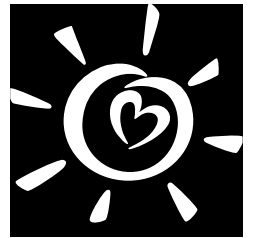


L.A. CARE HEALTH PLAN PHARMACY REFERENCE GUIDE



L.A. Care
HEALTH PLAN®

www.lacare.org

INTERACTIVE VOICE RESPONSE (IVR) SYSTEM

IMMEDIATE ACCESS TO ACCURATE MEMBER ELIGIBILITY INFORMATION 24 HOURS A DAY! 1-866-LA-CARE6 OR 1-866-522-2736

If a patient has the Medi-Cal card, please inquire if they also have one of the following L.A. Care Plan Partner cards by calling AEVS at 1-800-456-2387 or L.A. Care Health Plan. It is unlawful to charge L.A. Care Medi-Cal members for their medications.

MEDICARE ADVANTAGE

Medicare Advantage Program

MEMBER NAME JOHN DOE
ISSUER 80840

MA-SNP ID XXXXXXXX
DOB 06/15/1993
LANGUAGE SPANISH

PCP JORGE SMITH (XXX) XXX-XXXX

Member Services: 1-888-839-9909

PBM-MedImpact: 800-788-2949
Member ID: **CIN#**
Eligibility: 866-522-2736
Prior Auth: 888-648-6765
Prior Auth Fax: 858-790-7100
Interpreter Service: 800-259-4521
Pharmacist Access Code: 830259
Doctor Access Code: 841908

Please note a Medicare card that includes Member ID Information indicates a member enrolled in both Medicare Advantage and Medi-Cal Programs.

HEALTHY KIDS & HEALTHY FAMILIES

Healthy Kids Program

MEMBER NAME
MEMBER ID **EFFECTIVE DATE**

DOB **LANGUAGE**

PCP

Member Services: 1-888-839-9909

PBM-MedImpact: 800-788-2949
Member ID: **CIN#**
Eligibility: 866-522-2736
Prior Auth: 800-788-2949
Prior Auth Fax: 858-790-7100
Interpreter Service: 800-259-4521
Pharmacist Access Code: 830259
Doctor Access Code: 841908

Healthy Families Program

MEMBER NAME
MEMBER ID **EFFECTIVE DATE**

DOB **LANGUAGE**

PCP

Member Services: 1-888-839-9909

Community Health Plan

MEMBER NAME
MEMBER ID **EFFECTIVE DATE**

DOB **LANGUAGE**

PCP

MEDI-CAL

Anthem Blue Cross

MEMBER JOHN DOE
ID CARD NO./CIN NO. XXX-00000000X

Group No. XXXXXX
Coverage Code XXXXXX
Member Effective Date 00/00/00
PCP Effective Date 00/00/00
Plan Code 040

ANTHEM BLUE CROSS

PBM-WellPoint: 800-227-3032
Member ID: **CIN#**
Eligibility: 800-407-4627
Prior Auth: 888-831-2242
Prior Auth Fax: 888-931-2243
Interpreter Service: 888-285-7801

CARE 1st HEALTH PLAN

MEMBER NAME:
CIN #:
MEMBER #:
EFF. W/CARE1st:
IPA / MEDICAL GROUP:

CARE 1ST HEALTH PLAN

PBM-MedImpact: 800-788-2949
Member ID: **CIN #**
Eligibility: 800-605-2556
Prior Auth: 877-792-2731
Prior Auth Fax: 626-299-0914
Interpreter Service: 800-605-2556

Community Health Plan
LOS ANGELES COUNTY

NAME:
MEMBER ID#:
DOB: **SEX:**
PHARMACY CARRIER #: **PHARMACY PROCESSOR #:**

PHARMACY BENEFIT MANAGER HELP DESK NUMBER: 1(800)777-0074
TDD/TTY NUMBER/NÚMERO DE SERVICIO TDD/TTY: 1-800-353-7988

CHP

PBM-informedRx: 800-777-0074
Member ID: **CIN #**
Eligibility: 800-475-5550
Prior Auth: 626-299-5539
Prior Auth Fax: 626-299-7267
Interpreter Service: 800-475-5550

KAISER PERMANENTE

MEMBER NAME
MEMBER ID **EFFECTIVE DATE**

DOB **LANGUAGE**

PCP

KAISER PERMANENTE

Kaiser members must have their prescriptions filled at a Kaiser pharmacy. For information call Kaiser Member Services at 800-464-4000. Kaiser members may fill carve out medications at any pharmacy that bills Medi-Cal FFS.

L.A. Care HEALTH PLAN

MEMBER NAME
MEMBER ID **EFFECTIVE DATE**

DOB **LANGUAGE**

PCP

Member Services: 1-888-839-9909

L.A. CARE HEALTH PLAN

PBM-MedImpact: 800-788-2949
Member ID: **CIN#**
Eligibility: 866-522-2736
Prior Auth: 800-788-2949
Prior Auth Fax: 858-790-7100
Interpreter Service: 800-259-4521
Pharmacist Access Code: 830259
Doctor Access Code: 841908

DRUG CARVE-OUT LIST FOR L.A. CARE MEDI-CAL MEMBERS ONLY: THE DRUGS LISTED BELOW SHOULD BE SUBMITTED TO EDS MEDI-CAL FEE FOR SERVICE (FFS) AND WRITTEN ON "TAMPER RESISTANT PRESCRIPTION PADS." HEALTHY KIDS AND HEALTHY FAMILIES PROGRAM MEMBERS PLEASE SUBMIT PRIOR AUTHORIZATION TO MEDIMPACT.

Drugs for management of HIV/AIDS complex

Abacavir/Lamivudine
Abacavir Sulfate
Amprenavir
Atazanavir Sulfate
Darunavir Ethanolate
Delavirdine Mesylate
Efavirenz
Efavirenz/Emtricitabine/
Tenofovir Disoproxil Fumarate
Emtricitabine
Enfuvirtide
Etravirine
Fosamprenavir Calcium
Indinavir Sulfate
Lamivudine
Lopinavir/Ritonavir
Maraviroc
Nelfinavir Mesylate
Nevirapine
Raltegravir Potassium

Epizcom
Ziagen
Agenerase
Reyataz
Prezista
Rescriptor
Sustiva
Atripla
Emtriva
Fuzeon
Intelligence
Lexiva
Crixivan
EpiVir
Kaletra
Selzentry
Viracept
Viramune
Isentress

Ritonavir
Saquinavir
Saquinavir Mesylate
Stavudine
Tenofovir Disoproxil- Emtricitabine
Tenofovir Disoproxil Fumarate
Tipranavir
Zidovudine/Lamivudine
Zidovudine/Lamivudine/Abacavir Sulfate

Novir
Fortovase
Invirase
Zerit
Truvada
Viread
Aptivus
Combivir
Trizivir

Drugs for management of Psychosis/ severe emotional disorder (SED)

Amantadine HCl
Aripiprazole
Benzotropine Mesylate
Biperiden HCl
Biperiden Lactate
Chlorpromazine HCl
Chlorprothixene
Clozapine
Fluphenazine Decanoate
Fluphenazine Enanthate

Symmetrel
Abilify
Cogentin
Akineton
Akineton
Thorazine
Taractan
Clozaril
Prolixin
Prolixin

Fluphenazine HCl
Haloperidol
Haloperidol Decanoate
Haloperidol Lactate
Isocarboxazid
Lithium Carbonate
Lithium Citrate
Loxapine HCl
Loxapine Succinate
Mesoridazine Mesylate
Molindone HCl
Olanzapine
Olanzapine Fluoxetine HCl
Paliperidone
Perphenazine
Phenelzine Sulfate
Pimozide
Prochlorperidine HCl
Promazine HCl
Quetiapine
Risperidone
Risperidone Microspheres

Prolixin
Haldol
Haldol
Haldol
Marplan
Eskalith
Lithobid
Loxitane
Loxitane
Serentil Inj
Moban
Zyprexa
Symbyax
Invega
Trilafon
Nardil
Orap
Kemadrin
Sparine
Seroquel
Risperdal
Risperdal-M

Selegiline
Thioridazine HCl
Thiothixene
Thiothixene HCl
Tranlycypromine Sulfate
Trifluoperazine HCl
Trifluopromazine HCl
Trihexyphenidyl
Ziprasidone
Ziprasidone Mesylate

Emsam
Mellaril
Navane
Navane
Parnate
Stelazine
Vesprin
Artane
Geodon
Geodon Inj

Alcohol, Heroin Detoxification and Dependency treatment drugs

Acamprosate Calcium
Buprenorphine HCl
Buprenorphine/Naloxone HCl
Naltrexone HCl (oral and injectable)

Campral
Subutex
Suboxone
Revvia