# PeopleSafe - Specialty Pharmacy (CTS - Caremark Therapeutic Pharmacy Services) Call Handling

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**Description:** Procedures when handling requests for CVS Specialty Pharmacy, commonly known as “Specialty Pharmacy.” CVS Specialty Pharmacy dispenses medications that help members manage rare and complex health conditions. Specialty drugs are sometimes referred to as biologics and are most commonly injectable medications that treat chronic disease states such as rheumatoid arthritis, growth hormone deficiencies, etcetera.

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| Caremark Specialty Pharmacy Plan Provisions |

Like CVS Pharmacy, CVS Specialty Pharmacy is a separate company from CVS Caremark. For member privacy and security, we cannot access records or accounts of CVS Specialty Pharmacy.

Many Mail Order pharmacy clients have a Specialty component for their prescription plan structure. Eligibility can be determined by referencing the **Specialty Rx** field, located under the Specialty Plan Design Highlights section of the client CIF.



Most Mail Order clients who have a Specialty component have the following general plan provisions:

* **MED D:** Review the CIF to determine if the client allows a 90-day supply.
* 30-day maximum supply per disbursement (fill)
* Placed on a “retail lockout” (not covered at retail and must be filled by our Specialty Pharmacy division)
* May be placed on a copay tier unique to specialty drugs.

**Example:** A client may have one tier for generics, a second for preferred brand drugs, a third for non-preferred drugs and a fourth for specialty medications.

Another unique provision, CVS Specialty Pharmacy can bill both Medical and Prescription benefits:

Test claims reject message reflects “Bill To Medical.”

* If caller states or ask specific question to be able to bill both plan benefits, previous Specialty claims reflects COB (Coordination of Benefits) processing details, CIF states “dual benefits.”

**Note:** If the above applies and the caller has no further questions you can assist with; warm conference/transfer to Specialty Customer Care.

Test Claims rejects for Reject 76: Plan Limitations Exceeded for an unbreakable packaged medication. Specialty Medications with this rejection should be warm transferred to the Senior Team for assistance.

**Reminder:** Our member’s Plan Design questions/concerns are handled by CVS/Caremark (or if not our member, their PBM), **NOT** by Specialty Pharmacy. If a member is calling about a Plan Design question/concern, assist them. Once Plan Design concerns are resolved, if the member needs to fill a medication at CVS Specialty Pharmacy, transfer the caller to them for further assistance.

**After Hours:** If Specialty is closed, please provide the member with the department’s phone number and operational hours.

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| Specialty Prior Authorization and Exception |

Provide the phone number listed in the rejection and perform a warm transfer to the Specialty Prior Authorization department at **1-866-814-5506** unless stated otherwise in the CIF.

**Hours of Operation:**

Monday – Friday: 8 am to 6 pm CT.

Weekends: Closed

Internal Contact **Only**: (Do not disclose): 1-855-890-0347

Do **not** submit ePA for specialty drugs.

**MED D Beneficiaries:** Refer to [MED D - Coverage Determinations and Redeterminations (Appeals) Landing Page (004825)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1e7d7ad7-e1c1-4fa1-8258-215a1c0ff32b).

**Note:**  Specialty Pharmacy does not handle calls for prior authorizations. Specialty Customer Care can answer questions about prior authorization status but cannot initiate a prior authorization.

 I will transfer you over to Specialty Customer Care for further assistance.

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| Caremark Specialty Pharmacy Requests |

CVS Specialty Pharmacy Customer Care **1-(800)-237-2767**.

**Hours of Operation:**

Monday - Friday: 6:30 am to 8 pm CT

Saturday: 8 am to 3 pm CT

Sunday: Closed

**After Hours:** If Specialty is closed, provide the member with the department’s phone number as well as operational hours.

 I will transfer you over to our Specialty Pharmacy for further assistance.

If the client is **Carefirst**, warm transfer to Specialty per the number in their CIF **1-855-264-3237**.

**MED D Beneficiaries:** Refer to [MED D - Coverage Determinations and Redeterminations (Appeals)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1e7d7ad7-e1c1-4fa1-8258-215a1c0ff32b) (004825).

Repatha, Praluent, and Botox are **not** dispensed by CVS Specialty Pharmacy (CTS).  They are only filled by local CVS or other network retail pharmacies. If a test claim shows a rejection, follow the proper rejection process to assist member with plan coverage of medication. To fill the medication, member will need to work with their retail pharmacy. Refer to [PeopleSafe - Medications Not Available via Home Delivery/Mail Order (026885)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c46dd06b-3aa7-427e-a8b2-004a4d094c16).

**Compounds:**  CVSSpecialty Pharmacy is not a compounding pharmacy, however in some special circumstances a medication can be reformulated, sometimes referred to as compounding.

**Example:** Medications typically in pill form but may be needed as an injectable for patients with trouble swallowing or as an oral suspension with flavoring added for infants/toddlers. Contact the Specialty Pharmacy to confirm if the compound medication can be dispensed.

**Note:** Copay Cards can be accepted at CVS Specialty Pharmacy and are not plan design related. CVS Specialty Pharmacy can answer questions related to the use of Copay Cards with their medication fills.

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| Benefits of Specialty Pharmacy |

Specialty Pharmacy (CVS Therapeutic Pharmacy Services) is a division of CVS Health, which provides homecare pharmacy services and therapy to members with chronic or genetic disease states. The program optimally manages the fastest-growing cost sector of the pharmaceutical industry by managing inventory, handling prescriptions, and providing overnight delivery.

The Specialty Starter fill program limits the quantity dispensed for targeted therapies to a 14 or 15 day supply based on product packaging. The program targets high cost therapies that demonstrate poor tolerability due to adverse effects.

Specialty Pharmacy provides injectable Biotech drugs for the following disease states and has highly trained pharmacists skilled in these rare, low incidence therapeutic areas. A list of medications available through Specialty Pharmacy is also available. Refer to [[Specialty Drug Reference Table - Includes Limited Distribution Drugs (LDD) (004448)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8239b47a-27ed-48bd-babe-f67c7dd0bb6d).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8239b47a-27ed-48bd-babe-f67c7dd0bb6d)

* Allergic Asthma
* Crohn's Disease
* Cystic Fibrosis
* Growth Hormone and Related Disorders
* Hematopoietic Disorders
* Hemophilia, Von Willebrand Disease, and associated Bleeding Disorders
* Hepatitis
* Hereditary Angioedema
* HIV
* Hormonal Disorders
* Immune Deficiencies and Related Disorders
* Infertility
* Lysosomal Storage Disorders
* Macular Degeneration
* Multiple Sclerosis
* Organ Transplant
* Oncology
* Osteoarthritis
* Osteoporosis
* Psoriasis
* Pulmonary Arterial Hypertension
* Pulmonary Disease
* Renal Disease
* Respiratory Syncytial Virus
* Rheumatoid Arthritis

**The benefits of Specialty Pharmacy include:**

**Convenience**

* Rapid turnaround time.
* Use of single delivery system for dispensing.
* Prescriptions are delivered directly to the patient or doctor's office eliminating the need to make trips to the local pharmacy.
* Coordinates home infusion and tube feeding therapy provided by **Coram,** a part of our business that sends medical professionals to members’ homes to provide these services. Coram has more than 35 years of experience and they are the only national home infusion provider accredited by The Joint Commission.

**Savings**

* Manages utilization of chronic, low incidence, high-cost illnesses
* Expertise in the management of rare, but costly diseases
* Due to the high volume of patients cared for through the Specialty Pharmacy, we can offer discounts on some of the highest-cost drugs in the marketplace.
* Some Plans may have a Specialty Copay card program, or PrudentRx listed refer to [CVS Specialty Copay Plan Design Strategies (113263)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=40a923d2-74fb-47db-8ae6-d150fcb77e1f).

**Safety**

* + - Specialty Pharmacy supplies all necessary supplies and an EPA approved system for hazardous waste disposal of related supplies.
    - If a Declaration of Emergency is issued affecting a Specialty Medication member, the Specialty team will reach out to members affected concerning their order.

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| Customer Care Support Process |

**Note:** Run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) using NPI # **1134100134** for Specialty medications, making sure to read the estimated copay disclaimer.

 Do not transfer the call to Specialty for Plan Design information, as they do not have access to this information.

Review the CIF for Specialty Plan Design Highlights to review any client specific process for Specialty medications.

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Determine if caller has a question about a Specialty medication and if the member is currently receiving Specialty medications from the CVS Specialty Pharmacy. | |
| **If the member…** | **Then…** |
| Has questions about a Specialty Prior Authorization | Warm transfer to the number listed in the test claim rejection.  If no number is listed in the rejection, warm transfer to the Specialty Prior Authorization department at **1-866-814-5506** unless stated otherwise in the CIF. |
| Is currently receiving medications from the Specialty Pharmacy and has a clinical question  **OR**  Has questions regarding the enrollment process, status, change of delivery, or payment of a Specialty order | Warm transferthe call to Specialty for any further information and to set up the account.  **After Hours:** If Specialty is closed, provide the member with the department’s phone number and operational hours.  **Exception**: If the client is Carefirst **warm** transfer the call to **1-855-264-3237**.  I am reaching out to a Specialty Pharmacy representative for assistance with your therapy; it may take me a few minutes to reach them. I will be providing your information, so the representative is prepared to assist you. I will check back with you within 5 minutes to update you; unless you would prefer that I check back with you every few minutes?   For your future reference, the phone number for Specialty Pharmacy Customer Care is **1-800-237-2767** (CareFirst **1-855-264-3237**). |
| Needs a Test Claim for a Specialty drug | Refer to [Specialty Test Claims](#_Specialty_Test_Claims:) section. |
| **Note:** If a member wants to pick up their Specialty medications at a local retail pharmacy, the Specialty department will review the benefits for the member’s plan. If allowed, Specialty determines if the medication can be shipped to a local retail pharmacy and if that local retail pharmacy will be able to handle the Specialty medication until picked up by the member. | |

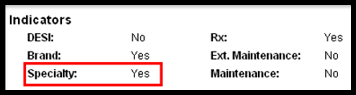
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| Identifying Specialty Drugs |

There are two ways to identify Specialty drugs:

* + Access the Drug Details screen and review the Specialtydrug indicator.





**OR**

* + Run a [Test Claim](#_Specialty_Test_Claims:) then click on **View Settlement Codes** to view the screen that states, “Product Selected is a Specialty Drug.”

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| Specialty Test Claims |

**Customer Care** is permitted to discuss Specialty drug coverage and pricing.

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Ask the member if they are currently enrolled in the Specialty program. | |
| **If…** | **Then…** |
| Yes | Proceed to the next step. |
| No, but the member has Specialty related questions, and no test claim is needed and/or no plan specific information is required | * Do not transfer to Specialty for Plan Design information. * Warm transfer the call to Specialty for further information and to set up the account.   **Exception**: If the client is Carefirst **warm** transfer to **1-855-264-3237**.  I am reaching out to a Specialty Pharmacy representative for assistance with your therapy; it may take me a few minutes to reach them. I will be providing your information, so the representative is prepared to assist you. I will check back with you within 5 minutes to update you; unless you would prefer that I check back with you every few minutes? |
| **2** | Identify if a Test Claim is needed and what the cost would be for the Specialty drug. | |
| **If…** | **Then…** |
| Yes, and the member needs a Test Claim performed | Proceed to the next step. |
| No, the member has Specialty related questions and no **test** claim or plan specific information is needed | Warm transfer the call to Specialtyfor further information and to set up the account.  If Specialty is closed, please provide the member with the department’s phone number as well as operational hours.  **Exception**: If the client is Carefirst **warm** transfer to **1-855-264-3237**.  I am reaching out to a Specialty Pharmacy representative for assistance with your therapy; it may take me a few minutes to reach them. I will be providing your information, so the representative is prepared to assist you. I will check back with you within 5 minutes to update you; unless you would prefer that I check back with you every few minutes?   For your future reference, the phone number for Specialty Pharmacy Customer Care is **1-800-237-2767** (CareFirst **1-855-264-3237**). For your future reference, the phone number for Specialty Pharmacy Customer Care is 1-800-237-2767 (CareFirst 1-855-264-3237). |
| **3** | 1. Run a Test Claim for the medication in question as follows:  * Use the NPI # **1134100134** * Limit the days’ supply to 30 or less, unless otherwise specified on the [reference table below](#_Specialty_Drug_Quantities). * Refer to the reference table [Specialty Drug Quantities for Test Claims](#_Specialty_Drug_Quantities) to determine the proper quantity to use in the Test Claim.  1. Review the Test Claim.  * If it processes, then provide the member with the information including the estimated copay amount.   State the pricing disclaimer. Do not transfer to Specialty for Plan Design information.   * If it denies, then provide the customer with details on denial as well as any [Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c)and/or plan benefit overridesinformation. If an override is needed, refer to [Plan Benefit Overrides (PBO) CCR (024671)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f075340f-87ec-41b3-bdeb-16422d0fed0e).   For Medicare D beneficiaries only, if the Specialty medication requires a Prior Authorization or Exception refer to [MED D - Coverage Determination and Redetermination (Appeals) Landing page (004825).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1e7d7ad7-e1c1-4fa1-8258-215a1c0ff32b)   1. Assist with **all** Plan Design questions/concerns before transferring callers to CVS Specialty Pharmacy.   **Notes:**   * For Specialty medication Prior Authorizations and Exceptions provide the phone number listed in the rejection and warm transfer to that number. If no number is listed in the rejection, warm transfer to the Specialty Prior Authorization department at **1-866-814-5506** unless stated otherwise in the Client Information Form (CIF).      I will transfer you to our Specialty Prior Authorization team for further assistance.   * If there is an inquiry about patient assistance programs, warm transfer to [Specialty Customer Care](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad) (004378) for assistance.   **After Hours:** If Specialty is closed, provide the member with the department’s phone number as well as operational hours.  I am reaching out to a Specialty Pharmacy representative for assistance with your therapy; it may take me a few minutes to reach them. I will be providing your information, so the representative is prepared to assist you. I will check back with you within 5 minutes to update you; unless you would prefer that I check back with you every few minutes?   For your future reference, the phone number for Specialty Pharmacy Customer Care is **1-800-237-2767** (CareFirst **1-855-264-3237**). | |

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| Specialty Drug Quantities for Test Claims |

The following reference table provides the proper quantities for the most common Specialty medications. These amounts should be used when running Test Claims.

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| **Medication** | **Quantity** | **Days** | **Notes** |
| ACTIMMUNE | 24 | 28 |  |
| AFINITOR | 28 | 28 |  |
| AMEVIVE | 4 | 28 |  |
| ARANESP | 4 | 28 |  |
| ARIXTRA | 10 | 10 |  |
| AVONEX | 4 | 28 |  |
| BETASERON | 15 | 30 |  |
| CAVERJECT | 6 | 30 |  |
| CELLCEPT | 30 | 30 |  |
| CHORIONIC GONADOTROPIN/NOVAREL/HCG | 1 | 30 |  |
| COPAXONE | 1 | 30 |  |
| COPEGUS | 84 | 28 |  |
| DELATESTRYL | 1 | 5 |  |
| DEPO-TESTOSTERONE | 1 | 28 |  |
| DUPIXENT | 4ml | 28 |  |
| DYSPORT | 1 | 30 |  |
| ELIGARD | 1 | 90 |  |
| ELIGARD | 1 | 120 |  |
| ELIGARD | 1 | 180 |  |
| ENBREL 8/25MG | 8 | 28 |  |
| ENBREL 50MG PFS | 3.92 | 28 |  |
| ENBREL 50MG PFS | 11.76 | 84 |  |
| EPOGEN (10,000 UNITS) | 4 | 28 |  |
| EUFLEXXA | 6 | 30 |  |
| EXTAVIA | 15 | 30 |  |
| FORTEO | 2.4 | 30 |  |
| FORTEO | 7.2 | 90 |  |
| FRAGMIN | 8 | 28 |  |
| FUZEON | 1 | 28 |  |
| GARDASIL | 1 | 28 |  |
| GESTIVA | 1 | 30 |  |
| GLEEVEC | 120 | 30 |  |
| HUMIRA | 2 | 28 |  |
| HYALGAN | 10 | 30 |  |
| HYCAMTIN | 10 | 30 |  |
| INFERGEN | 12 | 28 |  |
| INTRON-A | 12 | 28 |  |
| KINERET | 18.76 | 28 |  |
| LEUKINE | 14 | 28 |  |
| LOVENOX 30mg | 9 | 30 |  |
| LOVENOX 30mg | 18 | 90 |  |
| LOVENOX 100mg | 60 | 30 |  |
| LUCENTIS (ranibizumab) | 1 | 30 |  |
| LUPRON | 1 | 30 |  |
| LUPRON DEPOT | 1 | 30 |  |
| MACUGEN | 1 | 30 |  |
| METHOTREXATE | 4 | 28 |  |
| MYOBLOC | 1 | 30 |  |
| NEULASTA | 1 | 28 |  |
| NEUPOGEN | 10 | 10 |  |
| NORDITROPIN | (1.5 per cart) | 30 |  |
| NOVANTRONE | 1 | 30 |  |
| NUTROPIN AQ | (2 per cart) | 30 |  |
| ORENCIA | 3 | 28 |  |
| ORTHOVISC | 3 | 30 |  |
| ORTHOVISC BILATERAL | 6 | 30 |  |
| PEGASYS | 4 | 28 |  |
| PEG-INTRON | 4 | 28 |  |
| PROCRIT 10,000 UNITS | 4 | 28 |  |
| PROLIA | 1 | 180 |  |
| PROMACTA | 30 | 30 |  |
| PULMOZYME | 75 | 30 |  |
| RAPTIVA | 4 | 28 |  |
| REBETOL | 84 | 28 |  |
| REBETRON | 2 | 28 |  |
| REBIF | 12 | 30 |  |
| RECLAST | 100 | 30 |  |
| REMICADE | 3 | 30 |  |
| RHOGAM | 1 | 28 |  |
| RITUXAN | 4 | 28 |  |
| SANDOSTATIN | 1 | 30 |  |
| SANDOSTATIN LAR DEPOT | 1 | 30 |  |
| SENSIPAR | 30 | 30 |  |
| SEROSTIM | 28 | 28 |  |
| SIMPONI | 0.5 | 30 |  |
| SIMPONI | 1.5 | 90 |  |
| SPRYCEL (dasatinib) | 60 | 30 |  |
| STELARA | .05 | 30 |  |
| SUPARTZ | 12.5 | 30 |  |
| SUTENT | 30 | 30 |  |
| SYNVISC | 6 | 30 |  |
| TARCEVA | 30 | 30 |  |
| TEMODAR | 5 | 28 |  |
| THALOMID | 30 | 28 | Maximum dispense - 28 days |
| THYROGEN | 1 | 28 |  |
| TOBI | 280 | 30 |  |
| TRACLEER | 60 | 28 | DO NOT QUOTE |
| TREANDA | 1 | 30 |  |
| TRELSTAR | 1 | 30 |  |
| TYKERB | 150 | 30 |  |
| TYSABRI | 1 | 28 |  |
| VANTAS (histrelin implant) | 1 | 30 |  |
| VENOFER | 1 | 30 |  |
| VISUDYNE | 1 | 30 |  |
| XELODA | 56 | 14 |  |
| XIAFLEX | 1 | 30 |  |
| XOLAIR | 1 | 28 |  |
| ZOFRAN | 18 | 22 |  |
| ZOLADEX | 2 | 30 |  |
| ZOLADEX | 6 | 90 |  |
| ZOLINZA | 120 (1 bottle) | 30 |  |

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| Reject 76: Plan Limitations Exceeded |

Specialty drugs may require a Plan Limitations Override due to the Specialty Quantity Limit program.

At no time should a representative direct the pharmacy/pharmacist to the Prior Authorization department when the claims rejecting for **REJECT 76:  Plan Limitations Exceeded**for an unbreakable medication.

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| **Step** | **Action** | | | | |
| **1** | Review rejected claim. | | | | |
| **2** | Review the CIF to determine if Plan has any notes/restrictions on Day Supply for the Specialty medications. If CIF list any type of Day Supply limits/restrictions, AM/Client approval will be required.   * If Plan handles own overrides, follow plan’s directives found on CIF. * If claim rejects 70/75, PA must be submitted first.   **Note:** Not all Plans/Clients allows for Max Day Supply edits. | | | | |
| **3** | Scroll down to the claim message field. Determine if the claim is rejecting for **REJECT 76: Plan Limitations Exceeded or MAXIMUM DAYS SUPPLY – 30 or 90**: | | | | |
| **Drug** | **Generic Name** | **Directions** | **Approved Qty** | **Qty per Day** |
| OCREVUS VIA 300/10ML | OCRELIZUMAB | MAX DAY SUPPLY 168 | 2 VIALS PER 168 DAYS | 0.12 |
| PROLIA SOL 60MG/ML | DENOSUMAB | MAX DAY SUPPLY 168 or 180 | 1 SYRINGE PER 168 or 180 DAYS | 0.01 |
|  | | | | |
| ENTYVIO VIA 300MG | VEDOLIZUMAB | MAX DAY SUPPLY 56 | 1 VIAL EVERY 56 DAYS | 0.02 |
| FASENRA PEN INJ 30MG/ML | BENRALIZUMAB | MAX DAY SUPPLY 56 | 1 PEN EVERY 56 DAYS | 0.018 |
| FASENRA PFS INJ 30MG/ML | BENRALIZUMAB | MAX DAY SUPPLY 56 | 1 PFS EVERY 56 DAYS | 0.018 |
| INFLECTRA INJ 100MG | INFLIXIMAB-DYYB | MAX DAY SUPPLY 56 | 10 VIALS PER 28 DAYS | 0.36 |
| REMICADE INJ 100MG | INFLIXIMAB | MAX DAY SUPPLY 56 | 10 VIALS PER 28 DAYS | 0.36 |
| RENFLEXIS VIA 100MG | INFLIXIMAB-ABD | MAX DAY SUPPLY 56 | 10 VIALS PER 28 DAYS | 0.36 |
| SIMPONI ARIA SOL 50MG/4ML | GOLIMUMAB | MAX DAY SUPPLY 56 | 200MG EVERY 56 DAYS (BASED ON 100 KG PT) | 0.29 |
| STELARA PFS 90MG/ML | USTEKINUMAB | MAX DAY SUPPLY 56 | 1 PFS EVERY 56 DAYS | 0.02 |
| STELARA VIAL 130MG/26ML | USTEKINUMAB (IV) | MAX DAY SUPPLY 56 | 4 VIALS (520MG) x 1 DOSE PER 56 DAYS | 1.86 |
| TREMFYA PEN 100MG/ML | GUSELKUMAB | MAX DAY SUPPLY 56 | 1 PEN EVERY 56 DAYS | 0.02 |
| TREMFYA SYN 100MG/ML | GUSELKUMAB | MAX DAY SUPPLY 56 | 1 PFS EVERY 56 DAYS | 0.02 |
|  | | | | |
| ILUMYA 100MG/ML | TILDRAKIZUMAB-ASMN | MAX DAY SUPPLY 84 | 1 PFS EVERY 84 DAYS | 0.012 |
| SKYRIZI 150 DOSE SUBQ | RISANKIZUMAB-RZAA | MAX DAY SUPPLY 84 | 2 SYRINGES PER 12 WEEKS | 0.012 |
| STELARA PFS 45MG/0.5 | USTEKINUMAB | MAX DAY SUPPLY 84 | 1 SYRINGE EVERY 84 DAYS | 0.006 |
| STELARA VIA 45MG/0.5 | USTEKINUMAB | MAX DAY SUPPLY 84 | 1 VIAL EVERY 84 DAYS | 0.006 |
| **Notes:**   * + - The drug list above is updated internally. No medication changes can be suggested through feedback in theSource.     - The “Directions” column in the table above displays the **MAX** Day Supply.       * The prescribed day supply does not have to be that exact amount, as long as the Directions, Approved Quantity, and Quantity per Day are not exceeded for the prescribed strength and dose. | | | | |
| **If...** | **Then...** | | | |
| Yes | Determine if the medication is one of the below:   * + - ENTYVIO     - FASENRA     - ILUMYA     - INFLECTRA     - OCREVUS     - PROLIA     - REMICADE     - RENFLEXIS     - SIMPONI ARIA     - SKYRIZI     - STELARA     - TREMFYA | | | |
| **If…** | **Then**… | | |
| **Yes** | Warm conference/transfer caller to Senior Team for an override. | | |
| **No** | Explain to the pharmacy the medication is not on the Specialty Quantity Limit. | | |
| **No** | Continue to help the pharmacy resolve the rejection. | | | |

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| Related Documents |

[Log Activity/Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)

[Customer Care Abbreviations Definitions and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

**Parent Documents:**

[Customer Care Internal and External Call Handling CALL-0049](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

[Authenticating Callers CALL-0011](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011)

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