

High Cost Medical Drugs List

Effective 6/1/2020

High Cost Medical Drugs administered by Health Alliance providers within physician offices, infusion centers or hospital outpatient settings must be acquired from preferred specialty vendors. Health Alliance will not reimburse any drug listed as a “High Cost Medical Drug,” whether obtained from the provider’s own stock or via “buy-and-bill.”

Information on how to acquire these medications is located at the end of this document.

Health Alliance Medical Plans					
Drug Therapy	Drug Name	Code	PA	Preferred Vendor	Contact Number
Acromegaly	SANDOSTATIN	J2353	YES	CVS/Caremark®	800-237-2767
Acromegaly	SOMATULINE	J1930	YES	CVS/Caremark®	800-237-2767
Additional Products	JETREA	J7316	YES	LDD	
Additional Products	PROLASTIN	J0256	YES	LDD	
Additional Products	QUTENZA	J7336	NO	LDD	
Additional Products	REVCOVI	J3590	YES	LDD	
Additional Products	RADICAVA	J1301	YES	CVS/Caremark®	800-237-2767
Additional Products	SIGNIFOR	J2502	YES	LDD	
Additional Products	SPRAVATO	J3490	YES	LDD	
Additional Products	STRENSIQ	J3590	YES	LDD	
Additional Products	THIOTEPA	J9340	YES	CVS/Caremark®	800-237-2767
Allergic Asthma	CINQAIR	J2786	YES	CVS/Caremark®	800-237-2767
Allergic Asthma	FASENRA	J0517	YES	CVS/Caremark®	800-237-2767
Allergic Asthma	NUCALA	J2182	YES	CVS/Caremark®	800-237-2767
Allergic Asthma	XOLAIR	J2357	YES	CVS/Caremark®	800-237-2767
Alpha-1 Antitrypsin Deficiency	ARALAST NP	J0256	YES	CVS/Caremark®	800-237-2767
Alpha-1 Antitrypsin Deficiency	GLASSIA	J0257	YES	CVS/Caremark®	800-237-2767
Alpha-1 Antitrypsin Deficiency	ZEMAIRA	J0256	YES	CVS/Caremark®	800-237-2767
Anemia	ARANESP	J0881 J0882	NO	CVS/Caremark®	800-237-2767
Anemia	EPOGEN	J0885 Q4081	NO	CVS/Caremark®	800-237-2767
Anemia	MIRCERA	J0887 J0888	NO	LDD	
Anemia	PROCRIT	J0885 Q4081	NO	CVS/Caremark®	800-237-2767
Anemia	RETACRIT	Q5105 Q5106	NO	CVS/Caremark®	800-237-2767
Atypical Hemolytic Uremic Syndrome	ULTOMIRIS	J1303	YES	CVS/Caremark®	800-237-2767

Drug Therapy	Drug Name	Code	PA	Preferred Vendor	Contact Number
Botulinum Toxins	BOTOX	J0585	YES	CVS/Caremark®	800-237-2767
Botulinum Toxins	DYSPORE	J0586	YES	CVS/Caremark®	800-237-2767
Botulinum Toxins	MYOBLOC	J0587	YES	CVS/caremark®	800-237-2767
Botulinum Toxins	XEOMIN	J0588	YES	CVS/Caremark®	800-237-2767
Dupuytren's Contracture	XIAFLEX	J0775	YES	LDD	
Gout	KRYSTEXXA	J2507	YES	CVS/Caremark®	800-237-2767
Hematopoietics	MOZOBIL	J2562	YES	CVS/Caremark®	800-237-2767
Hemophilia	ADVATE	J7192	NO	CVS/Caremark®	800-237-2767
Hemophilia	ADYNOVATE	J7207	NO	CVS/Caremark®	800-237-2767
Hemophilia	AFSTYLA	J7210	NO	CVS/Caremark®	800-237-2767
Hemophilia	ALPHANATE	J7186 J7190	NO	CVS/Caremark®	800-237-2767
Hemophilia	ALPHANINE SD	J7193	NO	CVS/Caremark®	800-237-2767
Hemophilia	ALPROLIX	J7201	NO	CVS/Caremark®	800-237-2767
Hemophilia	BEBULIN	J7194	NO	CVS/Caremark®	800-237-2767
Hemophilia	BENEFIX	J7195	NO	CVS/Caremark®	800-237-2767
Hemophilia	COAGADEX	J7175	NO	CVS/Caremark®	800-237-2767
Hemophilia	CORIFACT	J7180	NO	CVS/Caremark®	800-237-2767
Hemophilia	ELOCTATE	J7205	NO	CVS/Caremark®	800-237-2767
Hemophilia	FEIBA	J7198	NO	CVS/Caremark®	800-237-2767
Hemophilia	FIBRYGA	J7177	NO	CVS/Caremark®	800-237-2767
Hemophilia	HELIXATE FS	J7192	NO	CVS/Caremark®	800-237-2767
Hemophilia	HEMLIBRA	J7170	NO	CVS/Caremark®	800-237-2767
Hemophilia	HEMOPIL M	J7190	NO	CVS/Caremark®	800-237-2767
Hemophilia	HUMATE-P	J7187	NO	CVS/Caremark®	800-237-2767
Hemophilia	IDELVION	J7202	NO	CVS/Caremark®	800-237-2767
Hemophilia	IXINITY	J7195	NO	CVS/Caremark®	800-237-2767
Hemophilia	JIVI	J7208	NO	CVS/Caremark®	800-237-2767
Hemophilia	KOATE	J7190	NO	CVS/Caremark®	800-237-2767
Hemophilia	KOGENATE	J7192	NO	CVS/Caremark®	800-237-2767
Hemophilia	KOVALTRY	J7211	NO	CVS/Caremark®	800-237-2767
Hemophilia	MONOCLATE-P	J7190	NO	CVS/Caremark®	800-237-2767
Hemophilia	MONONINE	J7193	NO	CVS/Caremark®	800-237-2767
Hemophilia	NOVOEIGHT	J7182	NO	CVS/Caremark®	800-237-2767
Hemophilia	NOVOSEVEN RT	J7189	NO	CVS/Caremark®	800-237-2767
Hemophilia	NUWIQ	J7209	NO	CVS/Caremark®	800-237-2767
Hemophilia	OBIZUR	J7188	NO	CVS/Caremark®	800-237-2767
Hemophilia	PROFILNINE SD	J7194	NO	CVS/Caremark®	800-237-2767
Hemophilia	REBINYN	J7203	NO	CVS/Caremark®	800-237-2767
Hemophilia	RECOMBINATE	J7192	NO	CVS/Caremark®	800-237-2767
Hemophilia	RIASTAP	J7178	NO	CVS/Caremark®	800-237-2767

Drug Therapy	Drug Name	Code	PA	Preferred Vendor	Contact Number
Hemophilia	RIXUBIS	J7200	NO	CVS/Caremark®	800-237-2767
Hemophilia	STIMATE	J3490	NO	CVS/Caremark®	800-237-2767
Hemophilia	TRETEN	J7181	NO	CVS/Caremark®	800-237-2767
Hemophilia	VONVENDI	J7179	NO	CVS/Caremark®	800-237-2767
Hemophilia	WILATE	J7183	NO	CVS/Caremark®	800-237-2767
Hemophilia	XYNTHA	J7185	NO	CVS/Caremark®	800-237-2767
Hereditary Angioedema	CINRYZE	J0598	YES	CVS/Caremark®	800-237-2767
Hormonal Therapies	ELIGARD	J9217	YES	CVS/Caremark®	800-237-2767
Hormonal Therapies	FIRMAGON	J9155	YES	CVS/Caremark®	800-237-2767
Hormonal Therapies	LEUPROLIDE ACETATE	J1950 J9217	YES	CVS/Caremark®	800-237-2767
Hormonal Therapies	LUPANETA PACK	J3490	YES	CVS/Caremark®	800-237-2767
Hormonal Therapies	LUPRON DEPOT	J1950 J9217	YES	CVS/Caremark®	800-237-2767
Hormonal Therapies	SUPPRELIN	J9226	YES	CVS/Caremark®	800-237-2767
Hormonal Therapies	TRELSTAR	J3315	YES	CVS/Caremark®	800-237-2767
Hormonal Therapies	TRIPTODUR	J3316	YES	LDD	
Hormonal Therapies	VANTAS	J9225	YES	CVS/Caremark®	800-237-2767
Hormonal Therapies	ZOLADEX	J9202	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	ASCENIV	J1599	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	BIVIGAM	J1556	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	CARIMUNE	J1566	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	CUTAQUIG	J3590	YES	LDD	
I.V.I.G.	CYTOGAM	J0850	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	FLEBOGAMMA	J1572	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	GAMASTAN S/D	J1560	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	GAMMAGARD	J1569	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	GAMMAGARD S/D	J1566	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	GAMMAKED	J1561	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	GAMMAPLEX	J1557	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	GAMUNEX	J1561	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	GAMUNEX-C	J1561	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	HIZENTRA	J1559	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	HYPERRHO S/D	J2790	NO	CVS/Caremark®	800-237-2767
I.V.I.G.	NABI-HB	90371	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	OCTAGAM	J1568	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	PANZYGA	J1599	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	PRIVIGEN	J1459	YES	CVS/Caremark®	800-237-2767
I.V.I.G.	RHOGAM	J2790	NO	CVS/Caremark®	800-237-2767
I.V.I.G.	RHOPHYLAC	J2791	NO	CVS/Caremark®	800-237-2767
I.V.I.G.	WINRHO	J2792	NO	CVS/Caremark®	800-237-2767
I.V.I.G.	XEMBIFY	J3590	YES	CVS/Caremark®	800-237-2767

Drug Therapy	Drug Name	Code	PA	Preferred Vendor	Contact Number
Infectious Disease	ALFERON N	J9215	YES	CVS/Caremark®	800-237-2767
Infectious Disease	TROGARZO	J1746	NO	CVS/Caremark®	800-237-2767
Inflammatory Bowel Disease	CIMZIA	J0717	YES	CVS/Caremark®	800-237-2767
Inflammatory Bowel Disease	ENTYVIO	J3380	YES	CVS/Caremark®	800-237-2767
Inflammatory Bowel Disease	RENFLEXIS	Q5104	YES	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	ALDURAZYME	J1931	YES	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	CEREZYME	J1786	YES	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	ELAPRASE	J1743	YES	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	ELELYSO	J3060	YES	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	FABRAZYME	J0180	YES	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	KANUMA	J2840	YES	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	LUMIZYME	J0221	YES	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	NAGLAZYME	J1458	YES	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	VIMIZIM	J1322	YES	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	VPRIV	J3385	YES	CVS/Caremark®	800-237-2767
Multiple Sclerosis	LEMTRADA	J0202	YES	CVS/Caremark®	800-237-2767
Multiple Sclerosis	OCREVUS	J2350	YES	CVS/Caremark®	800-237-2767
Multiple Sclerosis	TYSABRI	J2323	YES	CVS/Caremark®	800-237-2767
Neutropenia	FULPHILA	Q5108	NO	CVS/Caremark®	800-237-2767
Neutropenia	LEUKINE	J2820	NO	CVS/Caremark®	800-237-2767
Neutropenia	NEULASTA	J2505	NO	CVS/Caremark®	800-237-2767
Neutropenia	UDENYCA	Q5111	NO	CVS/Caremark®	800-237-2767
Neutropenia	ZIEXTENZO	J3590	NO	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	BEOVU	J0179	NO	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	EYLEA	J0178	NO	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	ILUVIEN	J7313	NO	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	LUCENTIS	J2778	NO	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	LUXTURNA	J3398	YES	LDD	
Ophthalmology Disorders	MACUGEN	J2503	NO	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	OZURDEX	J7312	NO	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	RETISERT	J7311	NO	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	VISUDYNE	J3396	NO	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	YUTIQ	J7314	NO	LDD	
Oncology	ZOLEDRONIC ACID	J3489	NO	CVS/Caremark®	800-237-2767
Oncology	TEMODAR	J9328	YES	CVS/Caremark®	800-237-2767
Oncology – CAR-T	KYMRIAH	Q2042	YES	LDD	
Oncology – CAR-T	YESCARTA	Q2041	YES	LDD	
Oncology - Injectable	ADCETRIS	J9042	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	ALIQOPA	J9057	YES	LDD	
Oncology - Injectable	ASPARLAS	J9118	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	ARZERRA	J9302	YES	CVS/Caremark®	800-237-2767

Drug Therapy	Drug Name	Code	PA	Preferred Vendor	Contact Number
Oncology - Injectable	AVASTIN	J9035	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	AZACITIDINE	J9025	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	BAVENCIO	J9023	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	BELEODAQ	J9032	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	BELRAPZO	J9036	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	BENDEKA	J9034	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	BESPONSА	J9229	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	BLINCYTO	J9039	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	BORTEZOMIB	J9044	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	CYRAMZA	J9308	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	DACOGEN	J0894	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	DARZALEX	J9145	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	ELZONRIS	J9269	YES	LDD	
Oncology - Injectable	EMPLICITI	J9176	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	ERBITUX	J9055	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	ERWINAZE	J9019	YES	LDD	
Oncology - Injectable	EVOMELA	J9245	NO	CVS/Caremark®	800-237-2767
Oncology - Injectable	FOLOTYN	J9307	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	FUSILEV	J0641	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	GAZYVA	J9301	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	HALAVEN	J9179	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	HERCEPTIN	J9355	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	HERCEPTIN HYCLEA	J9356	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	IMFINZI	J9173	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	IMLYGIC	J9325	YES	LDD	
Oncology - Injectable	INFUGEM	J9199	YES	LDD	
Oncology - Injectable	INTRON A	J9214	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	ISTODAX	J9315	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	IXEMPRA	J9207	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	JEVTANA	J9043	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	KADCYLA	J9354	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	KANJINTI	Q5117	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	KEYTRUDA	J9271	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	KHAPZORY	J0642	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	KYPROLIS	J9047	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	LARTRUVO	J9285	YES	LDD	
Oncology - Injectable	LEVOLEUCOVORIN CALCIUM	J0641	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	LIBTAYO	J9119	YES	LDD	
Oncology - Injectable	LUMOXITI	J9313	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	MYLOTARG	J9203	YES	CVS/Caremark®	800-237-2767
Oncology - Injectable	MVASI	Q5107	YES	CVS/Caremark®	800-237-2767

Drug Therapy	Drug Name	Code	PA	Preferred Vendor	Contact Number
Oncology – Injectable	OGIVRI	Q5114	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	ONCASPAR	J9266	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	ONIVYDE	J9205	YES	LDD	
Oncology – Injectable	OPDIVO	J9299	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	PERJETA	J9306	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	POLIVY	J9309	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	PORTRAZZA	J9295	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	POTELIGEO	J9204	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	PROLEUKIN	J9015	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	RITUXAN	J9312	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	RITUXAN HYCLEA	J9311	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	ROMIDEPSIN	J9315	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	RUXIENCE	J9999	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	SYLATRON	J9999	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	SYLVANT	J2860	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	TECENTRIQ	J9022	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	TEPADINA	J9340	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	THYROGEN	J3240	NO	CVS/Caremark®	800-237-2767
Oncology – Injectable	TORISEL	J9330	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	TRAZIMERA	Q5116	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	TREANDA	J9033	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	TRUXIMA	Q5115	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	VALSTAR	J9357	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	VECTIBIX	J9303	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	VELCADE	J9041	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	VIDAZA	J9025	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	VUMON	Q2017	YES	LDD	
Oncology – Injectable	VYVXEOS	J9153	YES	LDD	
Oncology – Injectable	XGEVA	J0897	NO	CVS/Caremark®	800-237-2767
Oncology – Injectable	YERVOY	J9228	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	YONDELIS	J9352	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	ZALTRAP	J9400	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	ZIRABEV	Q5118	YES	CVS/Caremark®	800-237-2767
Oncology – Injectable	ZOMETA	J3489	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	DUROLANE	J7318	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	EUFLEXXA	J7323	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	GEL-ONE	J7326	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	GELSYN-3	J7328	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	GENVISC 850	J7320	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	HYALGAN	J7321	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	HYMOVIS	J7322	NO	CVS/Caremark®	800-237-2767

Drug Therapy	Drug Name	Code	PA	Preferred Vendor	Contact Number
Osteoarthritis	MONOVISC	J7327	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	ORTHOVISC	J7324	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	SUPARTZ	J7321	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	SYNOJOYNT	J7331	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	SYNVISC	J7325	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	TRILURON	J7332	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	TRIVISC	J7329	NO	CVS/Caremark®	800-237-2767
Osteoarthritis	VISCO-3	J7321	NO	CVS/Caremark®	800-237-2767
Osteoporosis	EVENITY	J3111	YES	CVS/Caremark®	800-237-2767
Osteoporosis	PROLIA	J0897	NO	CVS/Caremark®	800-237-2767
Osteoporosis	RECLAST	J3489	NO	CVS/Caremark®	800-237-2767
Osteoporosis	ZOLEDRONIC ACID_OST	J3489	NO	CVS/Caremark®	800-237-2767
Paroxysmal Nocturnal Hemoglobinuria	SOLIRIS	J1300	YES	CVS/Caremark®	800-237-2767
Polyneuropathy	ONPATTRO	J0222	YES	CVS/Caremark®	800-237-2767
Pre-Term Birth	HYDROXYPROGESTERONE CAPRO	J1729	YES	CVS/Caremark®	800-237-2767
Pre-Term Birth	MAKENA	J1726	YES	CVS/Caremark®	800-237-2767
Psoriasis	STELARA	J3358	YES	CVS/Caremark®	800-237-2767
Pulmonary Arterial Hypertension	EPOPROSTENOL	J1325	YES	CVS/Caremark®	800-237-2767
Pulmonary Arterial Hypertension	FLOLAN	J1325	YES	CVS/Caremark®	800-237-2767
Pulmonary Arterial Hypertension	REMODULIN	J3285	YES	CVS/Caremark®	800-237-2767
Pulmonary Arterial Hypertension	TREPROSTINIL	J3285	YES	CVS/Caremark®	800-237-2767
Pulmonary Arterial Hypertension	VELETRI	J1325	YES	CVS/Caremark®	800-237-2767
Rare Disorders	CRYSVITA	J0584	YES	CVS/Caremark®	800-237-2767
Rare Disorders	GAMIFANT	J9210	YES	CVS/Caremark®	800-237-2767
Rare Disorders	MEPSEVII	J3397	YES	LDD	
Rheumatoid Arthritis	ACTEMRA	J3262	YES	CVS/Caremark®	800-237-2767
Rheumatoid Arthritis	INFLECTRA	Q5103	YES	CVS/Caremark®	800-237-2767
Rheumatoid Arthritis	ORENCIA	J0129	YES	CVS/Caremark®	800-237-2767
Rheumatoid Arthritis	REMICADE	J1745	YES	CVS/Caremark®	800-237-2767
Rheumatoid Arthritis	SIMPONI	J1602	YES	CVS/Caremark®	800-237-2767
RSV	SYNAGIS	90378	YES	CVS/Caremark®	800-237-2767
Spinal Muscular Atrophy	SPINRAZA	J2326	YES	LDD	
Spinal Muscular Atrophy	ZOLGENSMA	J3590	YES	LDD	
Systemic Lupus Erythematosus	BENLYSTA	J0490	YES	CVS/Caremark®	800-237-2767
Thrombocytopenia	NPLATE	J2796	YES	CVS/Caremark®	800-237-2767

How to Acquire High Cost Medical Drugs on this List

For High Cost Medical Drugs available through LDD, please contact Health Alliance for more information at (800) 851-3379, option 4.

For High Cost Medical Drugs available through CVS/Caremark[®], please complete the [CVS/Caremark[®] Enrollment Form](#) to expedite the acquisition process.

After determining the prescribed medication is on the High Cost Medical Drugs List, please submit preauthorization if required. Health Alliance may ask for lab values and chart notes to support the diagnosis. Health Alliance uses manufacturer recommendations and current literature in making coverage decisions. Health Alliance may ask for lab results if the patient has never been on the drug before, or if there has been an interruption in treatment. Ongoing cases with an existing regimen usually require additional chart documentation of how the treatment regimen is going, as well as possible lab verification, if applicable, to continue specialty therapy.

Process for receiving medication once authorized:

1. The Health Alliance Pharmacy Department will fax you notification of preauthorization, including the start and expiration date.
2. When you receive preauthorization from Health Alliance, please phone (800-237-2767), fax (800-323-2445), or E-Prescribe the prescription to CVS/Caremark[®] Specialty Pharmacy.
 - a. You can send in the prescription before the preauthorization is approved, but please note that this may cause a delay in shipment. **CVS/Caremark[®] will not ship any medication without verifying with Health Alliance that an approved preauthorization is on file.**
3. CVS/Caremark[®] Specialty Pharmacy will verify shipment information with the prescriber's office and contact the patient to verify payment.
4. CVS/Caremark[®] Specialty Pharmacy will reach out to your office 5-7 days prior to the next infusion date. CVS/Caremark[®] Specialty Pharmacy will also notify the provider if the prescription has expired.
5. When the preauthorization for the prescription has expired, you must submit a new request for preauthorization through Health Alliance. Health Alliance may ask once again for lab values and/or chart notes to continue coverage for the therapy, and the process will start over again.

Under special circumstances, if you have approval to stock a specialty medication, the reimbursement will be the Health Alliance specialty rate plus/minus the patient's copayment or coinsurance. You are responsible for collecting the copayment or coinsurance.