

## Biotech/Specialty injectables information for Flex Series, Personal Choice<sup>®</sup> HSA-qualified High Deductible Health Plan (HDHP), and Individual HMO products

For Flex Series, Personal Choice HSA-qualified HDHP, and Individual HMO members, *all listed brand injectables shown on the attached Biotech/Specialty Injectables List, and their generic equivalents, require preauthorization.* Additionally, certain Biotech/Specialty injectables require medical necessity review. Please refer to the *Biotech/Specialty Injectables List* to determine which injectables require medical necessity review.

### Procedures for ordering and billing Biotech/Specialty injectables:

- *All injectables shown on the attached Biotech/Specialty Injectables List and their generic equivalents must be preauthorized* through the Direct Ship Program administered by FutureScripts<sup>®</sup>. Please complete the Direct Ship Injectable form, and fax it to [215-761-9165](tel:215-761-9165).
- The Direct Ship Program administered by FutureScripts will facilitate shipping of the Biotech/Specialty injectable to your office for administration or to the member's home for self-administration.
- Biotech/Specialty injectables provided in the physician's office from a physician's supply are subject to applicable member cost-sharing, as follows:
  - For Flex Series products (HMO, POS, Direct POS, PPO) and Individual HMO programs, a copayment applies as described in the member's benefits.
  - For Personal Choice HSA-qualified HDHP members, deductible and coinsurance apply as described in the member's benefits.

You must notify the Direct Ship Program administered by FutureScripts prior to the administration of any Biotech/Specialty injectable.

- For Flex Series and Individual HMO products, do not collect a copayment for Biotech/Specialty injectables ordered through the Direct Ship Injectable Unit. The injectable vendor will bill the member for his or her Biotech/Specialty injectable copay. The physician must collect the Biotech/Specialty applicable copayment when providing any of the Biotech/Specialty injectables from his or her own supply.
- Failure to preauthorize any of the Biotech/Specialty injectables on the attached list will result in a claim denial. *Claims denied for failure to preauthorize are not billable to the member.*

Standard office-based injectables *not* shown on the *Biotech/Specialty Injectables List* should *not* be ordered through the Direct Ship Program. You may continue to bill standard injections, such as antibiotics and steroids, through the patient's medical plan (HMO, POS, Direct POS, or PPO).

If you have any questions concerning ordering injectables for members enrolled in these products, please call the Direct Ship Program administered by FutureScripts at [1-888-678-7012](tel:1-888-678-7012), option 3.

**Biotech/Specialty Injectables List (list subject to change)**

Effective July 1, 2008

*All listed brand injectables and their generic equivalents require preauthorization.*

Injectable product	Medical Necessity review required
<b>ANTICOAGULANT/LOW MOLECULAR WEIGHT HEPARIN AGENTS</b>	
Arixtra®	No
Fragmin®	No
Innohep®	No
Lovenox®	No
<b>ANTIRETROVIRAL AGENTS</b>	
Fuzeon®	No
<b>BOTULINUM TOXIN AGENTS</b>	
Botox®	Yes
Myobloc®	Yes
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>	
Apokyn®	No
Imitrex® Injection	No
<b>Vivitrol®*</b>	<b>No</b>
<b>ENDOCRINE/METABOLIC AGENTS</b>	
Eligard®	No
Faslodex®	No
Forteo™	Yes
Lupron®	No
Sandostatin LAR®	No
<b>Somatuline® Depot*</b>	<b>No</b>
Somavert®	No
<b>Supprelin® LA*</b>	<b>No</b>
Thyrogen®	No
Trelstar®	No
Vantas®	No
Viadur®	No
Zoladex®	No
<b>GROWTH HORMONES and related agents</b>	
Genotropin®	Yes
Humatrope®	Yes
Increlex™	Yes
Norditropin®	Yes

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<b>Injectable product</b>	<b>Medical Necessity review required</b>
<b>GROWTH HORMONES and related agents (cont.)</b>	
Nutropin <sup>®</sup> /Nutropin AQ <sup>®</sup>	Yes
Omnitrope <sup>®</sup>	Yes
Saizen <sup>®</sup>	Yes
Serostim <sup>®</sup> /Serostim LQ <sup>®</sup>	Yes
Tev-Tropin <sup>®</sup>	Yes
Zorbtive <sup>®</sup>	Yes
<b>HEMATOPOIETIC AGENTS</b>	
Aranesp <sup>®</sup>	No
Epogen <sup>®</sup>	No
Leukine <sup>®</sup>	No
Neulasta <sup>®</sup>	No
Neumega <sup>®</sup>	No
Neupogen <sup>®</sup>	No
Procrit <sup>®</sup>	No
<b>HEPATITIS/INTERFERON AGENTS</b>	
Actimmune <sup>®</sup>	No
Alferon N <sup>®</sup>	No
Infergen <sup>®</sup>	No
Intron-A <sup>®</sup>	No
Pegasys <sup>®</sup>	No
PEG-Intron <sup>®</sup>	No
Roferon-A <sup>®</sup>	No
<b>HYALURONATE AGENTS</b>	
Euflexxa <sup>™</sup>	Yes
Hyalgan <sup>®</sup>	Yes
Orthovisc <sup>®</sup>	Yes
Supartz <sup>®</sup>	Yes
Synvisc <sup>®</sup>	Yes
<b>IMMUNOLOGICAL MODIFIERS</b>	
Amevive <sup>®</sup>	Yes
Enbrel <sup>®</sup>	Yes

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<b>Injectable product</b>	<b>Medical Necessity review required</b>
<b>IMMUNOLOGICAL MODIFIERS (cont.)</b>	
Humira®	Yes
Kineret®	Yes
Raptiva®	Yes
<b>INTRA-OCULAR AGENTS</b>	
Lucentis®	No
Macugen®	No
Vitrasert®	No
<b>MULTIPLE SCLEROSIS AGENTS/INTERFERON BETA AGENTS</b>	
Avonex®	No
Betaseron®	No
Copaxone®	No
Rebif®	No
<b>RESPIRATORY AGENTS</b>	
Synagis®	Yes
Xolair®	Yes

\* Added to the Biotech/Specialty Injectables List, effective July 1, 2008.