

Specialty Vendor Drug Program Quick Reference Guide

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. The 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?

- Refer to the above table to determine if medication in question requires prior authorization.
- If prior authorization is not required, proceed to **Step 3**
- If prior authorization is required, fax relevant clinical information and a completed Specialty Vendor Drug Request Form to the applicable Health Plan department. 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 Vendor Request Form to the Health Plan Pharmacy department at (570)-271-5610

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

If you have any questions regarding this program, please contact the pharmacy department at (800) 988-4861 or (570) 271-5673.