To support the care provider/patient relationship in managing rare and complex chronic conditions, we require care providers who participate in UnitedHealthcare’s commercial health plans to follow specialty pharmacy requirements when obtaining certain specialty medications covered under the member’s medical benefit. To meet the requirements, you should order certain medications from the specialty pharmacies listed in the following table. The requirements don’t apply to UnitedHealthcare West members.

<table>
<thead>
<tr>
<th>Therapeutic Class</th>
<th>Brand Name</th>
<th>Specialty Pharmacy</th>
</tr>
</thead>
</table>
| Botulinum Toxin A and B        | Botox®, Dysport®, Myobloc®, Xeomin® | BriovaRx  
|                                 |                     | Phone: 855-242-2241  
|                                 |                     | Fax: 877-342-4596        |
| Enzyme Replacement Therapy     | Brineura™           | Orsini Pharmaceutical Services, LLC.  
|                                 |                     | Phone: 800-240-9572  
|                                 |                     | Fax: 847-427-7976 US Bioservices  
|                                 |                     | Phone: 888-518-7246  
|                                 |                     | Fax: 888-418-7246        |
| Gene Therapy                   | Luxturna™           | Accredo  
|                                 |                     | Phone: 877-222-7336  
|                                 |                     | Fax: 866-579-4655        |
| Immune Modulator               | Gamifant™           | Biologics, Inc.  
|                                 |                     | Phone: 800-850-4306  
|                                 |                     | Fax: 800-823-4506        |
| RSV Prevention                 | Synagis®            | BriovaRx  
|                                 |                     | Phone: 855-242-2241  
|                                 |                     | Fax: 877-342-4596        |
| Spinal Muscular Atrophy        | Spinraza™           | Accredo  
|                                 |                     | Phone: 877-222-7336  
|                                 |                     | Fax: 866-579-4655        |
| Spinal Muscular Atrophy        | Zolgensma®          | Orsini Pharmaceutical Services, LLC.  
|                                 |                     | Phone: 800-697-5048  
|                                 |                     | Fax: 877-471-5704        |
|                                 |                     | Accredo  
|                                 |                     | Customer Service Phone: 877-787-8704  
|                                 |                     | Clinician Phone: 800-987-5254  
|                                 |                     | Fax: 877-327-8413        |

**Enrollment Forms**
You’ll need to complete an enrollment form for your patient’s specialty medication needs. The forms are available at UHCprovider.com > Resource Library > Drug Lists and Pharmacy > Specialty Pharmacy Program > Enrollment Forms.

**Resources**
You can review the specialty pharmacy protocol in the 2019 UnitedHealthcare Care Provider Administrative Guide. If you have questions, please call BriovaRx Specialty Pharmacy at 855-242-2241.