



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE
February 29, 2008

EFFECTIVE DATE
February 1, 2008

NUMBER
09-08-03 24-08-04
21-08-01 31-08-04

SUBJECT
The Addition of Selzentry (maraviroc) and Intelence (etavirine) to the Special Pharmaceutical Benefits Program.

Michael Nardone
Michael Nardone, Deputy Secretary
Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to notify providers that effective February 1, 2008 the **Special Pharmaceutical Benefits Program (SPBP)** is adding Selzentry (maraviroc) and Intelence (etavirine) for the treatment of HIV/AIDS.

SCOPE:

This bulletin applies to all Medical Assistance (MA) providers who prescribe and/or dispense drugs for eligible SPBP participants with SPBP Identification Cards beginning with SP1. This bulletin also applies to Pharmacies, Certified Registered Nurse Practitioners (CRNPs) and HIV Case Managers.

BACKGROUND:

SPBPs formulary expansion is ongoing, pending approval from the Food and Drug Administration (FDA) of new drugs used to treat HIV/AIDS. With the recent FDA approval of Selzentry (maraviroc) an Entry Inhibitor and Intelence (etavirine) a Non Nucleoside Reverse Transcriptase Inhibitor, the Department is announcing the addition of these drugs to the SPBP formulary effective February 1, 2008.

Claims for SPBP covered drugs are processed on-line through the First Health Services Corporation. Providers must bill other third party insurance, if applicable, prior to submitting SPBP claims to First Health Services. All questions regarding reimbursement and on-line technical assistance should be directed to the First Health Services Provider Inquiry Line at: 1-800-835-4080.

If an SPBP client transitions to Medical Assistance (MA) drug coverage, their SPBP drug coverage is no longer valid. Providers should submit claims to the MA Program Fee-for-Service or Managed Care delivery system.

The SPBPs current HIV/AIDS formulary can be found on the Office of Medical Assistance Programs website below. Claims should not be submitted for drugs not listed on the formulary.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

SPBP staff at 1-800-922-9384 (IN STATE) or 1-717-772-6228 (OUT OF STATE AND LOCAL) or for additional information about the SPBP (including applications), visit DPW's Office of Medical Assistance Programs (OMAP) website link for HIV/AIDS Information.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us Keywords menu: **AIDS/HIV and follow links to the Special Pharmaceutical Benefits Program**