

+ OUR PATIENTS COME FIRST!

Alivia Specialty Pharmacy is Puerto Rico's leading provider of specialized oncology products and the main supplier of specialized medicines in general, with coverage throughout the entire island. With more than 25 years of experience in medical care, we serve patients with chronic diseases and complex medical conditions. As part of the Alivia Network, we guarantee patients the best quality service in the market and stand as the ideal partner for medical groups and health plans.



SPECIALIZED PHARMACY

Our pharmacy offers a wide variety of medicines to treat chronic conditions, that that can be administered directly to the patient at the doctor's office or in the comfort of one's home. We work directly with medical plans to facilitate the authorization process, while also offering a patient support program to coordinate financial assistance or co-payment programs. We guide and monitor your treatment adherence with care, identifying and overcoming barriers throughout the entire process.

Some of the most common diagnosis are:

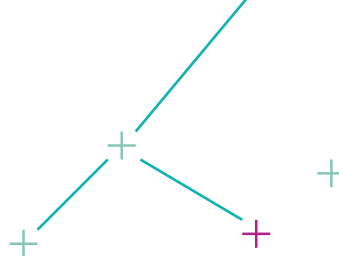
- | | |
|------------------------|----------------------|
| + Rheumatoid Arthritis | + Immunodeficiencies |
| + Cancer | + Osteoporosis |
| + Multiple sclerosis | + Transplants |
| + Hemophilia | + HIV/AIDS |
| + Hepatitis C | |

OUR ADVANTAGES

- 1 Our Case Managers work directly with your doctor and medical plan to assure that you receive the services ordered in the most timely manner.
- 2 Through clinical protocols, we take samples from relevant laboratories pertinent to your treatment as a safety measure, keeping careful watch for possible dangers, to obtain the best possible results.
- 3 Our pharmacy contains a wide inventory of medicines and materials handled by expert hands.
- 4 A group of doctor consultants specializing in infectious diseases and the management of skin lesions (amongst other conditions), are available to discuss your case whenever necessary.
- 5 We represent the best alternative care, at a lower cost, while always guaranteeing the highest quality of service.



SPECIALTY
PHARMACY



SDI# CPR402461207968731

Línea para Médicos

787.925.1999

Fax

787.925.1015

VARIOUS SPECIALTIES

Information required by medical plan for indicated therapies

SPECIALTY	MEDICINES	PA REQUIREMENTS	GENERAL DATA
Oncology	Multiple medicines	Stage of cancer, Pathology, notes of progress, X-rays.	Prescription with date, quantity, frequency & administration and diagnosis instructions (ICD10)
Gastroenterology (Crohn's Disease / Ulcerative colitis)	Humira® Renflexis® Cimiza® Simponi® Remicade® Entyvio® Inflectra® Stelara® Xeljanz®	Previous treatments, Diagnosis, Results of Tuberculin test or CAT scan at the discretion of the medical plan. The doctor may also request a Hepatitis B test.	Prescription with date, quantity, frequency & administration and diagnosis instructions (ICD10)
Gastroenterology (Hepatitis C)	Mavyret® Epclusa® Vosevi®	Diagnosis of chronic hepatitis C, genotype & if applicable, documentation of failed previous treatments. Documentation of status in renal failure and creatinine levels. In the case of transplant patients, documentation of viral load is required. Documentation of Hepatic Fibrosis status varies according to medical plan.	Prescription with date, quantity, frequency & administration and diagnosis instructions (ICD10)
Pneumology (Cystic Fibrosis)	Pulmozyne® Tobi®	Medical justification	Prescription with date, quantity, frequency & administration and diagnosis instructions (ICD10)
Pneumology (Asthma)	Nucala® Dupixent®	Medical justification, previous treatments.	Prescription with date, quantity, frequency & administration and diagnosis instructions (ICD10)
Neurology (Multiple sclerosis)	Avonex® Extavia® Betaseron® Gilenya® Copaxone® Rebif® Glatiramer® Ocrevus®	Diagnosis, MRI, justification of failure to previous therapies. **Some medical plans may request: a VDRL (syphilis) test, negative HIV test, documentation of Folate levels & B-12.	Prescription with date, quantity, frequency & administration and diagnosis instructions (ICD10)
Neurology (Botox)	Botox®	Medical justification, progress notes, MRI results depending on diagnosis .	Prescription with date, quantity, frequency & administration and diagnosis instructions (ICD10)
Dermatology (moderate to severe stages of Psoriasis, Psoriatic arthritis, Hidradenitis Suppurativa, Atopic Dermatitis)	Cimiza® Otezla® Cosentyx® Stelara® Dupixent® Simponi® Enbrel® Taltz® Humira® Siliq® Tremfya®	Documentation of previous treatments, Diagnosis, Tuberculin test results or CAT scan. At the discretion of the medical plan a Hepatitis B test may be requested.	Prescription with date, quantity, frequency & administration and diagnosis instructions (ICD10)

IMPORTANT

Every case must include the patient's demographic information and medical plan. These requirements are necessary for the doctors to properly evaluate the treatment. Without the required information, the medical plan will deny the requested therapy and with high possibility, pass the case on to an appeal process which can only be handled by the patient or the medical office with the specifications indicated by the plan. Thus, it is essential to submit the prescription with all the required information.

*The requirements described are those most commonly requested by the medical plans. They may vary depending on the determination of each insurer or pharmacy benefit administrator (PBM).