

Use of the Specialty Pharmacy Drug Program is mandated for our Commercial members. Medicare Part D members are not mandated to use the Specialty Pharmacy Drug Program, but they may elect to do so. Medicare Part D members are not limited to specific specialty pharmacies, unless the manufacturer limits access to a medication through a specialty pharmacy. Medicare eligible Part B medications which are not bought and billed by a physician are not eligible for Part B coverage.			
<b>Medical Management:</b> Phone: (800) 544-3907 option 2 Fax: (570) 271-5534		<b>Pharmacy Customer Service:</b> Phone: (800) 988-4861 Fax: (570) 271-5610	
<b>Drugs included in Geisinger Health Plan Specialty Pharmacy Drug Program</b>	<b>Prior Authorization required if marked. Contact the <u>Medical Management Department</u>.</b>	<b>Prior Authorization required if marked. Contact the <u>Pharmacy Department</u>.</b>	<b>Specialty Pharmacy Provider Status per GHP</b>
Abilify Maintena	X		Voluntary
Actemra	X (if physician injects)	X (if member injects)	Mandatory *
Actimmune		X	Mandatory
Adagen			Voluntary
Adcetris			Voluntary
Advate	X (if physician injects)	X (if member injects)	Mandatory *
Alecensa		X	Mandatory
Alphanate	X (if physician injects)	X (if member injects)	Mandatory *
Alphanine SD	X (if physician injects)	X (if member injects)	Mandatory *
Ampyra		X	Mandatory
Apokyn			Mandatory
Aralast	X		Mandatory
Aranesp	X (if physician injects)	X (if member injects)	Voluntary
Arcalyst		X	Mandatory
Arestin	X		Voluntary
Aubagio		X	Mandatory
Avastin			Voluntary
Avonex		X	Mandatory
Bebulin VH	X (if physician injects)	X (if member injects)	Mandatory *
Benefix	X (if physician injects)	X (if member injects)	Mandatory *
Benlysta	X		Voluntary
Berinert	X		Mandatory
Betaseron			Mandatory
Bethkis		X	Mandatory
Bosulif		X	Mandatory
Botox	X		Voluntary
Cabometyx		X	Mandatory
Caprelsa		X	Mandatory
Cayston		X	Mandatory
Cerezyme	X		Mandatory
Chenodal		X	Mandatory
Cholbam		X	Mandatory
Cimzia	X (if physician injects)	X (if member injects)	Mandatory *

Cinryze	X		Mandatory
Cinqair	X		Voluntary
Cometriq		X	Mandatory
Copaxone			Mandatory
Cosentyx		X	Mandatory
Cotelliic		X	Mandatory
Cuvitru	X		Voluntary
Cystadane		X	Mandatory
Cystagon			Mandatory
Cystaran		X	Mandatory
Cytogam	X		Voluntary
Daklinza		X	Mandatory
Daraprim			Mandatory
Duopa			Voluntary
Dysport			Voluntary
Egrifta		X	Mandatory
ElELYso	X		Mandatory
Eloctate	X (if physician injects)	X (if member injects)	Mandatory *
Enbrel		X	Mandatory
Entyvio	X		Voluntary
Epclusa		X	Mandatory
Epogen	X (if physician injects)	X (if member injects)	Voluntary
Erivedge		X	Mandatory
Esbriet		X	Mandatory
Euflexxa			Voluntary
Exjade		X	Mandatory
Exondys 51	X		Voluntary
Extavia			Mandatory
Feiba	X (if physician injects)	X (if member injects)	Mandatory *
Ferriprox		X	Mandatory
Firazyr		X	Mandatory
Flolan	X		Mandatory
Forteo		X	Mandatory
Fuzeon			Mandatory
Gammagard	X		Voluntary
Gamunex	X		Voluntary
Gattex		X	Mandatory
Gazyva	X		Voluntary
Genotropin		X	Mandatory
Gilenya			Mandatory
Gilotrif		X	Mandatory
Glassia	X		Mandatory
H.P. Acthar		X	Mandatory
Harvoni		X	Mandatory
Helixate FS	X (if physician injects)	X (if member injects)	Mandatory *
Hemofil M	X (if physician injects)	X (if member injects)	Mandatory *
Hetlioz		X	Mandatory
Hizentra	X		Voluntary
Humate	X (if physician injects)	X (if member injects)	Mandatory *
Humatrope		X	Mandatory
Humira		X	Mandatory
Hycamtin			Mandatory
Hyqvia	X		Voluntary
Ibrance		X	Mandatory
Iclusig		X	Mandatory
Ilaris	X		Mandatory

Imbruvica		X	Mandatory
Inlyta		X	Mandatory
Intron-A			Voluntary
Invega Sustenna	X		Voluntary
Invega Trinza	X		Voluntary
Iressa		X	Mandatory
Jakafi		X	Mandatory
Juxtapid		X	Mandatory
Kadcyla	X		Voluntary
Kalydeco		X	Mandatory
Keveyis		X	Mandatory
Kineret		X	Mandatory
Kitabis Pak		X	Mandatory
Koate	X (if physician injects)	X (if member injects)	Mandatory *
Kogenate FS	X (if physician injects)	X (if member injects)	Mandatory *
Korlym		X	Mandatory
Kuvan		X	Mandatory
Kynamro		X	Mandatory
Lemtrada	X		Voluntary
Lenvima		X	Mandatory
Letairis		X	Mandatory
Lonsurf		X	Mandatory
Lovenox			Voluntary
Lucentis			Voluntary
Lumizyme	X		Mandatory
Lupaneta	X		Voluntary
Lupron Depot			Voluntary
Lynparza		X	Mandatory
Makena	X		Voluntary
Matulane			Mandatory
Mekinist		X	Mandatory
Mirena			Voluntary
Monoclate-P	X (if physician injects)	X (if member injects)	Mandatory *
Mononine	X (if physician injects)	X (if member injects)	Mandatory *
Myalept		X	Mandatory
Natpara		X	Mandatory
Neulasta	X (if physician injects)	X (if member injects)	Voluntary
Neupogen	X (if physician injects)	X (if member injects)	Voluntary
Nexavar		X	Mandatory
Nexplanon			Mandatory
Ninlaro		X	Mandatory
Norditropin		X	Mandatory
Northera		X	Mandatory
Novoseven	X (if physician injects)	X (if member injects)	Mandatory *
Nucala	X		Voluntary
Nulojix	X		Voluntary
Nuplazid		X	Mandatory
Nutropin		X	Mandatory
Ocaliva		X	Mandatory
Odomzo		X	Mandatory
Ofev		X	Mandatory
Olysio		X	Mandatory
Orencia	X (if physician injects)	X (if member injects)	Mandatory *
Orenitram		X	Mandatory
Orkambi		X	Mandatory
Orfadin		X	Mandatory

Orkambi		X	Mandatory
Otezla		X	Mandatory
Oxaliplatin			Voluntary
Pegasys			Mandatory
PegIntron			Mandatory
Perjeta			Voluntary
Plegridy		X	Mandatory
Pomalyst		X	Mandatory
Praluent		X	Mandatory
Prialt	X		Voluntary
Procrit	X (if physician injects)	X (if member injects)	Voluntary
Procysbi		X	Mandatory
Profilnine SD	X (if physician injects)	X (if member injects)	Mandatory *
Prolastin-C	X		Mandatory
Promacta		X	Voluntary
Ravicti		X	Mandatory
Rebif		X	Mandatory
Reclast			Mandatory
Recombinate	X (if physician injects)	X (if member injects)	Mandatory *
Remicade	X		Voluntary
Remodulin	X		Mandatory
Repatha		X	Mandatory
Revlimid		X	Mandatory
Rhogam			Voluntary
Risperdal Consta	X		Voluntary
Rituxan	X		Voluntary
Rubraca		X	Mandatory
Sabril		X	Mandatory
Saizen		X	Mandatory
Signifor		X	Mandatory
Simponi (self-administered)		X	Voluntary
Solesta	X		Voluntary
Soliris	X		Mandatory
Sovaldi		X	Mandatory
Spinraza	X		Voluntary
Sprycel		X	Voluntary
Stelara	X (if physician injects)	X (if member injects)	Mandatory *
Stivarga		X	Mandatory
Strensiq		X	Mandatory
Sucraid		X	Mandatory
Supprelin LA	X		Mandatory
Sustol	X		Voluntary
Sutent		X	Mandatory
Sylatron		X	Mandatory
Synagis	X		Voluntary
Synvisc			Voluntary
Synvisc-one			Voluntary
Tafinlar		X	Mandatory
Taltz		X	Mandatory
Tagrisso		X	Mandatory
Tarceva		X	Mandatory
Tecfidera			Mandatory
Technivie		X	Mandatory
Thalomid			Mandatory
Thiola		X	Mandatory

Thyrogen			<b>Voluntary</b>
Tobi		<b>X</b>	<b>Mandatory</b>
Tracleer			<b>Mandatory</b>
Tykerb		<b>X</b>	<b>Mandatory</b>
Tysabri	<b>X</b>		<b>Mandatory</b>
Tyvaso		<b>X</b>	<b>Mandatory</b>
Uptravi		<b>X</b>	<b>Mandatory</b>
Valchlor		<b>X</b>	<b>Mandatory</b>
Velettri	<b>X</b>		<b>Mandatory</b>
Veltassa		<b>X</b>	<b>Mandatory</b>
Venclexta		<b>X</b>	<b>Mandatory</b>
Ventavis		<b>X</b>	<b>Mandatory</b>
Viekira Pak		<b>X</b>	<b>Mandatory</b>
Viekira XR		<b>X</b>	<b>Mandatory</b>
Vivitrol			<b>Voluntary</b>
Votrient		<b>X</b>	<b>Mandatory</b>
VPRIV	<b>X</b>		<b>Voluntary</b>
WinRho	<b>X</b>		<b>Voluntary</b>
Xalkori		<b>X</b>	<b>Mandatory</b>
Xenazine		<b>X</b>	<b>Mandatory</b>
Xolair	<b>X</b>		<b>Mandatory</b>
Xtandi		<b>X</b>	<b>Mandatory</b>
Xyrem		<b>X</b>	<b>Mandatory</b>
Yervoy	<b>X</b>		<b>Voluntary</b>
Zaltrap	<b>X</b>		<b>Voluntary</b>
Zarxio	<b>X (if physician injects)</b>	<b>X (if member injects)</b>	<b>Mandatory *</b>
Zavesca		<b>X</b>	<b>Mandatory</b>
Zelboraf		<b>X</b>	<b>Mandatory</b>
Zemaira	<b>X</b>		<b>Mandatory</b>
Zepatier		<b>X</b>	<b>Mandatory</b>
Zinbryta		<b>X</b>	<b>Mandatory</b>
Zomacton		<b>X</b>	<b>Mandatory</b>
Zorbtive		<b>X</b>	<b>Mandatory</b>
Zydelig		<b>X</b>	<b>Mandatory</b>
Zykadia		<b>X</b>	<b>Mandatory</b>
Zyprexa Relprevv	<b>X</b>		<b>Voluntary</b>
Zytiga		<b>X</b>	<b>Mandatory</b>
*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.			
Last Updated 01/31/2017			

# Geisinger Health Plan Pharmacy Department Specialty Pharmacy Vendor Drug Request Form

\*\*On behalf of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company\*\*

**Instructions:** All areas MUST BE COMPLETED in order to process the request. This form must be submitted with relevant clinical information for a Specialty Pharmacy Vendor drug that requires prior authorization (please fax clinical information and form to the appropriate fax number UM (570) 271-5534 and Pharmacy (570) 271-5610. If the request is approved, this form will serve as the prescription. If the requested drug does not require prior authorization, fax the completed form (prescription) to the Pharmacy Department. For questions regarding the form, please contact Geisinger Health Plan Pharmacy Department at (800) 988-4861.

## Patient Information *(print legibly)*

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Weight \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Diagnosis \_\_\_\_\_ ICD-9 code \_\_\_\_\_ Health Plan Member ID # \_\_\_\_\_

## Physician Information *(print legibly)*

Physician Name \_\_\_\_\_ State Lic # \_\_\_\_\_ NPI# \_\_\_\_\_  
Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DEA#: \_\_\_\_\_ Office Contact \_\_\_\_\_  
Office Phone# \_\_\_\_\_ Office Fax # \_\_\_\_\_

## Shipping Information (check appropriate location)

Physician office as listed above    Patient's home as listed above    Other *(Please provide address below)*

## Prescription Information

New prescription

Refill prescription *(Required)* Date Needed \_\_\_\_\_

Medication Name	Dosage Form	Strength	Directions for Use	Quantity	# of Refills

## Flushes (applicable to Hemophilia or Infusion patients only):

Access: ☐ Peripheral ☐ Port ☐ PICC

☐ Heparin 10u/cc flush 5ml PFS

☐ Sodium Chloride 0.9% 10ml PFS

☐ Heparin 100 u/cc flush 5ml PFS

☐ Other \_\_\_\_\_

## Signature Section-Signature is required, no stamps. Prescriber certifies this is his/her full and usual signature

Physician Signature-Dispense as Written: \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature-Substitution Permissible: \_\_\_\_\_ Date \_\_\_\_\_

**Note:** The prescriber hereby appoints and authorizes employees of Geisinger Health Plan, Geisinger Quality Options, and/or Geisinger Indemnity Insurance Company to serve as his/her agent for the sole purpose of conveying to the specialty pharmacy, from and on behalf of such prescriber, prescriptions, medical necessity forms, and other patient information necessary to facilitate the procurement of the medication for the patient from such a specialty pharmacy. This Appointment and Authorization shall be in force until cancelled in writing by physician. Possession of a Health Plan insurance card does not guarantee coverage and this form is not a substitute for prior authorization.

## For Health Plan internal use only:

Date received \_\_\_\_\_ Date faxed to vendor \_\_\_\_\_ Vendor \_\_\_\_\_ Prior Auth obtained? Y/N/NA  
Member eligible Y/N Insurance ID # \_\_\_\_\_ Group# \_\_\_\_\_ Cardholder name \_\_\_\_\_