



# State of Wisconsin Pharmacy Benefits Program Fact Sheet 2024

The State of Wisconsin Group Insurance Board (Board) contracts with a Pharmacy Benefit Manager (PBM) to provide administrative services to State of Wisconsin (State) and Wisconsin Public Employer (WPE) Group Health Insurance Program participants. For 2024, Navitus Health Solutions (Navitus) is the PBM.

Medicare-eligible retirees and their dependents enrolled in the group health insurance receive their Medicare Part D prescription drug benefits from the Navitus MedicareRx (PDP) plan. Navitus MedicareRx is a self-funded, employer group waiver plan (EGWP) that contracts directly with Medicare.

Supplemental wrap benefits are also provided to pay claims when the Medicare Part D plan does not pay (e.g. in the deductible phase and when participants reach the Medicare Part D coverage gap).

Pharmacy benefits are subject to the terms and conditions of uniform benefits under the fully-insured It's Your Choice (IYC) Health Plan, as well as benefits under the IYC Access Plan and the high deductible health plans (HDHP).

## Pharmacy Benefit Structure

Pharmacy benefits are based on a four-tier design with various cost-sharing levels and applicable out-of-pocket limits (OOP). In addition, participants who select a HDHP are also subject to a combined medical and pharmacy deductible:

Participant Cost Share for Prescription Drugs and Insulin		
Level 1	\$5 copay	Preferred generic drugs and certain lower-cost preferred brand name drugs.
Level 2	20% coinsurance (\$50 max)	Preferred brand name drugs and certain higher-cost preferred generic drugs.
Level 3	40% coinsurance (\$150 max) - "Dispense as Written" drugs are 40% coinsurance <i>plus</i> the cost difference between the brand and generic drugs applied unless member has a medical need and their doctor has submitted a one-time FDA MedWatch form to Navitus.	Non-preferred brand name drugs and certain high-cost generic drugs for which alternative/equivalent preferred generic and brand name drugs are covered.

Participant Cost Share for Specialty Prescription Drugs		
Level 4	\$50 copayment	Includes <i>only</i> specialty drugs filled at a preferred specialty pharmacy. This is mandatory for commercial (non-Medicare) participants.
	40% coinsurance (\$200 max)	Specialty drugs filled at a pharmacy <i>other than</i> a preferred specialty pharmacy. This only applies for retirees with Medicare.

	IYC Health Plan	IYC HDHP	IYC Access Plan	IYC Access HDHP In-Network	IYC Access HDHP Out-of-Network
<b>Plan Deductibles</b>					
All Levels	None	\$1,500 / \$3,000 combined medical and pharmacy	None	\$1,600 / \$3,200 combined medical and pharmacy	\$1,600 / \$3,200 combined medical and pharmacy
<b>Plan Out-of-Pocket Limits</b>					
Level 1 & 2 Combined	\$600 / \$1,200	\$2,500 / \$5,000 combined medical and pharmacy	\$600 / \$1,200	\$2,500 / \$5,000 combined medical and pharmacy	\$2,500 / \$5,000 combined medical and pharmacy
Level 3	\$9,450 / \$18,900		\$9,450 / \$18,900		
Level 4 Preferred Pharmacy	\$1,200 / \$2,400		\$1,200 / \$2,400		
Non-Preferred Pharmacy	\$9,450 / \$18,900		\$9,450 / \$18,900		

All prescription drug copayments/coinsurance apply toward the Federal Affordable Care Act (ACA) annual combined medical and prescription drug maximum out-of-pocket (MOOP) amounts.

## Pharmacy Network

Most prescriptions are filled for a 30-day supply at participating retail pharmacies. However, State and WPE participants also have two options for receiving a 90-day supply of most maintenance medications:

1. In 2024, the *Mail-Order* program used a preferred mail-order pharmacy, [Serve You DirectRx](#), and participants can receive a 90-day supply for only two copays on many Level 1 and Level 2 drugs.
2. The *90-Day-At-Retail* program allows participants to receive a 90-day supply of many Level 1 and Level 2 drugs at their retail pharmacy. Three copays are required *except* for participants enrolled in the Navitus MedicareRx (PDP) plan.

In addition, the Navitus SpecialtyRx program provides two preferred, specialty pharmacies for participants to have their prescriptions for specialty medications filled: [Lumicera Health Services](#) and [UW Health Specialty Pharmacy](#).

Additional details about pharmacy benefits can be found on the [ETF](#), [Navitus](#), [Navitus MedicareRx](#) and [Navitus's/ETF's joint pharmacy](#) web sites, and in the [It's Your Choice decision guides](#) that are updated and published annually by ETF

## Pharmacy Benefit Programs Contact Information

Contact [Navitus](#) or [Navitus MedicareRx](#) for questions regarding pharmacy benefits, the formulary, pharmacy networks, cost savings programs and ID cards. Contact [ETF](#) for questions regarding benefit eligibility:

	Navitus Health Solutions	Navitus MedicareRx (PDP)	ETF
Phone	1-866-333-2757 (toll free)	1-866-270-3877 (toll free)	1-877-533-5020 (toll free)
Mail	P.O. Box 999 Appleton, WI 54912-0999	P.O. Box 1039 Appleton, WI 54912-1039	P.O. Box 7931 Madison, WI 53707-7931
Web	<a href="http://www.navitus.com">www.navitus.com</a>	<a href="http://medicarerx.navitus.com">medicarerx.navitus.com</a>	<a href="http://etf.wi.gov">etf.wi.gov</a>

## 2024 Plan Statistics

Data provided by Navitus for the period January 1, 2024, through December 31, 2024.

	Commercial	Medicare	Total
Number of Eligible Participants in 2024	210,118	36,729	246,847
Number Participants Using Pharmacy Benefits in 2024	168,305	36,766	205,071
Percentage of Eligible Participants Using Benefits	80.1%	100.1%	83.1%
Total Prescriptions Filled	2,116,599	988,119	3,104,718
Total Cost (Includes plan & participant costs)	\$289,124,283	\$168,152,559	\$457,276,842

## 2024 Commercial Prescriptions and Costs based on Pharmacy Type:

	Mail-Order	Standard Retail	90-Day Retail	Specialty Pharmacy
Utilizing Members	2,924	160,533	83,459	2,304
Percentage of Total Utilizing Members	1.74%	95.38%	49.59%	1.37%
Total Plan Cost of RX Filled	\$5,528,810.31	\$202,537,460.02	\$49,573,939.26	\$127,203,508.93
Percentage of Total Cost	1.44%	52.63%	12.88%	33.05%

## 2024 EGWP Prescriptions and Costs based on Pharmacy Type:

	Mail-Order	Standard Retail	90-Day Retail	Specialty Pharmacy
Utilizing Members	2,371	333,113	30,907	654
Percentage of Total Utilizing Members	6.60%	91.30%	85.76%	1.82%
Total Plan Cost of RX Filled	\$6,999,711	\$113,946,439	\$44,514,258	\$48,102,366
Percentage of Total Cost	3.28%	53.36%	20.84%	22.52%

**2024 Top Non-Specialty Drug Categories by Script Count**

<b>Commercial</b>		
<b>Rank</b>	<b>Drug Category</b>	<b>Script Count</b>
1	Antidepressants	264,762
2	Antidiabetics	113,710
3	ADHD / Anti-Narcolepsy	112,625
4	Antihypertensives	107,246
5	Antihyperlipidemic	101,658

<b>EGWP</b>		
<b>Rank</b>	<b>Drug Category</b>	<b>Script Count</b>
1	Antihyperlipidemic	100,920
2	Antihypertensives	71,395
3	Antidepressants	60,901
4	Antidiabetics	58,664
5	Beta Blockers	47,312

**2024 Top Non-Specialty Drug Categories by Plan Paid**

<b>Commercial</b>		
<b>Rank</b>	<b>Drug Category</b>	<b>Plan Paid</b>
1	Antidiabetics	\$25,323,206
2	Antivirals	\$11,479,939
3	ADHD / Anti-Narcolepsy	\$8,894,718
4	Vaccines	\$6,852,273
5	Antiasthmatic / Bronchodilator Agents	\$5,634,997

<b>EGWP</b>		
<b>Rank</b>	<b>Drug Category</b>	<b>Plan Paid</b>
1	Antidiabetics	\$17,808,213
2	Anticoagulants	\$12,536,805
3	Antiasthmatic / Bronchodilator Agents	\$4,739,465
4	Antihyperlipidemics	\$2,600,309
5	Ophthalmic Agents	\$2,079,632