

Nebraska – Specialty Drug Access for Network Providers

Neb. Rev. Stat. § 44-4613

Who This Is For

This information is for pharmacies and dispensing providers enrolled in, or seeking enrollment in, CVS Caremark pharmacy networks that are requesting coverage for specialty drugs, including clinician-administered drugs, when a patient's benefit requires dispensing through a designated specialty pharmacy.

This information may also assist physician offices not contracted as a CVS Caremark network provider when seeking authorization to administer specialty drugs and bill the health plan when the patient's benefit requires dispensing through a designated pharmacy.

Requests may be initiated through CVS Caremark by:

- The network pharmacy, or pharmacy seeking network enrollment, or
- The attending health care provider on behalf of the patient when the provider is enrolled in CVS Caremark networks as a dispensing provider

Requests made by physician offices or pharmacies not contracted as a CVS Caremark network provider must be made directly to the patient's health plan via the contact information on the patient's benefits card.

For the Network Pharmacy: What to Do if a Claim Rejects

Step 1: Receive Claim Rejection

If you submit a claim for a specialty drug that is restricted to a designated specialty pharmacy, the claim may reject at point of sale. The reject message will direct you to contact the CVS Caremark Pharmacy Help Desk for next steps.

Step 2: Contact the Pharmacy Help Desk

Call the CVS Caremark Pharmacy Help Desk, which serves as the intake point for specialty drug exception requests under Nebraska law.

During the call, you or the prescriber may be asked to provide:

- Claim and drug information
- Clinical context
- The reason an exception is being requested under Neb. Rev. Stat. § 44-4613

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Step 3: Review and Determination

CVS Caremark reviews the request based on the patient's benefit design and Nebraska law. Depending on the plan and circumstances, this may include a real-time override or a coverage exception or appeal review. Some requests may require escalation based on client-specific plan configuration.

Step 4: Receive the Outcome

You will be informed of the determination and any next steps. If approved, you may proceed with dispensing consistent with the determination.

Anticipated Turnaround Time

When you request a specialty drug exception, CVS Caremark reviews the request with you through the Pharmacy Help Desk. Most requests are handled during the call, and in the majority of cases, the review is completed within about 10–15 minutes, as long as the required information is available and all criteria are met.

In some situations—such as when additional clinical review is needed or when plan-specific requirements apply—the request may require further review or escalation. When that happens, CVS Caremark completes the review as quickly as possible, consistent with Nebraska law.

Important Information for Pharmacies

- This process applies specifically to specialty drug access and exceptions in Nebraska and is not related to MAC pricing appeals.
- You do not waive any rights under Nebraska law by using this process.
- Either the pharmacy or the attending health care provider may initiate a request consistent with Neb. Rev. Stat. § 44-4613.