

## High Cost Medical Drugs List

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.”

This drug list does not apply to members with Medicare coverage. Information on how to acquire these medications is located at the end of this document.

### Recent Updates

Drug Therapy	Drug Name	Code	PA	Effective	Preferred Vendor	Contact Number	Change
Alzheimer’s Disease	ADUHELM	MSC	YES	7/1/2021	CVS/Caremark®	800-237-2767	Added
Central Precocious Puberty (CPP)	FENSOLVI	J1950	YES	7/1/2021	CVS/Caremark®	800-237-2767	Added
Oncology – Injectable	MARGENZA	J9353	YES	7/1/2021	CVS/Caremark®	800-237-2767	Added
Oncology – Injectable	PHESGO	J9316	YES	7/1/2021	CVS/Caremark®	800-237-2767	Added
Oncology – Injectable	RIABNI	Q5123	YES	7/1/2021	CVS/Caremark®	800-237-2767	Added
Oncology – Injectable	SARCLISA	J9227	YES	7/1/2021	CVS/Caremark®	800-237-2767	Added
Oncology – Injectable	ZEPZELCA	J9223	YES	7/1/2021	CVS/Caremark®	800-237-2767	Added

### High Cost Medical Drug List

Drug Therapy	Drug Name	Code	PA	Effective	Preferred Vendor	Contact Number
Acromegaly	SANDOSTATIN	J2353	YES	7/1/2020	CVS/Caremark®	800-237-2767
Acromegaly	SOMATULINE	J1930	YES	7/1/2020	CVS/Caremark®	800-237-2767
Additional Products	JETREA	J7316	YES	7/1/2020	LDD	
Additional Products	PROLASTIN	J0256	YES	7/1/2020	LDD	
Additional Products	QUTENZA	J7336	NO	7/1/2020	LDD	
Additional Products	REVCIVI	J3590	YES	7/1/2020	LDD	
Additional Products	RADICAVA	J1301	YES	7/1/2020	CVS/Caremark®	800-237-2767
Additional Products	SIGNIFOR	J2502	YES	7/1/2020	Accredo®	866-759-1557
Additional Products	SPRAVATO	J3490	YES	7/1/2020	CVS/Caremark®	800-237-2767
Additional Products	STRENSIQ	J3590	YES	7/1/2020	LDD	
Additional Products	THIOTEPA	J9340	YES	7/1/2020	CVS/Caremark®	800-237-2767
Allergic Asthma	CINQAIR	J2786	YES	7/1/2020	CVS/Caremark®	800-237-2767
Allergic Asthma	FASENRA	J0517	YES	7/1/2020	CVS/Caremark®	800-237-2767
Allergic Asthma	NUCALA	J2182	YES	7/1/2020	CVS/Caremark®	800-237-2767
Allergic Asthma	XOLAIR	J2357	YES	7/1/2020	CVS/Caremark®	800-237-2767
Alpha-1 Antitrypsin Deficiency	ARALAST NP	J0256	YES	7/1/2020	CVS/Caremark®	800-237-2767
Alpha-1 Antitrypsin Deficiency	GLASSIA	J0257	YES	7/1/2020	CVS/Caremark®	800-237-2767

Drug Therapy	Drug Name	Code	PA	Effective	Preferred Vendor	Contact Number
Alpha-1 Antitrypsin Deficiency	ZEMAIRA	J0256	YES	7/1/2020	CVS/Caremark®	800-237-2767
Alzheimer's Disease	ADUHELM	MSC	YES	7/1/2021	CVS/Caremark®	800-237-2767
Anemia	ARANESP	J0881 J0882	NO	7/1/2020	CVS/Caremark®	800-237-2767
Anemia	EPOGEN	J0885 Q4081	NO	7/1/2020	CVS/Caremark®	800-237-2767
Anemia	MIRCERA	J0887 J0888	NO	7/1/2020	LDD	
Anemia	PROCRIT	J0885 Q4081	NO	7/1/2020	CVS/Caremark®	800-237-2767
Anemia	RETACRIT	Q5105 Q5106	NO	7/1/2020	CVS/Caremark®	800-237-2767
Atypical Hemolytic Uremic Syndrome	ULTOMIRIS	J1303	YES	7/1/2020	CVS/Caremark®	800-237-2767
Botulinum Toxins	BOTOX	J0585	YES	7/1/2020	CVS/Caremark®	800-237-2767
Botulinum Toxins	DYSPOBT	J0586	YES	7/1/2020	CVS/Caremark®	800-237-2767
Botulinum Toxins	MYOBLOC	J0587	YES	7/1/2020	CVS/Caremark®	800-237-2767
Botulinum Toxins	XEOMIN	J0588	YES	7/1/2020	CVS/Caremark®	800-237-2767
Central Precocious Puberty (CPP)	FENSOLVI	J1950	YES	7/1/2021	CVS/Caremark®	800-237-2767
Dupuytren's Contracture, Peyronie's Disease	XIAFLEX	J0775	YES	7/1/2020	US Bioservices®	888-518-7246
Gout	KRYSTEXXA	J2507	YES	7/1/2020	CVS/Caremark®	800-237-2767
Hematopoietics	MOZOBIL	J2562	YES	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	ADVATE	J7192	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	ADYNOVATE	J7207	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	AFSTYLA	J7210	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	ALPHANATE	J7186 J7190	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	ALPHANINE SD	J7193	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	ALPROLIX	J7201	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	BEBULIN	J7194	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	BENEFIX	J7195	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	COAGADEX	J7175	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	CORIFACT	J7180	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	ELOCTATE	J7205	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	FEIBA	J7198	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	FIBRYGA	J7177	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	HELIXATE FS	J7192	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	HEMLIBRA	J7170	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	HEMOPIL M	J7190	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	HUMATE-P	J7187	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	IDELVION	J7202	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	IXINITY	J7195	NO	7/1/2020	CVS/Caremark®	800-237-2767

Drug Therapy	Drug Name	Code	PA	Effective	Preferred Vendor	Contact Number
Hemophilia	JIVI	J7208	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	KOATE	J7190	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	KOGENATE	J7192	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	KOVALTRY	J7211	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	MONOCLATE-P	J7190	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	MONONINE	J7193	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	NOVOEIGHT	J7182	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	NOVOSEVEN RT	J7189	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	NUWIQ	J7209	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	OBIZUR	J7188	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	PROFILNINE SD	J7194	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	REBINYN	J7203	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	RECOMBINATE	J7192	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	RIASTAP	J7178	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	RIXUBIS	J7200	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	STIMATE	J3490	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	TRETTEN	J7181	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	VONVENDI	J7179	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	WILATE	J7183	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hemophilia	XYNTHA	J7185	NO	7/1/2020	CVS/Caremark®	800-237-2767
Hereditary Angioedema	CINRYZE	J0598	YES	7/1/2020	CVS/Caremark®	800-237-2767
Hormonal Therapies	ELIGARD	J9217	YES	7/1/2020	CVS/Caremark®	800-237-2767
Hormonal Therapies	FIRMAGON	J9155	YES	7/1/2020	CVS/Caremark®	800-237-2767
Hormonal Therapies	LEUPROLIDE ACETATE	J1950 J9217	YES	7/1/2020	CVS/Caremark®	800-237-2767
Hormonal Therapies	LUPANETA PACK	J3490	YES	7/1/2020	CVS/Caremark®	800-237-2767
Hormonal Therapies	LUPRON DEPOT	J1950 J9217	YES	7/1/2020	CVS/Caremark®	800-237-2767
Hormonal Therapies	SUPPRELIN	J9226	YES	7/1/2020	CVS/Caremark®	800-237-2767
Hormonal Therapies	TRELSTAR	J3315	YES	7/1/2020	CVS/Caremark®	800-237-2767
Hormonal Therapies	TRIPTODUR	J3316	YES	7/1/2020	LDD	
Hormonal Therapies	VANTAS	J9225	YES	7/1/2020	CVS/Caremark®	800-237-2767
Hormonal Therapies	ZOLADEX	J9202	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	ASCENIV	J1599	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	BIVIGAM	J1556	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	CARIMUNE	J1566	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	CUTAQUIG	J3590	YES	7/1/2020	LDD	
I.V.I.G.	CYTOGAM	J0850	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	FLEBOGAMMA	J1572	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	GAMASTAN S/D	J1560	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	GAMMAGARD	J1569	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	GAMMAGARD S/D	J1566	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	GAMMAKED	J1561	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	GAMMAPLEX	J1557	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	GAMUNEX	J1561	YES	7/1/2020	CVS/Caremark®	800-237-2767

Drug Therapy	Drug Name	Code	PA	Effective	Preferred Vendor	Contact Number
I.V.I.G.	GAMUNEX-C	J1561	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	HIZENTRA	J1559	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	NABI-HB	90371	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	OCTAGAM	J1568	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	PANZYGA	J1599	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	PRIVIGEN	J1459	YES	7/1/2020	CVS/Caremark®	800-237-2767
I.V.I.G.	XEMBIFY	J1558	YES	7/1/2020	CVS/Caremark®	800-237-2767
Infectious Disease	ALFERON N	J9215	YES	7/1/2020	CVS/Caremark®	800-237-2767
Infectious Disease	TROGARZO	J1746	NO	7/1/2020	CVS/Caremark®	800-237-2767
Inflammatory Bowel Disease	CIMZIA	J0717	YES	7/1/2020	CVS/Caremark®	800-237-2767
Inflammatory Bowel Disease	ENTYVIO	J3380	YES	7/1/2020	CVS/Caremark®	800-237-2767
Inflammatory Bowel Disease	RENFLIXIS	Q5104	YES	7/1/2020	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	ALDURAZYME	J1931	YES	7/1/2020	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	CEREZYME	J1786	YES	7/1/2020	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	ELAPRASE	J1743	YES	7/1/2020	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	ELELYSO	J3060	YES	7/1/2020	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	FABRAZYME	J0180	YES	7/1/2020	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	KANUMA	J2840	YES	7/1/2020	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	LUMIZYME	J0221	YES	7/1/2020	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	NAGLAZYME	J1458	YES	7/1/2020	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	VIMIZIM	J1322	YES	7/1/2020	CVS/Caremark®	800-237-2767
Lysosomal Storage Diseases	VPRIV	J3385	YES	7/1/2020	CVS/Caremark®	800-237-2767
Multiple Sclerosis	LEMTRADA	J0202	YES	7/1/2020	CVS/Caremark®	800-237-2767
Multiple Sclerosis	OCREVUS	J2350	YES	7/1/2020	CVS/Caremark®	800-237-2767
Multiple Sclerosis	TYSABRI	J2323	YES	7/1/2020	CVS/Caremark®	800-237-2767
Neutropenia	FULPHILA	Q5108	NO	7/1/2020	CVS/Caremark®	800-237-2767
Neutropenia	LEUKINE	J2820	NO	7/1/2020	CVS/Caremark®	800-237-2767
Neutropenia	NEULASTA	J2505	NO	7/1/2020	CVS/Caremark®	800-237-2767
Neutropenia	NYVEPRIA	Q5122	NO	10/1/2020	CVS/Caremark®	800-237-2767
Neutropenia	UDENYCA	Q5111	NO	7/1/2020	CVS/Caremark®	800-237-2767
Neutropenia	ZIEXTENZO	Q5120	NO	7/1/2020	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	BEOVU	J0179	NO	7/1/2020	CVS/Caremark®	800-237-2767

Drug Therapy	Drug Name	Code	PA	Effective	Preferred Vendor	Contact Number
Ophthalmology Disorders	DURYSTA	J3490	NO	10/1/2020	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	EYLEA	J0178	NO	7/1/2020	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	ILUVIEN	J7313	NO	7/1/2020	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	LUCENTIS	J2778	NO	7/1/2020	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	LUXTURNA	J3398	YES	7/1/2020	Accredo®	866-759-1557
Ophthalmology Disorders	MACUGEN	J2503	NO	7/1/2020	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	OZURDEX	J7312	NO	7/1/2020	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	RETISERT	J7311	NO	7/1/2020	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	TEPEZZA	J3590	YES	8/1/2020	Accredo®	866-759-1557
Ophthalmology Disorders	VISUDYNE	J3396	NO	7/1/2020	CVS/Caremark®	800-237-2767
Ophthalmology Disorders	YUTIQ	J7314	NO	7/1/2020	US Bioservices®	888-518-7246
Oncology	ZOLEDRONIC ACID	J3489	NO	7/1/2020	CVS/Caremark®	800-237-2767
Oncology	TEMODAR	J9328	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology - Injectable	ADCETRIS	J9042	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology - Injectable	ALIQOPA	J9057	YES	7/1/2020	LDD	
Oncology - Injectable	ASPARLAS	J9118	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology - Injectable	ARZERRA	J9302	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	AZACITIDINE	J9025	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	BAVENCIO	J9023	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	BELEODAQ	J9032	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	BELRAPZO	J9036	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	BENDEKA	J9034	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	BESPONSA	J9229	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	BLINCYTO	J9039	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	BORTEZOMIB	J9044	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	CYRAMZA	J9308	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	DACOGEN	J0894	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	DARZALEX	J9145	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	ELZONRIS	J9269	YES	7/1/2020	LDD	
Oncology – Injectable	EMPLICITI	J9176	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	ENHERTU	J9358	YES	10/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	ERBITUX	J9055	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	ERWINAZE	J9019	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	EVOMELA	J9245	NO	7/1/2020	CVS/Caremark®	800-237-2767

Drug Therapy	Drug Name	Code	PA	Effective	Preferred Vendor	Contact Number
Oncology – Injectable	FOLOTYN	J9307	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	FUSILEV	J0641	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	GAZYVA	J9301	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	HALAVEN	J9179	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	HERCEPTIN	J9355	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	HERCEPTIN HYCLEA	J9356	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	HERZUMA	Q5113	YES	10/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	IMFINZI	J9173	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	IMLYGIC	J9325	YES	7/1/2020	LDD	
Oncology – Injectable	INFUGEM	J9198	YES	7/1/2020	LDD	
Oncology – Injectable	INTRON A	J9214	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	ISTODAX	J9315	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	IXEMPRA	J9207	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	JEVTANA	J9043	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	KADCYLA	J9354	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	KANJINTI	Q5117	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	KEYTRUDA	J9271	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	KHAPZORY	J0642	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	KYPROLIS	J9047	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	LEVOLEUCOVORIN CALCIUM	J0641	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	LIBTAYO	J9119	YES	7/1/2020	LDD	
Oncology – Injectable	LUMOXITI	J9313	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	MARGENZA	J9353	YES	7/1/2021	CVS/Caremark®	800-237-2767
Oncology – Injectable	MYLOTARG	J9203	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	MVASI	Q5107	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	OGIVRI	Q5114	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	ONCASPAR	J9266	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	ONIVYDE	J9205	YES	7/1/2020	US Bioservices®	888-518-7246
Oncology – Injectable	ONTRUZANT	Q5112	YES	10/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	OPDIVO	J9299	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	PADCEV	J9177	YES	10/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	PERJETA	J9306	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	PHESGO	J9316	YES	7/1/2021	CVS/Caremark®	800-237-2767
Oncology – Injectable	POLIVY	J9309	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	PORTRAZZA	J9295	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	POTELIGEO	J9204	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	PROLEUKIN	J9015	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	RIABNI	Q5123	YES	7/1/2021	CVS/Caremark®	800-237-2767
Oncology – Injectable	RITUXAN	J9312	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	RITUXAN HYCLEA	J9311	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	ROMIDEPSIN	J9315	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	RUXIENCE	J9999	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	SARCLISA	J9227	YES	7/1/2021	CVS/Caremark®	800-237-2767
Oncology – Injectable	SYLATRON	J9999	YES	7/1/2020	CVS/Caremark®	800-237-2767

Drug Therapy	Drug Name	Code	PA	Effective	Preferred Vendor	Contact Number
Oncology – Injectable	SYLVANT	J2860	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	TECENTRIQ	J9022	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	TEPADINA	J9340	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	THYROGEN	J3240	NO	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	TORISEL	J9330	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	TRAZIMERA	Q5116	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	TREANDA	J9033	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	TRUXIMA	Q5115	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	VALSTAR	J9357	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	VECTIBIX	J9303	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	VELCADE	J9041	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	VIDAZA	J9025	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	VYXEOS	J9153	YES	7/1/2020	LDD	
Oncology – Injectable	XGEVA	J0897	NO	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	YERVOY	J9228	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	YONDELIS	J9352	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	ZALTRAP	J9400	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	ZEPZELCA	J9223	YES	7/1/2021	CVS/Caremark®	800-237-2767
Oncology – Injectable	ZIRABEV	Q5118	YES	7/1/2020	CVS/Caremark®	800-237-2767
Oncology – Injectable	ZOMETA	J3489	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	DUROLANE	J7318	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	EUFLEXXA	J7323	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	GEL-ONE	J7326	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	GELSYN-3	J7328	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	GENVISC 850	J7320	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	HYALGAN	J7321	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	HYMOVIS	J7322	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	MONOVISC	J7327	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	ORTHOVISC	J7324	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	SUPARTZ	J7321	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	SYNVISC	J7325	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	TRILURON	J7332	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	TRIVISC	J7329	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoarthritis	VISCO-3	J7321	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoporosis	EVENITY	J3111	YES	7/1/2020	CVS/Caremark®	800-237-2767
Osteoporosis	PROLIA	J0897	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoporosis	RECLAST	J3489	NO	7/1/2020	CVS/Caremark®	800-237-2767
Osteoporosis	ZOLEDRONIC ACID_ OST	J3489	NO	7/1/2020	CVS/Caremark®	800-237-2767
Paroxysmal Nocturnal Hemoglobinuria	SOLIRIS	J1300	YES	7/1/2020	CVS/Caremark®	800-237-2767
Polyneuropathy	ONPATTRO	J0222	YES	7/1/2020	CVS/Caremark®	800-237-2767
Pre-Term Birth	HYDROXYPROGES TERONE CAPRO	J1729	YES	7/1/2020	CVS/Caremark®	800-237-2767
Pre-Term Birth	MAKENA	J1726	YES	7/1/2020	CVS/Caremark®	800-237-2767
Psoriasis	STELARA	J3358	YES	7/1/2020	CVS/Caremark®	800-237-2767

Drug Therapy	Drug Name	Code	PA	Effective	Preferred Vendor	Contact Number
Pulmonary Arterial Hypertension	EPOPROSTENOL	J1325	YES	7/1/2020	CVS/Caremark®	800-237-2767
Pulmonary Arterial Hypertension	FLOLAN	J1325	YES	7/1/2020	CVS/Caremark®	800-237-2767
Pulmonary Arterial Hypertension	REMODULIN	J3285	YES	7/1/2020	CVS/Caremark®	800-237-2767
Pulmonary Arterial Hypertension	TREPROSTINIL	J3285	YES	7/1/2020	CVS/Caremark®	800-237-2767
Pulmonary Arterial Hypertension	VELETRI	J1325	YES	7/1/2020	CVS/Caremark®	800-237-2767
Rare Disorders	CRYSVITA	J0584	YES	7/1/2020	CVS/Caremark®	800-237-2767
Rare Disorders	GAMIFANT	J9210	YES	7/1/2020	CVS/Caremark®	800-237-2767
Rare Disorders	MEPSEVII	J3397	YES	7/1/2020	Accredo®	866-759-1557
Rheumatoid Arthritis	ACTEMRA	J3262	YES	7/1/2020	CVS/Caremark®	800-237-2767
Rheumatoid Arthritis	AVOSLA	Q5121	YES	7/1/2020	CVS/Caremark®	800-237-2767
Rheumatoid Arthritis	INFLECTRA	Q5103	YES	7/1/2020	CVS/Caremark®	800-237-2767
Rheumatoid Arthritis	ORENCIA	J0129	YES	7/1/2020	CVS/Caremark®	800-237-2767
Rheumatoid Arthritis	REMICADE	J1745	YES	7/1/2020	CVS/Caremark®	800-237-2767
Rheumatoid Arthritis	SIMPONI	J1602	YES	7/1/2020	CVS/Caremark®	800-237-2767
RSV	SYNAGIS	90378	YES	7/1/2020	CVS/Caremark®	800-237-2767
Sickle Cell Disease	ADAKVEO	J0791	YES	10/1/2020	CVS/Caremark®	800-237-2767
Spinal Muscular Atrophy	SPINRAZA	J2326	YES	7/1/2020	Accredo®	866-759-1557
Spinal Muscular Atrophy	ZOLGENSMA	J3399	YES	7/1/2020	Accredo®	866-759-1557
Systemic Lupus Erythematosus	BENLYSTA	J0490	YES	7/1/2020	CVS/Caremark®	800-237-2767
Thrombocytopenia	NPLATE	J2796	YES	7/1/2020	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.