



MEDICAL ASSISTANCE BULLETIN

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF PUBLIC WELFARE

ISSUE DATE

August 21, 2006

EFFECTIVE DATE

August 21, 2006

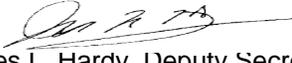
NUMBER

09-06-14, 21-06-02
24-06-11, 31-06-20

SUBJECT

The Addition of Atripla (efavirenz/emtricitabine/tenofovir) and Prezista (darunavir) to the Special Pharmaceutical Benefits Program.

BY


James L. Hardy, Deputy Secretary
Office of Medical Assistance Programs

PURPOSE:

The purpose of this bulletin is to notify providers that effective August 21, 2006, the **Special Pharmaceutical Benefits Program (SPBP)** is adding Atripla (efavirenz/emtricitabine/tenofovir) and Prezista (darunavir) 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:

The SPBP formulary is dynamic, pending approval from the Food and Drug Administration (FDA) of new drugs used to treat HIV/AIDS and/or schizophrenia. The Department is announcing the addition of two newly FDA approved products to the SPBP formulary effective August 21, 2006. Atripla (efavirenz/emtricitabine/tenofovir) is an anti-HIV medication that contains one non-nucleoside reverse transcriptase inhibitor (NNRTI) and two nucleoside reverse transcriptase inhibitors (NRTIs) in one tablet. Prezista (darunavir) is a new Protease Inhibitor.

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If a client transitions to Medical Assistance (MA) drug coverage, SPBP drug coverage is no longer valid.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

The SPBP's current HIV/AIDS formulary and Mental Health formulary for atypical antipsychotic drugs for schizophrenia can be found on the Office of Medical Assistance Programs website below. Claims should not be submitted for drugs not listed on either 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/omap