



Frequently Asked Questions about Wisconsin Act 9 – Wisconsin’s Pharmacy Benefit Manager (PBM) Law

How does the PBM law affect my prescription drug coverage?

There may be new cost sharing limitations to help reduce the price you pay, and new drug substitution rules that help you know in advance if your medication will have a different cost.

What is the cost sharing limitation?

Plans subject to Act 9 must allow members to pay the cash/non-insurance price for the drug if that amount is less than the plan’s listed copay for that drug.

Can I pay for the prescription without using my health insurance coverage?

Yes. You are allowed to pay the cash price instead of using your insurance coverage if the cash price of the drug is less than your copay.

What if my medication is no longer covered on my plan’s drug formulary?

You must be provided with advance notice if your medication is removed from your plan’s formulary and replaced with a generic alternative.

What can I do if I switch to the generic alternative and have an adverse (bad/unwanted) reaction?

If you have an adverse reaction to the generic alternative after successfully using the brand name medication, the pharmacy is allowed to give you an additional 30-day supply of the brand name medication at its former copay to allow you and your doctor time to explore options and/or request an exception from the plan.

What can I do if I believe my plan or PBM is not following one or more of these new rules?

You can file a PBM complaint with our office. We will investigate your concerns and write back to you with the outcome of our investigation. The PBM complaint form is available here: oci.wi.gov/Documents/OCIForms/51-052-PBM.pdf or by calling our office at 800-236-8517 or 608-266-3585.