



A Public Entity

Inland Empire Health Plan

# PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

May 1, 2018

On Monday, April 30<sup>th</sup>, a Pharmacy Times: Nebulizer Coverage was sent out to our Provider network. If you received this notice or saw it on our website, please disregard. The corrected notice can be seen below.

## Important Notice: Nebulizer Coverage for Medi-Cal Members

Dear IEHP Provider,

IEHP is updating our Nebulizer program on June 1, 2018. This will allow our pharmacy network to process select nebulizer/compressor units at the Pharmacy without needing a Prior Authorization. We will maintain a mail order fulfillment channel in cases where the prescriber would prefer the Member to receive the nebulizer by mail.

### Products:

NDC	Nebulizer Device
16958037472	DEVILBISS PULMOMATE COMPRESSOR
16958046199	PULMO-AIDE COMPRESSOR-NEBULIZ
16958046231	DEVILBISS PULMO-AIDE COMPRESSR
16958068458	PULMO-AIDE COMPACT COMPRESSOR
16958068781	DEVILBISS COMPACT COMPRESSR
16958068864	DEVILBISS PULMO-AIDE COMPRS
16958076888	SUNRISE COMPRESSOR-NEBULIZER

### Two Ways to Obtain a Device:

- Prescribers can write a prescription for a nebulizer along with the nebulizer medications for the Member to pick up at retail pharmacy **OR**
- Prescribers can complete the mail order request form and fax it to (909) 494-5582 to have a nebulizer and a starter supply of medications mailed to the Member by Preveon Health

### Quantity Limit:

- IEHP covers one nebulizer per year. Additional requests require medical justification.

If you have any additional questions, please feel free to contact us at (909) 890-2049 between 8:00 AM -5:00 PM Monday through Friday. Thank you for your attention to this matter.

Sincerely,

IEHP Pharmaceutical Services

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