



GHP Family Specialty Drug List/Procedure

Medical Management: Phone: (800) 544-3907 option 2 Fax: (570) 271-5534		Pharmacy Customer Service: Phone: (855) 552-6028 Fax: (570) 271-5610		
Drugs included in Geisinger Health Plan Specialty Pharmacy Drug Program	Prior Authorization required if marked. Contact the <u>Medical Management Department</u> .	Prior Authorization required if marked. Contact the <u>Pharmacy Department</u>	Specialty Pharmacy Provider Status per GHP	Pharmacy
ABILIFY MAINTENA	X		VOLUNTARY	CS, U, K, DI, BK
ABILIFY MYCITE		X	MANDATORY	K, DI, BK
ABIRATERONE ACETATE		X	MANDATORY	CS, U, K, B, DI, BK
ABRAXANE	X		VOLUNTARY	U, K, DI, BK
ACITRETIN		X	MANDATORY	CS, U, K, DI, BK
ACTEMRA	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	CS, U, K, DI, BK
ACTEMRA ACTPEN		X	MANDATORY	CS, U, K, DI, BK
ACTIMMUNE		X	MANDATORY	CV, WG
ADAKVEO		X	MANDATORY	U, K
ADASUVE		X	MANDATORY	DI
ADCETRIS	X		VOLUNTARY	U, DI
ADCIRCA		X	MANDATORY	CS, U, K, DI
ADEFOVIR DIPIVOXIL		X	MANDATORY	CS, U, K, DI
ADEMPAS		X	MANDATORY	AC, CV
ADVATE	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI

ADYNOVATE	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI
AFINITOR		X	MANDATORY	CS, U, K, B, DI, BK
AFINITOR DISPERZ		X	MANDATORY	CS, U, K, B, DI, BK
AFSTYLA	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI
AGRYLIN		X	MANDATORY	CS, U, K, DI
ALDURAZYME	X		VOLUNTARY	K, DI
ALECENSA		X	MANDATORY	CS, U, B, DI
ALFERON N	X		VOLUNTARY	DI
ALIMTA	X		VOLUNTARY	U, K, DI, BK
ALIQOPA	X		VOLUNTARY	DI
ALKERAN		X	VOLUNTARY	U, K, B, DI
ALPHANATE	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI
ALPHANINESD	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI
ALPROLIX	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	U, K, DI
ALUNBRIG		X	MANDATORY	CS, B
ALYQ		X	MANDATORY	K
AMBRISENTAN		X	MANDATORY	AC, CV
AMPYRA		X	MANDATORY	CS, U, DI
ANDEXXA	X		VOLUNTARY	DI
APOKYN		X	MANDATORY	AC, CV
ARALAST NP	X		MANDATORY	DI
ARANESP	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	CS, U, K, B, DI, BK
ARCALYST		X	MANDATORY	AC, CV
ARESTIN	X		MANDATORY	AC
ARIKAYCE		X	MANDATORY	K, DI
ARISTADA	X		VOLUNTARY	CS, U, K, DI, BK
ARRANON	X		VOLUNTARY	U, K, DI
ARSENIC TRIOXIDE			VOLUNTARY	U, K, B, DI
ARZERRA	X		VOLUNTARY	U, DI

ASCENIV		X	MANDATORY	CS, U, K
ASPARLAS		X	MANDATORY	U
AUBAGIO		X (7 MG ONLY)	MANDATORY	CS,DI
AUSTEDO		X	MANDATORY	CS, U, K, BK
AVASTIN	X		VOLUNTARY	CS, U, K, DI
AVONEX		X	MANDATORY	CS, U, K, DI, BK
AVONEX PEN		X	MANDATORY	CS, U, K, DI, BK
AZACITIDINE	X		MANDATORY	U, K, DI
BALVERSA		X	MANDATORY	U
BARACLUDE		X	MANDATORY	CS, U, K, DI
BAVENCIO	X		VOLUNTARY	B
BELEODAQ	X		VOLUNTARY	U, K
BENDEKA	X		VOLUNTARY	U, K, DI
BENEFIX	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI
BENLYSTA	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI
BEOVU		X	MANDATORY	U, K, DI, BK
BERINERT	X		MANDATORY	DI
BESPONSА	X		VOLUNTARY	B
BETASERON		X	MANDATORY	CS, U, K, DI, BK
BETHKIS		X	MANDATORY	CS, U, K, DI
BEVACIZUMAB	X	-	VOLUNTARY	CS, DI
BEXAROTENE		X	MANDATORY	CS, U, K, B, DI
BICNU	X		VOLUNTARY	U, K, DI
BIVIGAM	X		VOLUNTARY	U, K, DI
BLEOMYCIN SULFATE	X		VOLUNTARY	U, K, DI
BLINCYTO	X		VOLUNTARY	DI
BORTEZOMIB	X		VOLUNTARY	U, K, DI
BOSENTAN		X	MANDATORY	AC, CV, WG
BOSULIF		X	MANDATORY	CS, U, K, B, DI
BOTOX	X		VOLUNTARY	CS, U, K, DI, BK
BRAFTOVI		X	MANDATORY	U, B, DI
BRINEURA	X		VOLUNTARY	U, DI
BRUKINSA		X	MANDATORY	B
BUPHENYL		X	MANDATORY	U, DI
BUSULFAN	X		VOLUNTARY	U, DI

BUSULFEX	X		VOLUNTARY	U, K, DI
CABLIVI		X	MANDATORY	B
CABOMETYX		X	MANDATORY	CS, U, B, DI
CALQUENCE		X	MANDATORY	CS, B, DI
CAMPTOSAR	X		VOLUNTARY	U, K, DI
CAPECITABINE		X	MANDATORY	CS, U, K, B, DI, BK
CAPRELSA		X	MANDATORY	B
CARBAGLU		X	MANDATORY	AC
CARBOPLATIN		X	VOLUNTARY	U, K, DI, BK
CARMUSTINE	X		VOLUNTARY	U, K, DI
CAYSTON		X	MANDATORY	K
CEPROTIN	X		VOLUNTARY	AC, CV
CERDELGA		X	MANDATORY	CS, DI
CEREZYME	X		MANDATORY	DI
CHENODAL		X	MANDATORY	DO
CHOLBAM		X	MANDATORY	DO
CIMZIA	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	CS, U, K, DI, BK
CINACALCET HCL		X	MANDATORY	CS, U, K, DI
CINQAIR	X		MANDATORY	U, K
CINRYZE	X		MANDATORY	AC, CV
CISPLATIN	X		VOLUNTARY	U, K, DI, BK
CLADRIBINE	X		VOLUNTARY	U, K, DI
CLOFARABINE	X		VOLUNTARY	U, K, DI
CLOLAR	X		VOLUNTARY	U, K, DI
CLOVIQUE		X	MANDATORY	CS, U, K
COAGADEX	X		MANDATORY	DI
COMETRIQ		X	MANDATORY	DI
COPAXONE		X	MANDATORY	CS, U, K, DI, BK
COPIKTRA		X	MANDATORY	CS, U, B, DI
CORIFACT	X		VOLUNTARY	U, DI
COSENTYX (2 SYRINGES)		X	MANDATORY	CS, U, K, DI
COSENTYX PEN		X	MANDATORY	CS, U, K, DI
COSENTYX PEN (2 PENS)		X	MANDATORY	CS, U, K, DI
COSENTYX SYRINGE		X	MANDATORY	CS, U, K, DI
COSMEGEN	X		MANDATORY	U, K, DI
COTELLIC		X	MANDATORY	CS, U, B, DI

CRYSVITA	X		VOLUNTARY	AC, CV, PRX
CUPRIMINE		X	MANDATORY	CS, U, K, DI
CUVITRU	X		VOLUNTARY	DI
CYCLOPHOSPHAMIDE	X		VOLUNTARY	CS, U, K, B, DI, BK
CYRAMZA	X		VOLUNTARY	U, B, DI, BK
CYSTADANE		X	MANDATORY	DI
CYSTAGON		X	MANDATORY	CV
CYSTARAN		X	MANDATORY	WG
CYTARABINE	X		VOLUNTARY	U, K, DI
CYTOGAM	X		VOLUNTARY	U, K, DI
DACOGEN	X		VOLUNTARY	U, K, DI
DACTINOMYCIN	X		VOLUNTARY	U, K, DI
DALFAMPRIDINE ER		X	MANDATORY	U, K, DI
DARAPRIM		X	MANDATORY	OC
DARZALEX	X		VOLUNTARY	U, K, DI, BK
DAUNORUBICIN HCL	X		VOLUNTARY	U, K, DI
DAURISMO		X	MANDATORY	CS, U, K, B, DI
DECITABINE	X		VOLUNTARY	U, K, DI
DEFERASIROX		X	MANDATORY	CS, U, DI, BK
DEPEN		X	MANDATORY	CS, U, K, DI
DIACOMIT		X	MANDATORY	U
DIBENZYLIN		X	MANDATORY	U, K, DI
DOCETAXEL	X		VOLUNTARY	U, K, DI, BK
DOPTELET		X	MANDATORY	K, DI
DOXIL	X		VOLUNTARY	U, K, DI
DOXORUBICIN HCL LIPOSOME	X		VOLUNTARY	U, K, DI
D-PENAMINE		X	MANDATORY	U, DI
DUOPA	X		VOLUNTARY	AC
DUPIXENT		X	MANDATORY	CS, U, K, DI, BK
DYSPORT	X		VOLUNTARY	U, K, DI
EGRIFTA		X	MANDATORY	K
EGRIFTA SV		X	MANDATORY	CV, WG
ELAPRASE	X		VOLUNTARY	U, K, DI
ELELYSO	X		MANDATORY	K
ELIGARD		X	VOLUNTARY	CS, U, K, DI, BK
ELLENC	X		VOLUNTARY	U, K, DI

ELOCTATE	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY	U, K, DI
ELZONRIS	X		VOLUNTARY	DI
EMCYT		X	MANDATORY	U, K, DI
EMFLAZA		X	MANDATORY	AC
EMPLICITI	X		VOLUNTARY	U, K, DI
ENBREL		X	MANDATORY	CS, U, K, DI, BK
ENBREL MINI		X	MANDATORY	CS, U, K, DI, BK
ENBREL SURECLICK		X	MANDATORY	CS, U, K, DI, BK
ENDARI		X	MANDATORY	U
ENTECAVIR		X	MANDATORY	CS, U, K, DI
ENTYVIO	X		VOLUNTARY	CS, U, K, DI, BK
EPCLUSA		X	MANDATORY	CS, U, K, DI
EPIDIOLEX		X	MANDATORY	AC, CV, WG
EPIRUBICIN HCL	X		VOLUNTARY	U, K, DI
EPOGEN	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	CS, U, K, DI, BK
EPOPROSTENOL SODIUM	X		VOLUNTARY	AC, CV, CH
ERBITUX	X		VOLUNTARY	U, K, DI, BK
ERIVEDGE		X	MANDATORY	CS, U, K, B, DI
ERLEADA		X	MANDATORY	CS, U, K, B, DI
ERLOTINIB HCL		X	MANDATORY	CS, U, K, DI
ERWINAZE	X		VOLUNTARY	B
ESBRIET		X	MANDATORY	CS, K, DI
EVENITY	X		VOLUNTARY	CS, U, K, DI
EVENITY (2 SYRINGES)	X		VOLUNTARY	CS, U
EVEROLIMUS		X	MANDATORY	CS, U, K, B, DI, BK
EVOMELA	X		VOLUNTARY	U, K
EXJADE		X	MANDATORY	CS, U, DI, BK
EXONDYS 51	X		VOLUNTARY	OCR
EXTAVIA		X	MANDATORY	CS, U, K, DI
EYLEA	X		VOLUNTARY	AC, CV, WG
FABRAZYME	X		VOLUNTARY	K, DI
FARESTON		X	MANDATORY	U, K, B, DI
FARYDAK		X	MANDATORY	CS, U, K, B, DI, BK
FASENRA	X		VOLUNTARY	CS, U, K, DI
FASENRA PEN		X	MANDATORY	CS, U

FASLODEX			VOLUNTARY	CS, U, K, B, DI, BK
FEIBA NF	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	U, K, DI
FERRIPROX		X	MANDATORY	DO
FIRAZYR		X	MANDATORY	CS, U, K, DI
FIRDAPSE		X	MANDATORY	AN
FIRMAGON	X		VOLUNTARY	CS, U, K, DI
FLEBOGAMMA DIF	X		VOLUNTARY	U, K, DI
FOLAN	X		MANDATORY	AC
FLOXURIDINE			VOLUNTARY	U, K, DI
FLUDARABINE PHOSPHATE			VOLUNTARY	U, K, DI
FOLOTYN			VOLUNTARY	U, K, DI
FORTEO		X	MANDATORY	CS, U, K, DI
FULPHILA		X	MANDATORY	CS, U, K, DI, BK
FULVESTRANT			VOLUNTARY	CS, U, K, B, DI, BK
FUSILEV			VOLUNTARY	U, K, DI
GALAFOLD		X	MANDATORY	AC, WG
GAMASTAN		X	VOLUNTARY	U, K, DI
GAMASTAN S-D		X	VOLUNTARY	U, K, DI
GAMIFANT	X		VOLUNTARY	B
GAMMAGARD LIQUID	X		VOLUNTARY	U, K, DI, BK
GAMMAGARDS-D	X		VOLUNTARY	U, K, DI, BK
GAMMAKED	X		VOLUNTARY	U, K, DI
GAMMAPLEX	X		VOLUNTARY	U, K, DI
GAMUNEX-C	X		VOLUNTARY	U, K, DI
GATTEX		X	MANDATORY	AC, CV
GAZYVA	X		VOLUNTARY	U, K, DI
GEMCITABINE HCL	X		VOLUNTARY	U, K, DI, BK
GENOTROPIN		X	MANDATORY	CS, U, K, DI
GILENYA		X	MANDATORY	CS, U, K, DI, BK
GILOTRIF		X	MANDATORY	AC
GIVLAARI		X	MANDATORY	PRX
GLASSIA	X		MANDATORY	DI
GLATIRAMER ACETATE		X	MANDATORY	CS, U, K, DI, BK
GLATOPA		X	MANDATORY	CS, U, K, DI, BK
GLEEVEC		X	MANDATORY	CS, U, K, B, DI, BK
GLEOSTINE		X	MANDATORY	U, K, B, DI

GLIADEL	X		VOLUNTARY	U, K, DI
GOCOVRI		X	MANDATORY	WG
GRANIX	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	CS, U, K, DI
H.P. ACTHAR		X	MANDATORY	OCR
HAEGARDA		X	MANDATORY	DI
HALAVEN	X		VOLUNTARY	U, K, DI
HARVONI		X	MANDATORY	CS, U, K, DI
HEMLIBRA	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	U, DI
HEMOFILM	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI
HEPSERA		X	MANDATORY	CS, U, K, DI
HERCEPTIN HYLECTA	X		VOLUNTARY	U, B, DI
HETLIOZ		X	MANDATORY	DI
HIZENTRA	X		VOLUNTARY	U, K, DI
HUMATE-P	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI
HUMATROPE		X	MANDATORY	CS, U, K, DI, BK
HUMIRA		X	MANDATORY	CS, U, K, DI, BK
HUMIRA PEDIATRIC CROHN'S		X	MANDATORY	CS, U, K, DI, BK
HUMIRA PEN		X	MANDATORY	CS, U, K, DI, BK
HUMIRA PEN CROHN'S-UC-HS		X	MANDATORY	CS, U, K, DI, BK
HUMIRA PEN PSOR- UVEITS-ADOL HS		X	MANDATORY	CS, U, K, DI, BK
HUMIRA(CF)		X	MANDATORY	CS, U, K, DI, BK
HUMIRA(CF) PEDIATRIC CROHN'S		X	MANDATORY	CS, U, K, DI, BK
HUMIRA(CF) PEN		X	MANDATORY	CS, U, K, DI, BK
HUMIRA(CF) PEN CROHN'S-UC-HS		X	MANDATORY	CS, U, K, DI, BK
HUMIRA(CF) PEN PSOR- UV-ADOLHS		X	MANDATORY	CS, U, K, DI, BK
HYCANTIN		X	MANDATORY	CS, U, K, B, DI
HYDROXYPROGESTERONE CAPROATE			VOLUNTARY	CS, U, K, DI, BK
HYQVIA	X		VOLUNTARY	U, K, DI

HYQVIA IG COMPONENT	X		MANDATORY	K, DI
IBRANCE		X	MANDATORY	CS, U, K, B, DI
ICATIBANT		X	MANDATORY	CS, U, K
ICLUSIG		X	MANDATORY	A
IDAMYCIN PFS	X		VOLUNTARY	U, K, DI
IDARUBICIN HCL	X		VOLUNTARY	U, K, DI
IDELVION	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI
IDHIFA		X	MANDATORY	B, DI
IFEX	X		VOLUNTARY	U, K, DI
IFOSFAMIDE	X		VOLUNTARY	U, K, DI
ILARIS	X		MANDATORY	K
ILUMYA	X		MANDATORY	CS, U, K, DI
IMATINIB MESYLATE		X	MANDATORY	CS, U, K, B, DI, BK
IMBRUVICA		X	MANDATORY	CS, B, DI
IMFINZI	X		VOLUNTARY	U, B, DI
IMLYGIC		X	MANDATORY	AC
INBRIJA		X	MANDATORY	AC, CV, WG
INCRELEX		X	MANDATORY	U, DI
INFLECTRA	X		VOLUNTARY	CS, U, K, DI, BK
INFUGEM	X		VOLUNTARY	CS, U, DI
INGREZZA		X	MANDATORY	PRX
INGREZZA INITIATION PACK		X	MANDATORY	PRX
INJECTAFER	X		VOLUNTARY	U, K, DI, BK
INLYTA		X	MANDATORY	CS, U, K, B, DI
INREBIC		X	MANDATORY	U, K, B, DI
INTRON A		X	VOLUNTARY	CS, U, K, DI
INVEGA SUSTENNA	X		VOLUNTARY	CS, U, K, DI, BK
INVEGA TRINZA	X		VOLUNTARY	CS, U, K, DI, BK
IRESSA		X	MANDATORY	CS, U, B, DI
IRINOTECAN HCL	X		VOLUNTARY	U, K, DI
ISTODAX	X		VOLUNTARY	U, K, DI
IXEMPRA	X		VOLUNTARY	U, K, DI
IXINITY	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, DI
JADENU		X	MANDATORY	CS, U, K, B, DI, BK
JADENU SPRINKLE		X	MANDATORY	CS, U, K, DI, BK

JAKAFI		X	MANDATORY	U, B, DI
JEVTANA	X		VOLUNTARY	U, K, DI
JIVI		X	MANDATORY	U, K, DI
JUXTAPID		X	MANDATORY	AC, DO
JYNARQUE		X	MANDATORY	PRX
KADCYLA	X		VOLUNTARY	U, K, DI
KALBITOR	X		VOLUNTARY	U
KALYDECO		X	MANDATORY	K
KANJINTI		X	MANDATORY	CS, U
KANUMA	X		VOLUNTARY	U
KCENTRA	X		VOLUNTARY	U, K, DI
KEPIVANCE	X		VOLUNTARY	U, K, DI
KEVEYIS		X	MANDATORY	PRX
KEVZARA		X	MANDATORY	CS, U, K, DI
KEYTRUDA	X		VOLUNTARY	U, K, DI, BK
KHAPZORY	X		VOLUNTARY	CS, K, DI
KINERET		X	MANDATORY	B
KISQALI		X	MANDATORY	CS, U, K, B, DI
KISQALI FEMARA CO-PACK		X	MANDATORY	CS, U, K, B, DI
KITABIS PAK		X	MANDATORY	CS, U, K, DI
KOATE	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	K, DI
KOGENATE FS	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI
KORLYM		X	MANDATORY	OC
KOVALTRY	X		MANDATORY	U, K, DI
KRYSTEXXA	X		VOLUNTARY	U, K, DI
KUVAN		X	MANDATORY	DI
KYMRIAH	X		VOLUNTARY	DI
KYPROLIS	X		VOLUNTARY	U, K, BK
LEDIPASVIR-SOFOSBUVIR		X	MANDATORY	CS, U, K, DI
LEMTRADA	X		VOLUNTARY	DI
LENVIMA		X	MANDATORY	B
LETAIRIS		X	MANDATORY	AC, CV, WG
LEUKERAN		X	MANDATORY	CS, U, K, B, DI

LEUKINE	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	U, K, DI
LEUPROLIDE ACETATE		X	VOLUNTARY	CS, U, K, DI
LEVOLEUCOVORIN CALCIUM	X		MANDATORY	U, K, DI
LIBTAYO	X		VOLUNTARY	DI
LIPODOX			VOLUNTARY	DI
LIPODOX 50			VOLUNTARY	DI
LONSURF		X	MANDATORY	B
LORBRENA		X	MANDATORY	CS, U, K, B, DI
LUCENTIS			VOLUNTARY	U, K
LUMIZYME	X		MANDATORY	K, DI
LUMOXITI	X		VOLUNTARY	CV, WG
LUPANETA PACK	X		VOLUNTARY	CS, U, K, DI
LUPRON DEPOT	X		VOLUNTARY	CS, U, K, B, DI, BK
LUPRON DEPOT (LUPANETA)	X		MANDATORY	CS, U, K, DI, BK
LUPRON DEPOT-PED	X		MANDATORY	CS, U, K, DI, BK
LUTATHERA	X		VOLUNTARY	DI
LUXTURNA	X		VOLUNTARY	AC
LYNPARZA		X	MANDATORY	CS, B, DI
LYSODREN		X	MANDATORY	DI
MACRILEN		X	MANDATORY	DI
MACUGEN	X		VOLUNTARY	U, K
MAKENA	X		VOLUNTARY	CS, U, K, DI, BK
MARQIBO	X		VOLUNTARY	DI
MATULANE		X	MANDATORY	B
MAVENCLAD		X	MANDATORY	K, DI
MAVYRET		X	MANDATORY	CS, U, K, DI, BK
MAYZENT		X	MANDATORY	CS, U, DI
MEKINIST		X	MANDATORY	CS, U, K, B, DI
MEKTOVI		X	MANDATORY	U, B, DI
MELPHALAN HCL	X		VOLUNTARY	U, K, DI
MEPSEVII	X		VOLUNTARY	AC
MIGLUSTAT		X	MANDATORY	U, K, DI
MIRCERA	X		VOLUNTARY	DI
MITOMYCIN			VOLUNTARY	U, K, DI
MITOMYCIN-STERILE WATER			VOLUNTARY	DI

MITOXANTRONE HCL	X		VOLUNTARY	U, K, DI
MONONINE	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI
MOZOBIL		X	VOLUNTARY	K, DI
MULPLETA		X	MANDATORY	CS, U, K, DI
MUTAMYCIN	X		VOLUNTARY	U, K, DI
MVASI		X	MANDATORY	CS, U, K
MYALEPT		X	MANDATORY	AC
MYLERAN		X	MANDATORY	U, K, DI
MYLOTARG	X		VOLUNTARY	B, DI
MYOBLOC	X		MANDATORY	CS, U, K, DI
NAGLAZYME	X		VOLUNTARY	CV, WG
NATPARA		X	MANDATORY	AC, CV, WG
NAVELBINE	X		VOLUNTARY	U, K, DI
NERLYNX		X	MANDATORY	B, DI
NEULASTA	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	CS, U, K, B, DI, BK
NEUPOGEN	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	CS, U, K, B, DI, BK
NEXAVAR		X	MANDATORY	CS, U, B, DI, BK
NILANDRON		X	MANDATORY	U, K, B, DI
NILUTAMIDE		X	MANDATORY	U, K, B, DI
NINLARO		X	MANDATORY	CS, U, K, B, DI
NIPENT	X		VOLUNTARY	U, K, DI
NITYR		X	MANDATORY	DI
NIVESTYM		X	MANDATORY	CS, U, DI
NORDITROPIN FLEXPRO		X	MANDATORY	CS, U, K, DI
NORTHERA		X	MANDATORY	AC, CV, WG
NOVOEIGHT	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	U, K, DI
NOVOSEVEN RT	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI
NPLATE	X		VOLUNTARY	U, K, DI
NUBEQA		X	MANDATORY	CS, U, B
NUCALA	X		VOLUNTARY	CS, U, K, DI
NUPLAZID		X	MANDATORY	DI

NUTROPIN AQ NUSPIN		X	MANDATORY	CS, U, K, DI
NUWIQ			MANDATORY	U, K, DI
NYMALIZE		X	MANDATORY	U, K, DI
OBIZUR		X	MANDATORY	CV
OCALIVA		X	MANDATORY	AC, CV, WG
OCREVUS	X		VOLUNTARY	CS, U, K, B, DI
OCTAGAM	X		VOLUNTARY	U, K, DI
OCTREOTIDE ACETATE		X	MANDATORY	CS, U, K, B, DI, BK
ODOMZO		X	MANDATORY	U, K, B, DI
OFEV		X	MANDATORY	DI
OGIVRI		X	MANDATORY	U, K
OLUMIANT		X	MANDATORY	CS, U, K, DI
OMNITROPE		X	MANDATORY	CS, U, K, DI, BK
ONCASPAR	X		VOLUNTARY	U, K, DI
ONIVYDE	X		VOLUNTARY	U, DI
ONPATTRO	X		VOLUNTARY	U
OPDIVO	X		VOLUNTARY	CS, U, K, DI, BK
OPSUMIT		X	MANDATORY	AC, CV
ORENCIA		X	VOLUNTARY	CS, U, K, DI
ORENCIA CLICKJECT		X	MANDATORY	CS, U, K, DI
ORENITRAM ER		X	MANDATORY	AC, CV
ORFADIN		X	MANDATORY	DO
ORKAMBI		X	MANDATORY	K
OTEZLA		X	MANDATORY	CS, U, K, DI
OXALIPLATIN	X		VOLUNTARY	U, K, DI, BK
OXBRYTA		X	MANDATORY	AC
OXERVATE		X	MANDATORY	AC
PACLITAXEL	X		VOLUNTARY	U, K, DI
PALYNZIQ		X	MANDATORY	DI
PANHEMATIN	X		VOLUNTARY	U, K, DI
PANRETIN		X	MANDATORY	U, K, DI
PANZYGA	X		VOLUNTARY	U
PARSABIV	X		VOLUNTARY	U, DI
PEGASYS		X	MANDATORY	CS, U, K, B, DI
PEGINTRON		X	MANDATORY	CS, U, K, DI
PENICILLAMINE		X	MANDATORY	CS, U, K, DI
PERJETA	X		VOLUNTARY	CS, U, K, DI
PERSERIS	X		VOLUNTARY	CS, U, DI

PHENOXYBENZAMINE HCL		X	MANDATORY	U, K, DI
PHOTOFRIN	X		VOLUNTARY	DI
PIQRAY		X	MANDATORY	CS, U, K, B, DI
PLEGRIDY		X	MANDATORY	CS, U, K, DI
PLEGRIDY PEN		X	MANDATORY	CS, U, K, DI
POLIVY	X		VOLUNTARY	U, B, DI
POMALYST		X	MANDATORY	U, K, B, DI
PORTRAZZA	X		VOLUNTARY	U, B, DI
POTELIGEO	X		VOLUNTARY	DI
PRAXBIND	X		VOLUNTARY	DI
PRIALT	X		VOLUNTARY	U, K, DI
PRIVIGEN	X		VOLUNTARY	U, K, DI
PROCRIT	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	CS, U, K, B, DI, BK
PROCYSBI		X	MANDATORY	AC
PROFILNINE	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	U, K, DI
PROLASTIN C	X		MANDATORY	DO
PROLEUKIN	X		VOLUNTARY	U, K, DI
PROLIA	X		VOLUNTARY	CS, U, K, DI, BK
PROMACTA		X	VOLUNTARY	CS, U, K, B, DI, BK
PULMOZYME		X	MANDATORY	CS, U, K, DI, BK
PURIXAN		X	MANDATORY	DI
RADICAVA	X		VOLUNTARY	U, K
RAVICTI		X	MANDATORY	AC, CV, WG
REBIF		X	MANDATORY	CS, U, K, DI, BK
REBIF REBIDOSE		X	MANDATORY	CS, U, K, DI, BK
REBINYN	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	U, DI
RECLAST	X		MANDATORY	CS, U, K, DI
RECOMBINATE	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	U, K, DI
REMICADE	X		VOLUNTARY	CS, U, K, DI
REMODULIN	X		MANDATORY	AC, CV
RENFLXIS	X		VOLUNTARY	CS, U, K, DI
RETACRIT		X	MANDATORY	U, K, DI

REVATIO	X		MANDATORY	CS, U, K, DI, BK
REVCOVI	X		VOLUNTARY	WG
REVLIMID		X	MANDATORY	U, K, B, DI
RINVOQ ER		X	MANDATORY	CS, U, K, DI
RISPERDAL CONSTA	X		VOLUNTARY	CS, U, K, DI, BK
RITUXAN	X		VOLUNTARY	CS, U, K, DI
RITUXAN HYCELA	X		VOLUNTARY	CS, U, K, DI
RIXUBIS	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	U, DI
ROMIDEPSIN	X		VOLUNTARY	U, K, DI
ROZLYTREK		X	MANDATORY	CS, U, K, B, DI
RUBRACA		X	MANDATORY	B
RUCONEST	X		VOLUNTARY	DI
RUZURGI			MANDATORY	DI
RYDAPT		X	MANDATORY	CS, U, K, B, DI
SABRIL		X	MANDATORY	AC, CV, WG
SAIZEN		X	MANDATORY	CS, U, K, DI
SAIZEN-SAIZENPREP		X	MANDATORY	CS, U, K, DI
SAMSCA		X	MANDATORY	U
SANDOSTATIN	X		MANDATORY	CS, U, K, DI, BK
SANDOSTATIN LAR DEPOT	X		MANDATORY	CS, U, K, B, DI, BK
SENSIPAR		X	MANDATORY	CS, U, K, DI
SEROSTIM		X	MANDATORY	K, DI
SIGNIFOR LAR	X		VOLUNTARY	AC
SILDENAFIL CITRATE	X		MANDATORY	CS, U, K
SILIQ		X	MANDATORY	CS, U, K, DI
SIMPONI		X	MANDATORY	CS, U, K, DI, BK
SIMPONIA ARIA	X		MANDATORY	CS, U, K, DI, BK
SIRTURO		X	MANDATORY	MSS
SKYRIZI		X	MANDATORY	CS, U, K, DI
SKYRIZI (2 SYRINGES) KIT		X	MANDATORY	CS, U, K, DI
SODIUM PHENYL BUTYRATE		X	MANDATORY	U, K, DI
SOFOBUVIR-VELPATASVIR		X	MANDATORY	CS, U, K, DI
SOLESTA	X		VOLUNTARY	CV, WG
SOLIRIS	X		MANDATORY	U, DI
SOMATULINE DEPOT	X		VOLUNTARY	U, K, DI

SOMAVERT		X	MANDATORY	U
SORIATANE		X	MANDATORY	CS, U, K, DI
SOVALDI		X	MANDATORY	CS, U, K, DI
SPINRAZA	X		VOLUNTARY	AC
SPRAVATO	X		VOLUNTARY	BK
SPRYCEL		X	VOLUNTARY	CS, U, K, B, DI, BK
STELARA	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY *	CS, U, K, DI
STIVARGA		X	MANDATORY	CS, U, B, DI
STRENSIQ		X	MANDATORY	PRX
SUCRAID		X	MANDATORY	U
SUPPRELIN LA	X		MANDATORY	U, K, DI
SUTENT		X	MANDATORY	CS, U, K, B, DI
SYLATRON		X	MANDATORY	CS, U, K, DI
SYLVANT	X		VOLUNTARY	U, DI
SYMDEKO		X	MANDATORY	K
SYNAGIS	X		VOLUNTARY	U, K
SYNAREL		X	MANDATORY	U, K, DI, BK
SYNRIBO	X		VOLUNTARY	DI
SYPRINE		X	MANDATORY	U, K, DI
TABLOID		X	MANDATORY	U, K, DI
TADALAFIL		X	MANDATORY	U, K, DI
TAFINLAR		X	MANDATORY	CS, U, K, B, DI
TAGRISSE		X	MANDATORY	CS, U, B, DI
TAKHZYRO		X	MANDATORY	AC, CV, OCR
TALTZ AUTOINJECTOR		X	MANDATORY	CS, U, K, DI, BK
TALTZ AUTOINJECTOR (2 PACK)		X	MANDATORY	CS, U, K, DI, BK
TALTZ AUTOINJECTOR (3 PACK)		X	MANDATORY	CS, U, K, DI, BK
TALTZ SYRINGE		X	MANDATORY	CS, U, K, DI, BK
TALZENNA		X	MANDATORY	U, K, B, DI
TARCEVA		X	MANDATORY	CS, U, K, B, DI
TARGRETIN		X	MANDATORY	CS, U, K, B, DI
TASIGNA		X	MANDATORY	CS, U, K, B, DI, BK
TAVALISSE		X	MANDATORY	U, B, DI
TAXOTERE	X		VOLUNTARY	U, K, DI
TECENTRIQ	X		VOLUNTARY	U, K, DI

TECFIDERA		X	MANDATORY	CS, U, K, DI
TEGSEDI		X	MANDATORY	AC, OCR
TEMODAR		X	VOLUNTARY	CS, U, K, B, DI
TEMOZOLOMIDE		X	MANDATORY	CS, U, K, B, DI, BK
TEMSIROLIMUS	X		VOLUNTARY	U, K, DI
TENIPOSIDE	X		VOLUNTARY	K, DI
TEPADINA	X		VOLUNTARY	U, K, DI
TETRABENAZINE		X	MANDATORY	CS, U, K, DI
THALOMID		X	MANDATORY	U, K, B, DI
THIOLA		X	MANDATORY	DO
THIOLA EC		X	MANDATORY	DO
THIOTEPA	X		VOLUNTARY	U, K, DI
THYROGEN	X		VOLUNTARY	U, K, DI
TIBSOVO		X	MANDATORY	B, DI
TIGLUTIK		X	MANDATORY	AN
TOBI		X	MANDATORY	U, K, DI, CS
TOBI PODHALER		X	MANDATORY	CS, U, K, DI
TOBRAMYCIN		X	MANDATORY	CS, U, K, DI
TOPOTECAN HCL	X		VOLUNTARY	CS, U, K, DI
TOREMIFENE CITRATE		X	MANDATORY	CS, U, K, B, DI
TORISEL	X		VOLUNTARY	U, K, DI
TRACLEER		X	MANDATORY	AC, CV, WG
TREANDA	X		VOLUNTARY	U, K, DI
TRELSTAR	X		VOLUNTARY	U, K, DI
TREMFYA		X	MANDATORY	CS, U, K, DI, BK
TREPROSTINIL		X	MANDATORY	AC, CV
TRETINOIN		X	MANDATORY	CS, U, K, B, DI
TRETEN	X		MANDATORY	K, DI
TRIENTINE HCL		X	MANDATORY	U, K, DI
TRIKAFTA		X	MANDATORY	K
TRIPTODUR	X		VOLUNTARY	PRX
TRISENOX	X		VOLUNTARY	U, K, DI
TRUXIMA		X	MANDATORY	U, K
TURALIO		X	MANDATORY	B
TYKERB		X	MANDATORY	CS, U, K, B, DI
TYMLOS		X	MANDATORY	CS, U, K, DI
TYSABRI	X		MANDATORY	AC, CV, WG
TYVASO		X	MANATORY	AC, CV

TYVASO INSTITUTIONAL START KIT		X	MANDATORY	AC, CV
TYVASO REFILL KIT		X	MANDATORY	AC, CV
TYVASO STARTER KIT		X	MANDATORY	AC, CV
UDENYCA		X	MANDATORY	CS, U, K, DI
ULTOMIRIS	X		VOLUNTARY	U
UNITUXIN	X		VOLUNTARY	DI
UPTRAVI		X	MANDATORY	AC, CV
VALCHLOR		X	MANDATORY	DI
VALRUBICIN			VOLUNTARY	U, K, DI
VALSTAR	X		VOLUNTARY	U, K, DI
VANTAS		X	VOLUNTARY	U, K, DI
VECTIBIX	X		VOLUNTARY	U, K, DI
VELCADE	X		VOLUNTARY	U, K, DI
VELETRI	X		MANDATORY	AC, CV, CH
VEMLIDY		X	MANDATORY	CS, U, K, DI
VENCLEXTA		X	MANDATORY	B, DI
VENCLEXTA STARTING PACK		X	MANDATORY	B, DI
VENTAVIS		X	MANDATORY	AC, CV
VERZENIO		X	MANDATORY	CS, U, B, DI
VIDAZA	X		VOLUNTARY	U, K, DI
VIEKIRA PAK		X	MANDATORY	U
VIGABATRIN		X	MANDATORY	AC, CV, MSS
VIGADRONE		X	MANDATORY	PRX
VIMIZIM	X		VOLUNTARY	U
VINBLASTINE SULFATE	X		VOLUNTARY	U, K, DI
VINORELBINE TARTRATE	X		VOLUNTARY	U, K, DI
VISTOGARD		X	MANDATORY	B
VISUDYNE	X		VOLUNTARY	DI
VITRAKVI		X	MANDATORY	U
VIZIMPRO		X	MANDATORY	U, K, B, DI
VONVENDI	X		MANDATORY	U, DI
VORAXAZE	X		VOLUNTARY	DI
VOSEVI		X	MANDATORY	CS, U, K, DI
VOTRIENT		X	MANDATORY	CS, U, K, B, DI
VPRIV	X		VOLUNTARY	U, K, DI
VUMERITY		X	MANDATORY	U, K
VYNDAMAX		X	MANDATORY	U

VYNDAQEL		X	MANDATORY	U, DI
VYONDYS-53		X	MANDATORY	OCR
VYXEOS	X		VOLUNTARY	DI
WAKIX		X	MANDATORY	PRX
WILATE	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	U, DI
WINRHO SDF		X	MANDATORY	U, K, DI
XALKORI		X	MANDATORY	CS, U, K, B, DI
XATMEP		X	MANDATORY	U, K, DI
XELJANZ		X	MANDATORY	CS, U, K, DI, BK
XELJANZ XR		X	MANDATORY	CS, U, K, DI, BK
XELODA		X	MANDATORY	CS, U, K, B, DI, BK
XEMBIFY		X	MANDATORY	U
XENAZINE		X	MANDATORY	CS
XEOMIN	X		MANDATORY	U, K, DI
XERMELO		X	MANDATORY	B, DI
XGEVA	X		VOLUNTARY	CS, U, K, DI, BK
XIAFLEX		X	MANDATORY	U
XOFIGO		X	MANDATORY	CH
XOLAIR	X		MANDATORY	CS, U, K, DI
XOSPATA		X	MANDATORY	B, DI
XPOVIO		X	MANDATORY	CS, U, B
XTANDI		X	MANDATORY	U, K, B, DI, BK
XURIDEN		X	MANDATORY	CH
XYNTHA	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	U, K, DI
XYNTHA SOLOFUSE	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	U, K, DI
XYREM		X	MANDATORY	ES
YERVOY	X		VOLUNTARY	CS, U, K, DI
YESCARTA	X		VOLUNTARY	DI
YONDELIS	X		VOLUNTARY	U, K, DI
YONSA		X	MANDATORY	CS, U, K, B, DI
ZALTRAP	X		VOLUNTARY	U, K, DI, BK
ZANOSAR	X		VOLUNTARY	U, K, DI

ZARXIO	X (IF PHYSICIAN INJECTS)	X (IF MEMBER INJECTS)	MANDATORY*	CS, U, K, DI, BK
ZAVESCA		X	MANDATORY	AC
ZEJULA		X	MANDATORY	U, B, DI
ZELBORAF		X	MANDATORY	CS, U, B, DI
ZEMAIRA	X		MANDATORY	DI
ZEPATIER		X	MANDATORY	CS, U, K, DI
ZIEXTENZO		X	MANDATORY	U, K
ZOLADEX	X		VOLUNTARY	U, K, DI, BK
ZOLEDRONIC ACID			VOLUNTARY	CS, U, K, DI, BK
ZOLGENSMA	X		VOLUNTARY	AC
ZOLINZA		X	MANDATORY	CS, U, K, B, DI, BK
ZOMACTON		X	MANDATORY	CS, U, K, DI, BK
ZORBTIVE		X	MANDATORY	U, DI
ZYDELIG		X	MANDATORY	B, DI
ZYKADIA		X	MANDATORY	CS, U, K, B, DI, BK
ZYPREXA RELPREVV	X		MANDATORY	CS, U, K, DI, BK
ZYTIGA		X	MANDATORY	CS, U, K, B, DI, BK

*Use of the Specialty Pharmacy Drug Program is mandatory only when medication will be self-administered by the member at home. Use of the Specialty Pharmacy Drug Program is not mandatory if the physician elects to buy and bill the medication.

NOTES:

- Voluntary Specialty Medications are those that can either be dispensed by a contracted specialty pharmacy or a prescriber can obtain, administer and bill GHP Family for the cost of the medications.
- If GHP Family is the secondary insurance, "mandatory" specialty pharmacy does not apply

Last Updated 03/01/2020

KEY:	Phone #	Fax #
A= Acaria	323-262-9403	866-834-8523
AC = Accredo	205-987-0778	205-987-0332
AN = AnovoRx	844-288-5007	855-813-2039
B = Biologics	855-403-3202	833-239-4063
BK = Banks	215-494-9403	215-357-2129
CH = Cardinal Health	888-662-6779	877-800-4790
CS = Caresite Specialty	570-208-4721	570-208-4726
CV = CVS Specialty	877-408-9742	877-408-9743
DI = Diplomat	810-230-5045	810-282-0157
DO = Dohmen Life Sciences/Eversana	636-519-2400	877-473-3172

ES = Express Scripts Distribution Services	314-587-4050	877-304-9042
K = Kroger Specialty	855-313-9200	844-279-8404
MMS = MMS	615-467-6009	615-467-6008
OC = OptimeCare	855-456-7596	877-858-7746
OCR = Option Care	866-827-8203	717-540-6805
PRX = PantheRx	412-246-9858	855-246-3986
U = US Bioservices	800-909-1442	877-817-2965
WG = Walgreens	800-424-9002	800-874-9179
MedImpact Direct Specialty	877-391-1103	888-507-5716