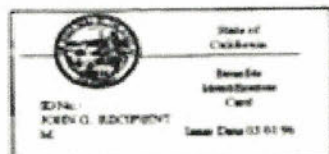




Step 1 - State

If patient has this (BIC) CARD:

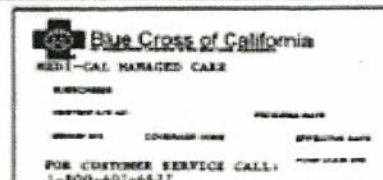


Benefits Identification Card (BIC)

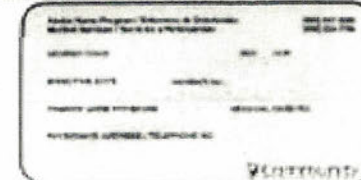
Step 1, please inquire if the patient has one of the other Plan Partner cards. Step 2, if not, use your Point of Service (POS) Swipe Card Box for Plan Partner, Provider identification, and Member eligibility verification, or call AEVS at 800-456-2387 or 800-786-4346. Your PIN#

Note: To obtain a POS device, please contact your pharmacy affiliation (Chain, PSAO).

Step 2 - Plan Information



PBM: Wellpoint 800-700-2541
Eligibility: 800-962-7378
Prior Auth. Fax: 888-831-2243
CCU: 800-407-4627
Member ID: Client Identification # (CIN)



PBM: MedImpact: 800-788-2949
Eligibility: 800-854-0208
Prior Auth. Phone: 800-788-2949
Prior Auth. Fax: 800-578-9732
Member ID: Social Security #

Drug Carve-Out List

The drugs listed below should be submitted to Electronic Data System (EDS) Medi-Cal Fee-For-Service (FFS).

HIV/AIDS Drugs:

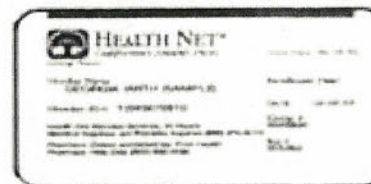
Abacavir Sulfate	Emtricitabine	Lopinavir/Ritonavir	Stavudine
Amprenavir	Indinavir Sulfate	Nelfinavir Mesylate	Tenofovir Disoproxil Fumarate
Atazanavir	Lamivudine	Nevirapine	Zidovudine/Lamivudine
Delavirdine Mesylate	Lexiva	Ritonavir	Zidovudine/Lamivudine/Abacavir
Efavirenz	Lopinavir	Saquinavir	
		Saquinavir Mesylate	

Anti-Psychotic Drugs:

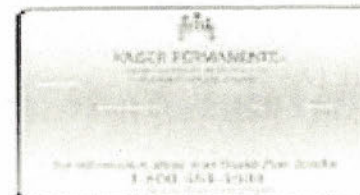
Amantadine HCL	Fluphenazine HCL	Mesoridazine Mesylate	Thioridazine HCL
Aripiprazole	Haloperidol	Molindone HCL	Thiothixene
Benzotropine Mesylate	Haloperidol Decanoate	Olanzapine	Thiothixene HCL
* Biperiden HCL	Haloperidol Lactate	Perphenazine	* Tramylcypromine Sulfate
* Biperiden Lactate	* Isocarboxazid	* Phenelzine Sulfate	Trifluoperazine HCL
Chlorpromazine HCL	Lithium Carbonate Caps	* Pimozide	* Trifluoperazine HCL
Chlorprothixene	Lithium Carbonate Tabs/CR	Prochlorperidine HCL	Trihexyphenidyl
Clozapine	Lithium Citrate Syrup	* Promazine HCL	Ziprasidone
Fluphenazine Decanoate	* Loxapine HCL	Quetiapine	Ziprasidone Mesylate
Fluphenazine Enanthate	* Loxapine Succinate	Risperidone	

* Indicates medications which require a TAR (treatment authorization request)

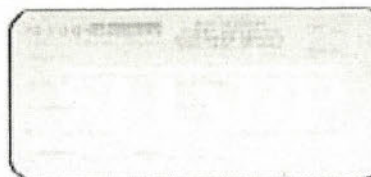
[†] Document adapted courtesy the L.A. Care Health Plan



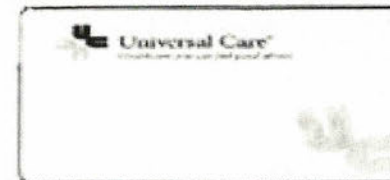
PBM: HNPS
(Health Net Pharmaceutical Services)
Eligibility: 800-554-1444 #1
Prior Auth. Phone: 800-867-6564
Prior Auth. Fax: 800-977-8226
Member ID: Social Security #



PBM: Kaiser Pharmacy Services
Eligibility: 800-464-4000
Medi-Cal Program: 619-528-5282
Member ID: Medical Record #



PBM: RxAmerica 800-770-8014
Eligibility: 800-359-2002
Prior Auth. Phone: 619-228-2400
Prior Auth. Fax: 619-228-2448
Member ID: Social Security #



PBM: MedImpact 800-788-2949
Eligibility: 800-673-4666
Prior Auth. Phone: 800-673-4666
Prior Auth. Fax: 562-981-5808
Member ID: Social Security #