

Referrals and Precertifications/Prior Authorizations

Pharmacy



Identifying drugs that require prior authorization

Use the [formulary search](#) to search for complete formularies by plan online. Medications that require prior authorization are designated by an asterisk (*).

The [formulary lookup](#) tool on NaviNet.net allows you to see how a particular member's benefits apply to certain drugs; as well as other pharmacy related information.

Pharmacy prior authorization

Prior authorization and/or requesting a formulary exception is the responsibility of the prescribing provider.

- Complete and fax the appropriate Formulary Exception/Prior Authorization Form using one of the links below, or;
- Contact the Pharmacy Department by telephone at 800-988-4861 or 570-271-5673, Monday through Friday, 8:30 a.m. – 5:00 p.m.
- Information required to process the request includes;
 - Caller's name and telephone number
 - Member's Geisinger Health Plan identification number and medical record number (if applicable)
 - Medication requested
 - Supporting clinical rationale, including, but not limited to, relevant information from the medical record, laboratory studies, prior medication treatment history and other documentation as requested by GHP

Forms

Pharmacy Prior Authorization Request Forms

- [Formulary Exception/Prior Authorization Request Form](#)
- [GHP Family Prior Authorization Request Form](#)

Other Pharmacy related forms are available under *Forms/Pharmacy prior authorization forms & information* on the GHP plan central page at NaviNet.net.

Specialty pharmacy vendor program

Certain prescription and injectable drugs are covered only through the [Specialty Pharmacy Vendor Program](#). For more detail and a complete list of drugs available through this program,

click on the link or call Geisinger Health Plan Pharmacy department at 800-988-4861. Medication requests are the responsibility of the prescribing participating provider.

Precertification Process

- The prescribing provider is required to complete Geisinger Health Plan [Specialty Pharmacy Vendor Request Form](#) and fax it to the pharmacy department at 570-271-5610 within three business days of the member's expected medication needs.
- Upon receipt of the request form, the pharmacy department will check the request against the member's eligibility and benefits and, if approved, forward the form to the contracted specialty vendor.
- The vendor will process the request and ship the medication to the destination listed on the form (e.g., provider's office, member's residence, etc.) within 48 hours.
- The entire process is expected to take three business days or less from receipt of the form.

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.

Publication history: