

Geisinger Health Plan Specialty Pharmacy Program Quick Reference Sheet

Step 1: Is this the first time using the Pharmacy Vendor for this Member?

- Yes and this is a new prescription, proceed to **Step 2**
- Yes and this is a refill that was previously authorized by the Health Plan, proceed to **Step 3**
- Yes and this is a refill for which there is not a current Health Plan authorization, proceed to **Step 2**
- No and this is a refill previously authorized by the Health Plan or it does not require authorization, nothing additional is required. Pharmacy Vendor will follow the refill instructions and deliver medication before the member runs out of medication.

Step 2: Determine if prior authorization is required on the applicable drug (see drug list below).

- If prior authorization is not required, proceed to **Step 3**
- If prior authorization is required, fax relevant clinical information and a completed Specialty Pharmacy Drug Request Form to the applicable Health Plan department identified below. Upon prior authorization approval the prescription will be forwarded to the applicable Pharmacy Vendor. Approval or denial notification will be distributed to the requesting provider.

Step 3: Fax a completed Specialty Pharmacy Drug Request Form to the Health Plan Pharmacy Department at **(570) 271-5610**.

Drugs included in Geisinger Health Plan Specialty Pharmacy Drug Program	Prior authorization required if marked. Contact the Medical Management Department at (800) 544-3907 option 2. Fax requests to: (570) 271-5534	Prior authorization required if marked. Contact the Pharmacy Department at (800) 988-4861. Fax requests to: (570) 271-5610	Drug required to be obtained through Pharmacy Vendor if marked. Complete Request Form
Actimmune		X	X
Antihemophilic Factors (given in a non-emergent outpatient setting)		X	X
Apokyn			X
Avonex		X	X
Betaseron			X
Cerezyme	X		Voluntary
Cimzia vials	X		Voluntary
Cimzia syringe		X	X
Copaxone			X
Enbrel		X	X
Euflexxa			Voluntary
Forteo		X	X
Fuzeon			X
Growth Hormone		X	X
Humira		X	X
Hycamtin oral			X
IVIG	X		Voluntary
Kineret		X	X
Letairis		X	X
Lupron Depot			Voluntary
Nexavar		X	X
N-Plate	X		Voluntary
Pegasys		X	X
PegIntron		X	X
Prialt	X		Voluntary
Promacta		X	X
Rebif		X	X
Remicade	X		Voluntary
Remodulin	X		Voluntary
Revlimid		X	X
Synagis	X		Voluntary
Synvisc			Voluntary
Synvisc One			Voluntary
Thyrogen			Voluntary
Tracleer		X	X
Tykerb		X	X
Tysabri	X		Voluntary
Ventavis		X	X
Vivitrol	X		Voluntary
Xolair (given in an office setting)	X		Voluntary

Raptiva has been removed from the market.

Please note: Approved Specialty Pharmacy Drug Request Forms received before 4:00 p.m. Monday through Friday will be forwarded to the appropriate Pharmacy Vendor that day. Each Pharmacy Vendor ensures drug delivery to the location specified on the form within four (4) Business Days. Do not contact the Pharmacy Vendor directly to request drugs included in this program. This list is subject to change. If the prescription indicated refills, the Pharmacy Vendor will coordinate refill delivery before the member runs out of medication.

Step 4: Upon receipt of medication, store medication in approved area and administer as prescribed.