

Pharmacy Services  
100 N. Academy Avenue  
Danville, PA 17822-3245



Tel. • 570•271•5673  
TheHealthPlan.com

Specialty drugs and devices are frequently used to treat complex medical conditions. These products generally require close monitoring, complex handling, and often require education regarding administration. In order to ensure our members are receiving the support they need to successfully manage their conditions, we have partnered with select specialty vendors to provide these medications.

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.

Note that all specialty vendor drugs have a maximum of a 1 month supply per dispense unless otherwise noted.

*For Eastern Maine Health System Members (EMHS) Only:* For Eastern Maine Health System (EMHS) members Geisinger Health Plan manages pharmacy benefit (member-injected) drugs only, medical benefit (physician-injected) drugs are not available through the specialty vendor program.

**Medical Management:**

Phone: (800) 544-3907 option 2  
Fax: (570) 271-5534

**Pharmacy Customer Service:**

Phone: (800) 988-4861  
Fax: (570) 271-5610

<b>Drugs included in Geisinger Health Plan Specialty Pharmacy Drug Program</b>	<b>Prior Authorization</b> required if marked. Contact the <u>Medical Management Department</u> .	<b>Prior Authorization</b> required if marked. Contact the <u>Pharmacy Department</u> .	<b>Is the use of a specialty pharmacy mandatory or voluntary?</b>
Abilify Maintena	<b>X</b>		<b>Voluntary</b>
Actemra	<b>X (if physician injects)</b>	<b>X (if member injects)</b>	<b>Mandatory*</b>
Actimmune		<b>X</b>	<b>Mandatory</b>
Adagen			<b>Voluntary</b>
Adcetris			<b>Voluntary</b>
Adcirca		<b>X</b>	<b>Mandatory</b>
Adempas		<b>X</b>	<b>Mandatory</b>
Advate	<b>X (if physician injects)</b>	<b>X (if member injects)</b>	<b>Mandatory*</b>
Adynovate	<b>X (if physician injects)</b>	<b>X (if member injects)</b>	<b>Mandatory*</b>
Afstyla	<b>X (if physician injects)</b>	<b>X (if member injects)</b>	<b>Mandatory*</b>
Alecensa		<b>X</b>	<b>Mandatory</b>
Alphanate	<b>X (if physician injects)</b>	<b>X (if member injects)</b>	<b>Mandatory*</b>
Alphanine SD	<b>X (if physician injects)</b>	<b>X (if member injects)</b>	<b>Mandatory*</b>
Alunbrig		<b>X</b>	<b>Mandatory</b>
Ampyra		<b>X</b>	<b>Mandatory</b>
Apokyn			<b>Mandatory</b>

Aralast	X		Mandatory <sup>&amp;</sup>
Aranesp	X (if physician injects)	X (if member injects)	Voluntary
Arcalyst		X	Mandatory
Aristada	X		Voluntary
Aubagio		X (7 mg only)	Mandatory
Austedo		X	Mandatory
Avastin			Voluntary
Avonex			Mandatory
Bebulin VH	X (if physician injects)	X (if member injects)	Mandatory*
Benefix	X (if physician injects)	X (if member injects)	Mandatory*
Benlysta	X (if physician injects)	X (if member injects)	Mandatory*
Berinert	X		Mandatory <sup>&amp;</sup>
Betaseron			Mandatory
Bethkis		X	Mandatory
Bosulif		X	Mandatory
Botox	X		Voluntary
Cabometyx		X	Mandatory
Calquence		X	Mandatory
Caprelsa		X	Mandatory
Cayston		X	Mandatory
Cerezyme	X		Mandatory <sup>&amp;</sup>
Chenodal		X	Mandatory
Cholbam		X	Mandatory
Cimzia	X (if physician injects)	X (if member injects)	Mandatory*
Cinqair	X		Voluntary
Cinryze	X		Mandatory <sup>&amp;</sup>
Cometriq		X	Mandatory
Copaxone			Mandatory
Cosentyx		X	Mandatory
Cotelllic		X	Mandatory
Cuprimine		X	Mandatory
Cuvitru	X		Voluntary
Cystadane		X	Mandatory
Cystagon			Mandatory
Cystaran		X	Mandatory
Cytogam	X		Voluntary
Daklinza		X	Mandatory
Daraprim			Mandatory
Duopa			Voluntary
Dupixent		X	Voluntary
Dysport			Voluntary
Egrifta		X	Mandatory
Ellelyso	X		Mandatory <sup>&amp;</sup>
Eloctate	X (if physician injects)	X (if member injects)	Mandatory*
Emflaza		X	Mandatory
Enbrel		X	Mandatory
Entyvio	X		Voluntary
Envarsus XR		X	Mandatory
Epclusa		X	Mandatory
Epogen	X (if physician injects)	X (if member injects)	Voluntary
Erivedge		X	Mandatory

Erleada		X	Mandatory
Esbriet		X	Mandatory
Euflexxa			Voluntary
Exjade		X	Mandatory
Exondys 51	X		Voluntary
Extavia			Mandatory
Farydak		X	Mandatory
Fasenra	X		Voluntary
Feiba	X (if physician injects)	X (if member injects)	Mandatory*
Ferriprox		X	Mandatory
Firazyr		X	Mandatory
Flolan	X		Mandatory <sup>&amp;</sup>
Forteo		X	Mandatory
Fuzeon			Mandatory
Gammagard	X		Voluntary
Gamunex	X		Voluntary
Gattex		X	Mandatory
Gazyva	X		Voluntary
Gelsyn-3			Voluntary
Genotropin		X	Mandatory
Gilenya			Mandatory
Gilotrif		X	Mandatory
Glassia	X		Mandatory <sup>&amp;</sup>
Glatiramer Acetate		X	Mandatory
Glatopa		X	Mandatory
H.P. Acthar		X	Mandatory
Haegarda		X	Mandatory
Harvoni		X	Mandatory
Helixate FS	X (if physician injects)	X (if member injects)	Mandatory*
Hemlibra		X	Mandatory
Hemofil M	X (if physician injects)	X (if member injects)	Mandatory*
Hetlioz		X	Mandatory
Hizentra	X		Voluntary
Humate-P	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
Idelvion	X (if physician injects)	X (if member injects)	Mandatory*
Idhifa		X	Mandatory
Ilaris	X		Mandatory <sup>&amp;</sup>
Imatinib			Mandatory
Imbruvica		X	Mandatory
Inflectra	X		Voluntary
Ingrezza		X	Mandatory
Inlyta		X	Mandatory
Intron-A			Voluntary
Invega Sustenna	X		Voluntary
Invega Trinza	X		Voluntary

Iressa		X	Mandatory
Ixinity	X (if physician injects)	X (if member injects)	Mandatory*
Jadenu		X	Mandatory
Jakafi		X	Mandatory
Juxtapid		X	Mandatory
Kadcyla	X		Voluntary
Kalydeco		X	Mandatory
Keveyis		X	Mandatory
Kevzara		X	Mandatory
Kineret		X	Mandatory
Kisqali		X	Mandatory
Kisqali Femara Co-Pack		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
Kovaltry	X (if physician injects)	X (if member injects)	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 <sup>&amp;</sup>
Lupaneta	X		Voluntary
Lupron Depot			Voluntary
Lynparza		X	Mandatory
Makena	X		Voluntary
Matulane			Mandatory
Mavyret		X	Mandatory
Mekinist		X	Mandatory
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
Nerlynx		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
Ninlaro		X	Mandatory
Nityr		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
Nuwiq	X (if physician injects)	X (if member injects)	Mandatory*

Ocaliva		X	Mandatory
Ocrevus	X		Voluntary
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			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
Prolia	X		Voluntary
Promacta		X	Voluntary
Pulmozyme		X	Mandatory
Rasuvo		X	Mandatory
Ravicti		X	Mandatory
Rebif			Mandatory
Reclast			Mandatory
Recombinate	X (if physician injects)	X (if member injects)	Mandatory*
Remicade	X		Voluntary
Remodulin	X		Mandatory <sup>&amp;</sup>
Renflexis	X		Voluntary
Repatha		X	Mandatory
Revlimid		X	Mandatory
Rhogam			Voluntary
Risperdal Consta	X		Voluntary
Rituxan	X		Voluntary
Rituxan Hycela	X		Voluntary
Rubraca		X	Mandatory
Rydapt		X	Mandatory
Sabril		X	Mandatory
Saizen		X	Mandatory
Samsca		X	Mandatory
Sandostatin LAR	X		Voluntary
Signifor		X	Mandatory
Siliq		X	Mandatory
Simponi (self-administered)		X	Voluntary
Solesta	X		Voluntary

Soliris	X		Mandatory <sup>&amp;</sup>
Somatuline Depot		X	Mandatory
Somavert		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
Sublocade	X		Voluntary
Sucraid		X	Mandatory
Supprelin LA	X		Mandatory <sup>&amp;</sup>
Sustol	X		Voluntary
Sutent		X	Mandatory
Sylatron		X	Mandatory
Symdeko		X	Mandatory
Synagis	X		Voluntary
Synvisc			Voluntary
Synvisc-one			Voluntary
Tafinlar		X	Mandatory
Tagrisso		X	Mandatory
Taltz		X	Mandatory
Tarceva		X	Mandatory
Tasigna		X	Mandatory
Tecfidera			Mandatory
Technivie		X	Mandatory
Thalomid			Mandatory
Thiola		X	Mandatory
Thyrogen			Voluntary
Tobi/Tobi Podhaler		X	Mandatory
Tobramycin/nebulizer		X	Mandatory
Tracleer			Mandatory
Tremfya		X	Mandatory
Tykerb		X	Mandatory
Tymlos		X	Mandatory
Tysabri	X		Mandatory <sup>&amp;</sup>
Tyvaso		X	Mandatory
Uptravi		X	Mandatory
Valchlor		X	Mandatory
Veletri	X		Mandatory <sup>&amp;</sup>
Veltassa		X	Mandatory
Venclexta		X	Mandatory
Ventavis		X	Mandatory
Verzenio		X	Mandatory
Viekira Pak		X	Mandatory
Viekira XR		X	Mandatory
Vivitrol			Voluntary
Vosevi		X	Mandatory
Votrient		X	Mandatory
VPRIV	X		Voluntary
WinRho	X		Voluntary

Xadago		X	Mandatory
Xalkori		X	Mandatory
Xeljanz		X	Mandatory
Xeljanz XR		X	Mandatory
Xenazine		X	Mandatory
Xermelo		X	Mandatory
Xolair	X		Mandatory <sup>&amp;</sup>
Xtandi		X	Mandatory
Xyrem		X	Mandatory
Yervoy	X		Voluntary
Zaltrap	X		Voluntary
Zarxio	X (if physician injects)	X (if member injects)	Mandatory*
Zavesca		X	Mandatory
Zejula		X	Mandatory
Zelboraf		X	Mandatory
Zemaira	X		Mandatory <sup>&amp;</sup>
Zepatier		X	Mandatory
Zomacton		X	Mandatory
Zorbtive		X	Mandatory
Zydelig		X	Mandatory
Zykadia		X	Mandatory
Zyprexa Relprevv	X		Voluntary
Zytiga		X	Mandatory
<p>*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.</p> <p><sup>&amp;</sup>Mandatory specialty vendor for medical drugs does NOT apply to St. Luke's and AtlantiCare members.</p>			
Last Updated 9/24/2018			



## Specialty Pharmacy Vendor Drug Request Form

**Instructions:** All areas MUST BE COMPLETED 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 UM fax number 570-271-5534 and Pharmacy 855-214-1500 or 570-214-4120). 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: \_\_\_\_\_ Member ID #: \_\_\_\_\_

### Physician information (print legibly)

Physician name: \_\_\_\_\_ State license #: \_\_\_\_\_ 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	Number 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 (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* \_\_\_\_\_