT any more effective than non-selective NSAIDs.

The role for COX-2 specific NSAIDs is for use in patients that are at high risk for gastrointestinal toxicity with the use of non-specific NSAIDs. This does not include GERD and dyspepsia. As a result of the significant differences in cost between celecoxib

and non-selective NSAIDs, in light of the lack of superior efficacy data, celecoxib requires prior authorization for coverage.

### The criteria for coverage are:

- Patient did not tolerate at least two other NSAIDs (prescription strength) OR
- Patient has developed ulcer disease while on NSAIDs OR
- Patient has a history of GI ulcer or hemorrhage (not heartburn or GERD) OR
- Patient is currently on oral steroids and/or warfarin OR
- Patient is > 65 years of age

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## Unity Offers Incentives

### How the program works

Unity notifies Primary Care Physicians of their Unity patients who have not received their recommended screenings or lab tests associated with diabetes or colorectal cancer screening. Providers can then earn financial incentives for performing recommended screenings and demonstrating that patients have achieved optimal LDL and A1c levels (for patients with diabetes).

The incentive programs are based on key areas of need throughout our provider network and therefore the type of program and financial incentive may be different based on a clinic's location. Incentive payments earned under this program are a bonus payment to your organization and will not impact your existing provider agreement with Unity.

If you have questions about Unity's incentive program or want to learn more, please call 608-643-1412 or visit [unityhealth.com](http://unityhealth.com).

# HEDIS®: Quality Focus on Behavioral Health

The Healthcare Effectiveness Data and Information Set (HEDIS®) is a set of standardized performance measures designed by the National Committee for Quality Assurance to establish accountability in managed care.

Four HEDIS measures that focus specifically on behavioral health practices are shown below for measurement year 2006. Seventy-fifth and 90th percentiles represent the national performance expectations for each measure. For example, on Follow-up after Hospitalization, 75th Quality Compass® means 75 percent of health plans had 81.82% of their members receive follow-up care in 30 days, 90th means 90 percent of health plans had 87.61% of their members receive follow-up care in 30 days. This can then be contrasted with Unity's percentage of members receiving the indicated care and the Wisconsin average.

	UNITY ALL	WISCONSIN AVERAGE	QUALITY COMPASS 75TH/90TH
<b>Follow-up after Hospitalization</b>			
30 days	89.36%	82.74%	81.82%/87.61%
7 days	78.01%	61.41%	65.48%/72.50%
<b>Antidepressant Medication Management</b>			
Optimal Contact	32.94%	22.46%	24.04%/31.01%
Acute	60.50%	64.01%	65.22%/69.52%
Continuation	47.73%	49.09%	49.60%/53.02%
<b>Follow-up Care for ADHD Medications</b>			
Initiation	37.96%	33.40%	37.25%/41.96%
Continuation	38.89%	N/A	N/A
<b>Alcohol and Other Drug Treatment</b>			
Initiation	43.70%	48.21%	48.61%/53.75%
Engagement	18.21%	16.75%	18.45%/22.70%

## Information for you

There are specific recommendations for follow-up care after starting an antidepressant medication. HEDIS recommends that adults newly diagnosed with depression have three contacts with at least one contact being the prescribing practitioner during the 12 weeks after starting an antidepressant. The patient should remain on the medication during the 12 week acute phase and continue to remain on the medication for six months.

For more information about the treatment of depression, please see the clinical practice guideline, *Diagnosing and Treating Depression in Adults in Primary Care*, which is available at [unityhealth.com](http://unityhealth.com) by clicking on *Providers*. You may request a paper copy of the guideline by calling Unity Customer Service at 1-800-362-3310 or emailing [behavioralhealth@unityhealth.com](mailto:behavioralhealth@unityhealth.com).

\* Quality Compass® is a registered trademark of the National Committee for Quality Assurance (NCQA). HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

# New Anxiety Reimbursement Program

Studies have shown that individuals with anxiety can benefit from learning certain self-help skills. As a result, Unity now offers an **Anxiety Self-Management Reimbursement Program**. With this program, Unity members receive a one-time reimbursement of 50% of the cost of a class or self-help program up to a maximum of \$100. To receive reimbursement, Unity members must attend a minimum of 75% of the classes and must be covered by Unity throughout the entire duration of the class.

Before enrolling in a program or class your patient needs to:

- Choose a program or class from the pre-approved list, OR
- Submit a description of the program or class, if not on the pre-approved list, AND
- Complete and submit an anxiety pre-evaluation form

At the end of the program or class your patient needs to:

- Complete and submit a post-evaluation on his/her anxiety level and the effectiveness of the class or program
- Submit a reimbursement form
- Submit a copy of the receipt for the class or program

For more information about the program, and to get copies of the forms or a list of pre-approved programs, please visit [unityhealth.com](http://unityhealth.com). Click on *Fitness & Wellness, Behavioral Health*, and then *Anxiety*. You may also request a copy of the forms by calling 608-821-4275, or toll-free 1-888-829-5687 and asking for the Behavioral Health Program Coordinator. You can also email [behavioralhealth@unityhealth.com](mailto:behavioralhealth@unityhealth.com).

If you would like information about Unity's behavioral health benefits, call Unity Customer Service at 1-800-362-3310. ■

## UW Health – West Towne Thrives in Getting Children Tested for Lead!

UW Health-West Towne's Pediatric Department consistently ranks high in screening and ordering blood lead testing during their patients' 12 and 24 month HealthCheck/physical exams.

### Below are some helpful tips:

- Discuss the Wisconsin Medicaid Blood Lead requirements during department meetings for practitioners, clinical support staff and receptionists.
- Task the receptionists with preparing the chart and highlighting insurance information for Medicaid/BadgerCare patients. This reminds the practitioner to order a blood lead test.
- Use the Lead Risk Assessment Questionnaire form during the physical exam. The questionnaire includes screening questions such as does the patient qualify for Health Check, Medicaid/BadgerCare or WIC.
- Place the ARUP Laboratories Lead Form on the front of the chart for children 12 and 24 months old receiving a HealthCheck/physical exam.

As the clinic moves into phase III of the EPIC System, the staff hopes to improve their lead screening rates even further. UW Health-West Towne nurses, Kathy Paulson and Kathy Purtell state, "We care about meeting the needs of our patients and have their best interests in mind."

## Chlorofluorocarbon versus Hydrofluoroalkane: Time to switch your asthma inhaler

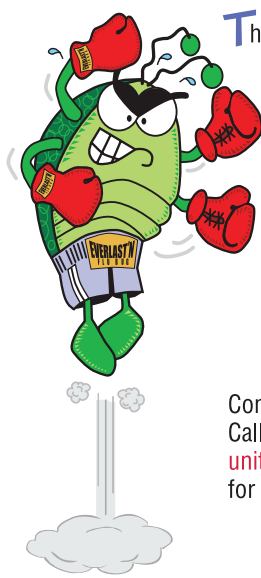
In the mid-1970s, a link between chlorofluorocarbons and depletion of the ozone layer was discovered. In 1978, the Food and Drug Administration and the Environmental Protection Agency banned the use of aerosol containers containing chlorofluorocarbons. Most asthma inhalers used chlorofluorocarbons as the propellant to help deliver drug to the lungs.

Many manufacturers have been developing inhalers with hydrofluoroalkane, an ozone friendly propellant, instead of the chlorofluorocarbon propellant. The most noticeable change from a chlorofluorocarbon to hydrofluoroalkane inhaler involves the medication, albuterol. Most patients have been able to get prescriptions for albuterol for a generic copayment. That is because albuterol inhalers with chlorofluorocarbon have been available as a generic medication for a long time. All three of the albuterol hydrofluoroalkane products are brand name, which requires patients to pay a brand copayment. At some time, all chlorofluorocarbon containing inhalers will no longer be manufactured, requiring the use of alternate propellants. Most patients will not notice a change in copayment with these inhalers, as is being seen with albuterol, because none of the other inhalers have a generic available at this time. To learn more about transitioning to hydrofluoroalkane inhalers, visit [www.lungusa.org/cfcfree](http://www.lungusa.org/cfcfree).

To get a hydrofluoroalkane inhaler, a prescriber needs to write a new prescription, as the pharmacist cannot simply substitute the new hydrofluoroalkane inhaler for the chlorofluorocarbon inhaler. The sooner the switch is made to a hydrofluoroalkane product, the more time that is available to adjust to the new product before chlorofluorocarbon inhalers are no longer available for use. For a list of inhalers that currently use a hydrofluoroalkane propellant, visit <http://www.fda.gov/cder/mdi/drugs.htm>.

For more information on asthma management, visit [unityhealth.com](http://unityhealth.com). From the home page, select *A-Z Health Topics* and type in asthma, or click on *Fitness & Wellness* and select *Asthma Program*. ■

## FIGHT THE FLU BUG!



The influenza (flu) season is almost here.

For the 2007-2008 flu season, Unity urges vaccinations for:

- All children 6 months to 5 years old
- Anyone 50 years and older
- Anyone with a chronic health condition
- Pregnant women
- Anyone in contact with infants less than 6 months
- Families, households, or individuals in contact with someone in the above groups
- Health care worker
- Anyone who wants protection from the flu

Contact your primary care clinic today to schedule your flu shot. Call the UW Health Flu Hotline: 1-800-635-1990, or go to [unityhealth.com](http://unityhealth.com) and select the "Flu Prevention" link for regular updates on the flu season.

**Unity**  
Health Insurance  
A UW Health Affiliated Company

## Medical Record Documentation

Unity is dedicated to providing quality care and services for our members. To help ensure members receive the quality care they deserve, Unity conducts medical record audits each year. These audits make sure our participating clinics' policies address standards such as the confidentiality of medical records, having an organized medical recordkeeping system, availability of medical records, and how they are meeting performance goals for documentation standards.

To help make sure your clinic is compliant, please review the following list of Unity's Medical Record Standards:

- Significant medical illnesses/conditions are documented in a problem list or prominent note in the chart.
- Current medication lists are documented in a problem list or prominent area of the chart.
- Allergies and adverse reactions to medications are documented in an easy-to-identify location, including no known allergies or drug allergies.
- There is an appropriate, easy-to-locate, past health history for patients seen three or more times.
- Documentation shows evidence of practitioner review of consultation, imaging and laboratory reports and for abnormal results there is member contact.
- Tobacco, alcohol and substance use is documented for patients 14 years and older seen three or more times.
- Documentation shows evidence of up-to-date pediatric and adolescent immunizations.

For more information on confidentiality of medical records, guidelines for medical recordkeeping systems, availability of medical records and performance goals for documentation standards, please visit [unityhealth.com](http://unityhealth.com) and click on *Providers* and then *Provider Manual*. If you would prefer a paper copy, please contact Unity's Quality Care Coordinator at 1-800-362-3308, Ext. 1403.

## Unity's Emergency Drug Supply Policy

As you may be aware, certain medications require prior authorization before coverage is provided through Unity's Prescription Drug Benefit. Unity knows there are times when a member needs a certain medication before prior authorization can be received. The Emergency Drug Supply Policy can help those Unity members receive their medications immediately.

Unity's Emergency Drug Supply Policy is intended to assist members with an urgent need for a medication that requires prior authorization before prior authorization can be submitted and received. In these situations, the member's pharmacist can contact Unity Pharmacy Services at 1-800-788-2949 to receive coverage for a five-day emergency supply of the medication. During the five days, it is the member's responsibility to ask the prescriber to either switch to a medication that does not require prior authorization or submit a Prior Authorization Request to continue to receive coverage after the five-day emergency supply is used. Prior Authorization Requests are reviewed by clinical pharmacists at Unity and are approved if the prior authorization criteria are met.

The emergency supply policy does not apply to some medications, including:

- those that are excluded from coverage under Unity's Prescription Drug Benefit (such as hair loss or cosmetic medications)
- those which are very expensive and not used in urgent situations
- those for which the member has received previous emergency coverage

The member is not required to pay for the emergency supply. Subsequent supplies of the medication are subject to the member's plan benefits. ■

*Please Note: This information does not apply to members with their pharmacy benefit through Navitus or for those without a drug benefit through Unity.*

## New Chiropractic Copayment for Split Copayment Plans

Effective January 1, 2008, Unity members who have a split copayment plan will pay the primary care physician copayment for chiropractic services instead of the specialist copayment. If you have any questions about this new copayment, please contact Unity Customer Service at 1-800-362-3310.

## Unity's Clinical Practice Guidelines

Evidence-based Clinical Practice Guidelines (CPGs) are available for various health conditions, such as diabetes, asthma, depression and Attention-Deficit/Hyperactivity Disorder (ADHD). CPGs are available at [unityhealth.com](http://unityhealth.com) by clicking on *Providers* or by calling Unity Customer Service at 1-800-362-3310.

# Unity's Medication Prior Authorization Process

Certain medications require prior authorization before coverage is provided under Unity's Prescription Drug Benefit.

- All medications with restricted status require prior authorization for coverage. Restricted medications may be formulary or non-formulary. The formulary status determines the copayment if the Prior Authorization Request is approved.
- Additionally, for Unity members with a two-tier (closed formulary) drug benefit or a drug benefit associated with a Health Savings Account or Medical Assistance, all non-formulary medications require prior authorization for coverage.
- See Unity's Prescription Drug Formulary at [unityhealth.com](http://unityhealth.com) for a list of restricted and formulary medications.
- The criteria for coverage of restricted medications are available at [unityhealth.com](http://unityhealth.com) by clicking on *Pharmacy Information* and are summarized in ePocrates®.
- When possible, the prior authorization criteria are incorporated into the claims processing system and if the online criteria are met paper prior authorization is not required.

## Requesting Prior Authorization for Medications

- To request coverage of a medication requiring prior authorization for a Unity member, complete the one-page Prior Authorization/Formulary Exception Form and fax to the number on the form. Forms are available at [unityhealth.com](http://unityhealth.com) or by calling Unity Customer Service at 1-800-362-3310.
- The following clinical information is needed for each request:
  - Name of drug requesting coverage for
  - Diagnosis
  - Names of formulary medications that have been tried and trial dates
  - Problems with formulary medications such as lack of effectiveness, adverse effects experienced, etc.
  - Rationale for using non-formulary or restricted medication
- A clinical pharmacist will review the request compared to Unity's prior authorization criteria and make a coverage determination.
- Requestors and patients will be notified of the decision by fax and mail, respectively.
- If the name of the pharmacy that the patient uses is included on the request, we will notify the pharmacy of the decision as well.
- Denied requests may be formally appealed by a practitioner or patient by calling Unity Customer Service at 1-800-362-3310 and notifying the representative that you wish to appeal the denial.
- If you have questions regarding Unity's prior authorization criteria or questions regarding the decision on specific requests, please contact Unity's Pharmacy Program at 1-888-450-4884. ■

*Please Note: This information does not apply to members with their pharmacy benefit through Navitus or for those without a drug benefit through Unity.*

# Stay Up-to-Date on Unity's Formulary with ePocrates®

Stay on top of Unity's formulary information, as well as the formulary information for many other Wisconsin HMOs and Pharmacy Benefit Managers through ePocrates. ePocrates is available FREE online and can be downloaded onto your Palm or Pocket PC.

Through ePocrates you can access more than 3,300 brand and generic drug monographs, including on-and off-label dosing, adverse reactions, contraindications, drug interactions, pricing, mechanism of action, and more. ePocrates also offers MultiCheck, a multiple drug interaction checker. Unity has two formularies in ePocrates: one for patients with a two-tier drug benefit (also applies to patients with Health Savings Accounts) and one for patients with a three-tier drug benefit.

The formulary information available on ePocrates includes the formulary status, the restricted status, and the criteria for coverage, if applicable. To find out the formulary status of a drug, look up the drug, tap on the underlined formulary code and a pop-up box will open. The explanation of the formulary code and any detailed information, such as prior authorization criteria or step therapy requirements, will be displayed. To see formulary alternatives to the medication you looked up, tap on "View alternatives." You can sort by drug or by code. If you sort by code, the drugs will be listed with the most preferred formulary status first.

Once you have the application downloaded, be sure to sync your device regularly, as the formulary information can be updated on a weekly basis.

To register for ePocrates, visit [www.epocrates.com](http://www.epocrates.com). ■

## Unity's Early Refill Policy

Unity often receives questions about how early a patient can refill his/her prescriptions. Unity provides coverage for prescription refills when 75% of the supply of the original prescription has been used. In certain circumstances, a refill may be needed prior to this time. If the dose of the medication has increased and as a result your patient requires an early refill, Unity's Prescription Drug Benefit allows for a one-time, 30-day supply, early refill (applicable copayments apply). To request an early refill for dose increases, you or your patient's pharmacist may call Unity's pharmacy claims processor at 1-800-788-2949. ■

*Please Note: This information does not apply to members with their pharmacy benefit through Navitus or for those without a drug benefit through Unity.*

# FORMULARY UPDATE

The following drugs have changed formulary status. These changes were made between June and August 2007. Members affected by these changes received a letter from Unity containing more details. A change in formulary status of drugs may affect out-of-pocket costs depending on the current drug benefit. The complete formulary is available at [unityhealth.com](http://unityhealth.com) or by contacting Unity Customer Service at 1-800-362-3309 for a hard copy. Members covered under the State of Wisconsin health insurance program should contact Navitus Health Solutions at [www.navitus.com](http://www.navitus.com) to learn more about their prescription drug benefits.

## Formulary Additions, Non-Additions and Restriction Removals

FORMULARY ADDITIONS	NOT ADDED TO FORMULARY (NON-FORMULARY)	PA/QL REQUIREMENT REMOVED OR MODIFIED
Olapatadine (Pataday)	Carvedilol CR (Coreg CR) – QL	Desmopressin (DDAVP) – PA removed
Dasatinib (Sprycel) – PA	Lubiprostone (Amitiza) – PA	Cimetidine – PA removed
Mometasone (Asmanex)	Tizanidine capsules (Zanaflex)	Colistimethate (ColyMycin) – PA removed
Aprepitant 40mg (Emend) – PA, QL		Histrelin (Supprelin, Vantas) – PA removed
Microgestin 1/20 and 1.5/30		Nafarelin (Synarel) – PA removed
Junel 1/20 and 1.5/30		
Tizanidine tablets		
Pravastatin 80mg QL		
Immune globulin subcutaneous (Vivaglobin) – PA		
Abbott brand test strips		
Bayer brand test strips		

## Products Removed from Formulary or Newly Restricted

PRODUCT	CHANGE AND EFFECTIVE DATE	ALTERNATIVES
Triamcinolone inhaler (Azmacort)	Effective July 1, Azmacort is non-formulary. Current users will have until December 31, 2007 to change to a formulary agent or an increase in their copayment will be seen.	Flovent, Asmanex, Pulmicort
Omacor (omega-3 acid ethyl esters)	The name has been changed to Lovaza in attempt to avoid medication errors. Lovaza still requires prior authorization.	
Omalizumab (Xolair)	Effective August 1, 2007, Xolair requires pharmacy prior authorization for administration in the clinic.	
Lifescan glucometers and test strips	Effective Septemeber 17, 2007, Lifescan products are non-formulary. Current users will have until February 1, 2008 to change to a formulary product.	Abbott brand test strips, Bayer brand test strips (Ascensia, FreeStyle and Precision Xtra)

## Products Newly Available as Generics (brand becomes non-formulary when equivalent generic available)

PRODUCT	FORMULARY STATUS / NOTES
Benazepril/Amlodipine (Lotrel)	formulary; 1st tier; some strengths not yet available as a generic
Metoprolol XL (Toprol XL)	formulary; 1st tier; still with quantity limit of 30 tablets per month
Terbinafine (Lamisil)	formulary; 1st tier; PA still required
Ipratropium nasal (Atrovent nasal)	formulary; 1st tier

PA = prior authorization required, QL= quantity limit

## Important phone numbers to call when you have questions

WHEN TO CONTACT	WHO TO CONTACT	PHONE NUMBER
To check the formulary status or restriction status of a drug	Unity Customer Service	1-800-362-3310
To obtain a copy of Unity's Prescription Drug Formulary	Unity Customer Service or <a href="http://unityhealth.com">unityhealth.com</a>	1-800-362-3310
To appeal a Prior Authorization denial	Unity Customer Service	1-800-362-3310
To speak to a clinical pharmacist about why a Prior Authorization Request was denied	Unity Clinical Pharmacy Program	1-888-450-4884
For information regarding the Half-Tab Program	Unity Customer Service	1-800-362-3310
For criteria for coverage of a medication	Unity Clinical Pharmacy Program	1-888-450-4884
Early refills, vacation supplies, emergency supplies, new member supply, reimbursement of medications purchased out-of-pocket	Unity Pharmacy Services	1-800-788-2949

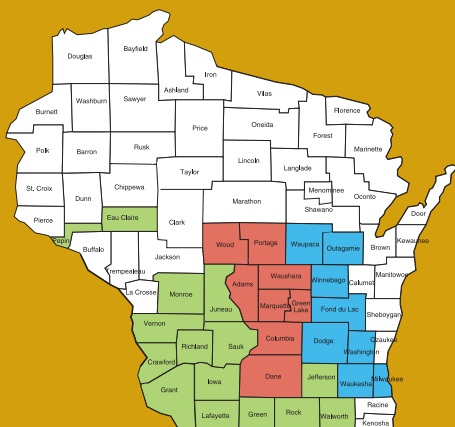
## Unity's Quantity Limit Policy

Unity's Prescription Drug Benefit allows for coverage of a 30-day supply for each prescription claim. Individually packaged multi-dose products (ex. two inhalers, two insulin vials, etc.) are limited to two units per copayment. In certain circumstances, not including those listed above, a quantity limit is applied to coverage of specific medications. Quantity limits are generally put in place by the Unity Pharmacy and Therapeutics Committee to encourage the most cost-effective use of the medication. The amount of medication covered within the quantity limits is sufficient to meet the needs of most of

your patients. However, as with any medication, individual circumstances arise. If your patient requires a higher quantity per month for his/her medication, an approved Prior Authorization Request is necessary for coverage. Drug-specific quantity limits are listed in Unity's Prescription Drug Formulary, which is available at [unityhealth.com](http://unityhealth.com) by clicking on *Pharmacy Information* under *Providers* and through ePocrates® at [www.epocrates.com](http://www.epocrates.com).

*Please Note: This information does not apply to members with their pharmacy benefit through Navitus or for those without a drug benefit through Unity.*

# Provider Coordinator Service Area



For more information,  
please call 1-800-362-3308.

- Rachel Ext. 1501
- Amy Ext. 1442
- Tammy Ext. 1542  
(includes Iowa and Illinois)

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## Unity's Policy for Coverage of Proton Pump Inhibitors

Comparative clinical data indicate that all available proton pump inhibitors have similar efficacy in treating most of the FDA approved indications with no clinical superiority of one agent over another, including Prilosec OTC. The majority of patients needing a proton pump inhibitor should be adequately controlled on Prilosec OTC, although alternative therapy may be clinically appropriate in some patients.

Currently, Prilosec OTC costs around \$20 per 30 day supply, while the brand products are \$100 or more. Because of the similar clinical profiles but substantial differences in cost of the different proton pump inhibitors, Unity has implemented a step therapy protocol for coverage. For Unity members, Prilosec OTC is covered without prior authorization or step therapy requirements at the generic copayment, if it is obtained with a prescription. Additionally, processes have been put into place to allow patients to progress to Protonix therapy without prior authorization if they have already utilized Prilosec OTC.

See the step therapy progression outlined in the following table. For consideration of utilization of a non-formulary proton pump inhibitor, submission and approval of a Prior Authorization Request is necessary for coverage.

### Criteria for Coverage of Proton Pump Inhibitors

STEP OF THERAPY	PPI	FORMULARY STATUS COPAYMENT	CRITERIA FOR COVERAGE
1st line	Prilosec OTC	Formulary 1st tier copayment	None; requires prescription
2nd line	Pantoprazole (Protonix)	Formulary, step therapy 2nd tier copayment	Failure of Prilosec OTC; no prior authorization required if previous Unity claims for Prilosec OTC
3rd line	Esomeprazole (Nexium) Lansoprazole (Prevacid) Omeprazole (generics, Zegerid) Rabeprazole (Aciphex)	Non-formulary, prior authorization required 3rd tier copayment	Failure of Prilosec OTC & Protonix; prior authorization required for all four medications

Proton pump inhibitors are also restricted to once daily dosing, as this regimen is effective in most patients. If twice daily dosing is clinically needed, an approved Prior Authorization Request is necessary for coverage.

### Criteria for Quantity Limit Exception of Proton Pump Inhibitors

Patient has failed once daily dosing of the highest strength of requested medication OR patient has extraesophageal symptoms (i.e. shortness of breath). ■

*Please note: The above criteria do not apply for members with their pharmacy benefit through Navitus or for those without a drug benefit through Unity Health Insurance.*

## Unity's Notice of Privacy Practices

Unity's Notice of Privacy Practices explains our privacy practices, legal duties and a member's right concerning his/her medical and financial information. The Notice combines the requirements of the HIPAA privacy regulations concerning the privacy of medical information with the requirements of the Gramm-Leach-Bliley Act concerning privacy of financial information. A copy of Unity's Notice of Privacy Practices is available online at [unityhealth.com](http://unityhealth.com) by clicking on *Privacy Practices*. If you have any questions or comments regarding the Notice or would like a paper copy, please contact Unity's Privacy Office at 1-800-362-3308 or [privacy.official@unityhealth.com](mailto:privacy.official@unityhealth.com).

