

Medical Drugs and Specialty Drugs

WPS Health Insurance partners with Express Scripts (ESI), Care Continuum (CCUM), and eviCore to review requests for medical drugs, specialty drugs, oncology drugs, and radiation oncology treatments that require prior authorization. ESI, CCUM, and eviCore manage authorizations for these drugs and treatments for all sites of care (e.g., outpatient, office, or home) except inpatient.

ESI and CCUM's prior authorization criteria are available on the WPS provider portal (my.wpshealth.com/en/provider) or can be requested by calling 1-800-475-1954. eviCore's prior authorization criteria are available on the web at evicore.com/provider/clinical-guidelines. Click on Medical Oncology or Radiation Oncology, and search for "WPS Health Insurance and WPS Health Plan".

Drugs dispensed without proper authorization will not be reimbursed, and the customer cannot be balance billed.

Drug Prior Authorization List

The list of drugs requiring prior authorization can be found at wpshealth.com > Providers > Provider Resources. The list only includes drugs that are covered under the pharmacy benefit (i.e., formulary drugs) or under the medical benefit and outlines who will perform the review for the drug.

In each situation, when seeking a review, please contact the correct reviewer at the phone number below or submit via the web portal. ESI and CCUM prefer phone calls to efficiently identify the necessary clinical information to complete the review. eviCore prefers requests be submitted directly through the web portal.

ESI (traditional, non-specialty, and specialty drugs)

- Phone: 800-475-1954 (option 1)
- Web Portal: www.bit.ly/express-scripts-easy-epa

CCUM (medical drugs)

- Phone: 800-475-1954 (option 2)
- Web Portal: www.eviCore.com

eviCore (medical oncology and radiation oncology treatments)

- Phone: 800-475-1954 (option 3)
- Web Portal: www.eviCore.com

WPS (other drugs, e.g., hormone-related drugs)

- Phone: 800-333-5003

When calling, please have available the patient's ID number (from his/her/their card), date of birth, and access to the medical record. You will be asked questions related to diagnosis, medication history, and other relevant clinical information. The provider's office should contact the customer regarding the decision. The coverage decision and other relevant information will be communicated to the provider's office via fax, web portal, and/or directly via their EHR system depending on how the request was submitted. Customers will receive a letter via US mail with the coverage decision and other relevant information.

The logo for WPS Health Insurance, featuring the letters "WPS" in a bold, white, sans-serif font with a registered trademark symbol. Below the letters is a thick orange horizontal line.

HEALTH INSURANCE • HEALTH PLAN