



ACCESS TO BALVERSA® (erdafitinib)

Specialty Distributors and Specialty Pharmacy Information Overview

- ASD Healthcare®* and Oncology Supply®* are Specialty Distributors for BALVERSA®
- CVS Specialty® is the only independent Specialty Pharmacy for BALVERSA®



Johnson & Johnson

Please [click here](#) to see full BALVERSA®
Prescribing Information.



BALVERSA® is restricted to the following Specialty Distributors and Specialty Pharmacy

Specialty Distributors	Phone	Fax	Email	Website
ASD Healthcare®	1.800.746.6273	1.800.547.9413	service@asdhealthcare.com	ASDHealthcare.com
Oncology Supply®	1.800.633.7555	1.800.248.8205	service@oncologysupply.com	OncologySupply.com

Some Specialty Pharmacies, such as those at the Veterans Administration or Integrated Health Systems, may have access to BALVERSA® through an authorized Specialty Distributor. Please contact ASD Healthcare® or Oncology Supply® for inquiries.

Renewals and new prescriptions can be called in to CVS Specialty® by phone, or sent by fax or ePrescribe.

Specialty Pharmacy	Phone	Fax	Website
CVS Specialty®	1.855.539.4712	1.888.435.1256	CVSSpecialty.com

New prescriptions can be called in to **CVS Specialty®** by phone (1.855.539.4712), or sent in by fax (1.888.435.1256), or patients can visit [CVSSpecialty.com](https://www.cvs.com/specialty) and click on Get Started. ePrescribe is available through **CVS Specialty®**, 800 Biermann Ct, Suite B, Mt Prospect, IL 60056. Patients can also drop a prescription off at any CVS Pharmacy location. It will be transferred to **CVS Specialty®** and a member of the **CVS Specialty®** CareTeam will contact the patient.

CVS Specialty® hours of operation: 8:00 AM–8:00 PM ET, Monday–Friday.

Resources

- **Sample Exception Letter**

(<https://www.janssencarepath.com/sites/www.janssencarepath.com/files/balversa-sample-exception-letter.docx>)

Each payer follows a different process when filing exceptions and appeals. Submit an exception letter when requesting an exception for BALVERSA®.

- **Sample Letter of Medical Necessity**

(<https://www.janssencarepath.com/sites/www.janssencarepath.com/files/balversa-sample-letter-of-medical-necessity.docx>)

Submit a letter to support the medical necessity of treatment with BALVERSA® either with the initial claim or when requesting reconsideration of a denied claim.