



## Community Behavioral Health: Provider Notice Access Requirements and Resources for Persons Living with HIV August 11, 2020

CBH is committed to ensuring all members have access to high-quality and cost-effective care. As such, providers must provide services in a manner compliant with applicable laws, including the Americans with Disabilities Act of 1990. Additionally, the CBH Provider Agreement states that providers must accept as patients all individuals referred to a provider for whom the provider is licensed to provide covered services.

CBH reminds providers that the following resources are available to assist members with HIV:

- For individuals on anti-retroviral medication for HIV who present without medication, providers can contact the appropriate MCO for assistance obtaining medication or an early refill. Information about medication coverage and contact information for the Pharmacy/Special Needs programs can be found in the attached **Appendix A**. For additional assistance, providers can contact their assigned CBH Care Manager.
- In partnership with the Philadelphia Department of Public Health (PDPH), Providers are eligible to obtain **HIV training** for clinical staff as well as implementation support for HIV-specific programming. To request training, please contact [PreventHIV@phila.gov](mailto:PreventHIV@phila.gov).
- The **PDPH Health Information Helpline** (215-985-2437) can assist with linkage to HIV care and HIV medical case management. The Helpline's hours of operation are Monday through Friday, 8:00 a.m. to 5:30 p.m. (temporary COVID hours are 9:00 a.m. to 4:00 p.m.). The Health Information Helpline offers the following services free of charge:
  - Multilingual services with a specialty in Spanish and French
  - Centralized intake or key point of entry for HIV Medical Case Management in the Philadelphia EMA (PA Counties: Bucks, Chester, Delaware, Montgomery and Philadelphia; NJ Counties: Burlington, Camden, Gloucester and Salem)

- Complaint/Grievance processing from callers about PDPH-funded HIV services (which can be filed anonymously by callers)
- Eligibility assessment for Ryan White HIV/AIDS-related services, a program that provides additional supports to PLWH
- Answers to HIV-related questions, including questions about testing, PrEP (a once-daily pill that prevents HIV), and treatment

Additional information regarding HIV can be found at the following sites:

- [Centers for Disease Control](#)
- [Philly, Keep on Loving](#)
- [HHS Office for Civil Rights in Action Bulletin: Civil Rights, HIPAA, and the Coronavirus Disease 2019 \(COVID-19\)](#)

# Appendix A

## Contact information for Philadelphia County PH-MCOs

Please direct your PH-MCO-specific questions to their Pharmacy/Special Needs contact with the following information:

- **UPMC Health Plan:** Pharmacy Services Provider Support 1-800-979-8762
- **AETNA:** Special Needs Unit 855-346-9828
- **United Health Care:** 1-800-310-6826
- **Keystone First** (Perform RX Pharmacy Benefit)
  - **Keystone First:** 800-588-6767
  - **Keystone First Community HealthChoices:** 866-907-7088
- **Health Partners Plan:** Pharmacy hotline 215-991-4300
- **PA Health & Wellness:** 1-844-626-6813

## PA Medicaid PDL HIV Coverage

Below is Pennsylvania Medicaid coverage of HIV medications. [Click here to access the full PA Medicaid PDL.](#)

AR = age restriction, clinical prior authorization required AE = age exemption for specified ages (years) Non-preferred agents require prior authorization		PA = clinical prior authorization required QL = quantity limit applies to FFS claims ER = extended-release; IR = immediate-release	
<b>HIV/AIDS – SINGLE TABLET REGIMENS</b>			
Preferred Agents		Non-Preferred Agents	
Atripla <sup>QL</sup>		Stribild <sup>QL</sup>	
Biktarvy <sup>QL</sup>		Symtuza <sup>QL</sup>	
Complera <sup>QL</sup>			
Delstrigo <sup>QL</sup>			
Dovato <sup>QL</sup>			
Genvoya <sup>QL</sup>			
Juluca <sup>QL</sup>			
Odefsey <sup>QL</sup>			
Symfi <sup>QL</sup>			
Symfi Lo <sup>QL</sup>			
Triumeq <sup>QL</sup>			

(continued)

### HIV/AIDS ANTIRETROVIRALS – NRTIs

Preferred Agents	Non-Preferred Agents
Abacavir Solution, Tablet <sup>QL</sup>	Abacavir-Lamivudine-Zidovudine <sup>QL</sup>
Abacavir-Lamivudine <sup>QL</sup>	Combivir <sup>QL</sup>
Cimduo <sup>QL</sup>	Epivir <sup>QL</sup>
Descovy <sup>QL</sup>	Epzicom <sup>QL</sup>
Didanosine DR <sup>QL</sup>	Retrovir <sup>QL</sup>
Emtriva <sup>QL</sup>	Trizivir <sup>QL</sup>
Lamivudine <sup>QL</sup>	Videx EC <sup>QL</sup>
Lamivudine-Zidovudine <sup>QL</sup>	Viread 300 mg Tablet <sup>QL</sup>
Stavudine Capsule <sup>QL</sup>	Zerit <sup>QL</sup>
Tenofovir Disoproxil Fumarate 300 mg Tablet <sup>QL</sup>	Ziagen <sup>QL</sup>
Truvada <sup>QL</sup>	
Videx Solution <sup>QL</sup>	
Viread Powder <sup>QL</sup>	
Viread Tablet (all strengths except 300 mg) <sup>QL</sup>	
Zidovudine <sup>QL</sup>	

### HIV/AIDS ANTIRETROVIRALS – NNRTIs

Preferred Agents	Non-Preferred Agents
Edurant <sup>QL</sup>	Intelence <sup>QL</sup>
Efavirenz <sup>QL</sup>	Nevirapine ER <sup>QL</sup>
Nevirapine Tablet <sup>QL</sup>	Nevirapine Suspension <sup>QL</sup>
	Pifeltro <sup>QL</sup>
	Rescriptor <sup>QL</sup>
	Sustiva <sup>QL</sup>
	Viramune <sup>QL</sup>
	Viramune XR <sup>QL</sup>

### HIV/AIDS ANTIRETROVIRALS – INSTIs

Preferred Agents	Non-Preferred Agents
Isentress Chewable Tablet, Tablet <sup>QL</sup>	Isentress HD <sup>QL</sup>
Isentress Powder Pack <sup>QL</sup>	
Tivicay Tablet <sup>QL</sup>	

### HIV/AIDS – PIs

Preferred Agents	Non-Preferred Agents
Atazanavir <sup>QL</sup>	Aptivus <sup>QL</sup>
Evotaz <sup>QL</sup>	Crixivan <sup>QL</sup>
Kaletra <sup>QL</sup>	Fosamprenavir <sup>QL</sup>
Norvir Powder, Solution <sup>QL</sup>	Invirase <sup>QL</sup>
Prezcobix <sup>QL</sup>	Lexiva <sup>QL</sup>
Prezista <sup>QL</sup>	Lopinavir-Ritonavir <sup>QL</sup>
Reyataz Powder Packet <sup>QL</sup>	Norvir Tablet <sup>QL</sup>
Ritonavir Tablet <sup>QL</sup>	Reyataz Capsule <sup>QL</sup>
	Viracept <sup>QL</sup>

### HIV/AIDS ANTIRETROVIRALS – MISCELLANEOUS

Preferred Agents	Non-Preferred Agents
	Fuzeon <sup>QL</sup>
	Selzentry <sup>QL</sup>
	Trogarzo <sup>QL</sup>
	Tybost <sup>QL</sup>

(continued)

**Other helpful links:**

[Fee-for-Service† \(FFS\) Pharmacy General Prior Authorization Requirements](#)

[FFS‡ Pharmacy Prior Authorization Clinical Guidelines](#)

[FFS† Pharmacy Prior Authorization Fax Forms](#)

[FFS† Pharmacy Quantity Limits/Daily Dose Limits](#)

† This information is specific to FFS. Please refer to each MCO's website for MCO prior authorization procedures, prior authorization fax request forms, and quantity limits.

‡ Prior authorization guidelines for drugs and products included in the Statewide PDL apply to FFS and the Pennsylvania Medical Assistance MCOs. Prior authorization guidelines for drugs and products not included in the Statewide PDL are specific to FFS. Please refer to each MCO's website for MCO-specific prior authorization requirements for drugs and products not included in the Statewide PDL.