

Geisinger Specialty Pharmacy

Geisinger

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25 Church St., fourth floor

Wilkes-Barre

Monday – Friday, 8 a.m. – 5 p.m.

Phone: 570-208-4721 or 800-757-0389

After-hours pager: 888-984-9064

Fax: 570-208-4726

Online: geisinger.org/pharmacy

Thanks for trusting Geisinger Specialty Pharmacy with your prescription needs. If you have questions or concerns about your prescription, we're happy to help.

Reaching us

- Call us directly at 570-208-4721 or 800-757-0389 on weekdays from 8 a.m. to 5 p.m. (except major holidays).
- After hours, leave a voicemail and we'll return your call the next business day.
 - Include your name, prescription number (at the top left of your prescription label), the reason for your call and a phone number where we can reach you.
- If you have questions after hours, our on-call pharmacist can help. Just dial 888-984-9064.

Refills

- To make sure your therapy doesn't lapse, we'll call you five to seven days before you run out to schedule a refill delivery.
 - If you haven't heard from us and you need a refill:
 - » Call during business hours to speak with someone or follow the prompts to request your refill via touch tone phone using your prescription number.
 - » After hours, leave a message including your medication name, first and last name, address, date of birth, daytime phone number and any other requested information. We'll return your call the next business day to confirm delivery.
 - » Need your prescription immediately? Let us know so we can expedite your order. If you can't wait for a shipment, ask about having your prescription transferred to a local pharmacy. It can be transferred back to Geisinger Specialty Pharmacy the next time you need it.
 - If we call and you don't need a refill, let us know.
- **We won't ship your prescription without confirmation from you.**
- Be sure you know when your medication will arrive, especially if it needs refrigeration.
- A signature may be required upon delivery.

Payment options

- The preferred method of payment for prescription copays is to put a credit/debit card on file with us.
- For prescriptions with an associated copay, **payment is expected before your shipment leaves our facility.**
- Having trouble making payments? We'll work with you to make arrangements so you can get the medication you need. For unaffordable copays, just ask to speak to our pharmacy assistance coordinator.

Shipping & delivery

- Most packages ship via UPS. **We may require a signature upon delivery for certain shipments.** In lieu of a signature, the UPS delivery confirmation will serve as proof of delivery.
- Deliveries for residential areas typically begin around noon and may run past 7 p.m. Wondering about the status of your delivery? Call us during business hours and we can track the location of your package. But first, check for the package near doors you don't commonly use, as well as other spots such as porches, garages or near your mailbox.
- You can provide your email address to receive updates on shipment, delivery and any exceptions in the shipping process.
- Inspect your package when it's delivered, and call us if there are any signs of tampering. Look at the delivery label, too. If any information is incorrect, be sure to let us know so we can fix it.
- Tell us if you'll be moving or if you'd like your medication delivered to an alternate address.



ACCREDITED

Specialty Pharmacy
Expires 1/1/2026



Frequently asked questions



How do I contact Geisinger Specialty Pharmacy?

Call us at the number on the front of this packet if you have questions or concerns about order status, copay amount, claims submissions, benefit coverage or our patient management program services. If you have adverse effects from your medication, contact your prescribing physician or your pharmacist.



When is Geisinger Specialty Pharmacy open?

We're open weekdays from 8 a.m. to 5 p.m. Eastern Time. However, an on-call pharmacist is available 24/7 for any questions you have, including emergency and clinical situations such as side effects and medication assistance, as well as complaint resolution. Pharmacists also have access to all pharmacy systems and can answer any questions regarding order and copay status, claims submissions and benefit coverage.



How do I order a new prescription?

Your prescriber must send a prescription to our pharmacy via e-scribe or fax. When we have your prescription on file, call us to place your order and set up a shipment.

We may fill your prescription with a generic equivalent substitution based on state law, equivalency rating and in accordance with company policy. Speak to a pharmacist if you have any questions or concerns. If we can't fulfill the request, we'll offer suggestions and guidance on where else your medication may be available.



How do I transfer a prescription?

- If you want to transfer your prescription **from Geisinger Specialty Pharmacy to another pharmacy**, ask the receiving pharmacy to call us at 800-757-0389. One of our pharmacists will transfer the prescription.
- If you want to transfer your prescription **from another pharmacy to Geisinger Specialty Pharmacy**, call us at 800-757-0389. Give us the name and phone number of the transferring pharmacy, as well as the name and strength of the medication, and one of our pharmacists will call for the transfer.



How long will it be until I receive my prescription?

- Our standard processing time at Geisinger Specialty Pharmacy is normally less than 24 hours, not including delivery time.
If processing time is delayed longer than 24 hours, we'll contact you to discuss your options so you don't go without medication.
- We'll let you know immediately if any issues may delay fulfillment, such as prior authorizations or quantity limits imposed by your insurance company. And we'll work with you and your physician to try to get any prior authorizations completed as quickly as possible. If your insurance company won't allow a quantity override due to unforeseen circumstances, we'll figure out the best way to get the medication you require.
- Medications are sent via service technician, UPS, USPS or FedEx.
- Prescriptions are shipped Monday through Friday for next-day delivery, including Saturday. Medication delivery is a complimentary service at no extra charge to you.
- Some medications require a signature for delivery. We'll schedule a convenient delivery time to be sure you're available to sign for the prescription.



How do I refill my prescription?

We'll call to schedule your refill order a week or so before you run out of your medication. And we'll contact your provider for a new prescription before you run out of refills. See p. 1 for more details on refills.



How much will my prescription cost?

- Prescription costs vary depending on your insurance. We'll let you know if Geisinger Specialty Pharmacy is in-network or out-of-network and the cost differences, if requested.
- We'll tell you the cash price of the medication upon request.
- Because drug pricing and out-of-pocket costs can change daily, we can't make a final determination of your copay until your claim is processed. Call the member services phone number on your prescription insurance card for the most current information.
- If you can't afford the out-of-pocket cost for your prescription, we'll find copay card assistance, patient assistance programs or other support and/or charitable organizations that can help.
- Medication cost may also vary based on quantity. We'll fill your prescription for the amount of medication prescribed. Ask your physician to prescribe the maximum amount/days' supply allowable by your insurance coverage (days allowed may vary by plan).
- If you have Medicare Part D drug coverage, the cost of your prescription will change significantly as you meet your deductible and initial copay, progress through the "donut hole" and reach total out-of-pocket expense. Pharmacy assistance coordinators can help you determine and understand your options.



What forms of payment can I use for my prescription order?

Geisinger Specialty Pharmacy accepts all major credit cards, check, cash or money orders. However, if mailing your payment, do not mail cash.





How do I safely dispose of medications?

Properly disposing of medicine has a lot of benefits:

- It protects children and pets from poisoning.
- It deters misuse by teens and adults.
- It prevents health issues from taking expired medicine.
- It guards streams and rivers against contamination – which protects the environment as well as drinking water.

Don't flush expired or unwanted prescription and over-the-counter drugs down a toilet or drain unless specifically instructed by the label or the enclosed patient information.

Instead, return prescription and over-the counter drugs to a drug takeback program or follow the steps for safe household disposal below. You can also dispose of drugs in the medication disposal boxes available at most Geisinger Pharmacy locations, as well as at other pharmacies.

Find a drug takeback event by contacting your city or county government's household trash and recycling service. Some counties hold household hazardous waste collection days, where prescription and over-the-counter medications are accepted at a central location for disposal.

To safely dispose of medication at home, follow these steps:

1. Take your prescription or over-the-counter drugs out of their original containers.
2. Mix medicine with an undesirable substance like cat litter or coffee grounds.
3. Put the mixture into a container with a lid, such as an empty margarine tub, or into a resealable bag.
4. Put the sealed bag or container into the trash.
5. Conceal personal information, including Rx number, on empty prescription containers with a permanent marker or duct tape (or remove the label). Throw away or recycle the empty containers.

Visit the U.S. Drug Enforcement Administration website at dea.gov and search “medication disposal” for more tips.





What if there's a recall on my medication?

We'll notify you if there's a recall on your medication and give you instructions on what to do.



How do I get my medications in an emergency?

Call us at 800-757-0389. After hours, page the on-call pharmacist at 888-984-9064 and leave your callback number. We'll make every effort to ship your medication to your preferred location. If needed, we'll transfer your prescription to a pharmacy that can supply your needed medication.

If Geisinger Specialty Pharmacy is under a state of emergency or disaster, we will attempt to contact you about potential delays in receiving your medication. If necessary, we'll transfer your prescription to an appropriate pharmacy.

Our emergency preparedness plan includes:

- Contacting you in advance of anticipated adverse weather conditions to be sure you'll have the medication you need.
- Rescheduling deliveries if we anticipate a delay due to weather conditions, especially for perishable medications that require refrigeration.
- Having a healthcare professional on call 24/7. You can reach them even if phone lines to the pharmacy are down or if the pharmacy must close due to weather conditions.



What is the Patient Management Program?

As a patient of Geisinger Specialty Pharmacy, you're automatically enrolled in the Patient Management Program at no cost to you. You may opt out at any time.

In this program, pharmacists work with you to manage any problems, concerns or questions you have about your medication. These may include disease overview, medication, dose, dose frequency, interactions, side effects, physical assessments and coordination of care with your physician, when appropriate.

The Patient Management Program helps manage your side effects, improve your overall health, educate you on disease and medication, and improve your medication compliance. And if coordination of care with your physician is needed, your pharmacist has the information to help make informed decisions about what's best for you.

If you choose to participate, these are your responsibilities:

- You must be willing to follow the directions of your physician and pharmacist.
- You must be compliant with taking your medication.
- You must be willing to discuss the details of your disease, medical history and current practices with your pharmacist so they have a full understanding of the situation.



What areas does Geisinger Specialty Pharmacy serve?

Our geographical service area includes Pennsylvania, Ohio, Indiana, New York, New Jersey, Connecticut, Delaware, Florida, Arizona, New Hampshire, Vermont, Wisconsin, Georgia, South Carolina, North Carolina, Virginia, Oklahoma, Maryland, West Virginia and Maine.

Geisinger Specialty Pharmacy customer information checklist

Be sure to review the materials in this packet as soon as possible.

Then complete this form and return it **within 10 days** to:

Geisinger Specialty Pharmacy
25 Church St., fourth floor
Wilkes-Barre, PA 18765

Customer name: _____

(Print)

Customer date of birth: _____

Check the box next to each item acknowledging you received and read these documents.

- Geisinger Notice of Privacy Practices (enclosed separately)
- Geisinger Specialty Pharmacy payment options (bottom of p. 1)
- Patient bill of rights (p. 7)
- Complaint procedure (p. 9)

Medicare DMEPOS supplier standards and patient concerns/grievances form are available upon request.

If you have questions about any of these materials, call us at 800-757-0389.

**I acknowledge I have read and understand the enclosed information,
including the notice of privacy practices.**

Customer/caregiver signature: _____ Date: _____

Relation to patient: _____

Patient bill of rights

You have the right to:

1. Be fully informed in advance about services/care to be provided, including the philosophy, characteristics and benefits of participating in the Patient Management Program.
2. Be able to opt out of the Patient Management Program at any time.
3. Have your property and person be treated with dignity, courtesy and respect as a unique individual.
4. Be able to identify Geisinger Specialty Pharmacy staff members and their role in the pharmacy through name and job title and to speak with a pharmacist and/or supervisor if desired.
5. Choose a healthcare provider.
6. Receive information about the scope of care/services provided by Geisinger Specialty Pharmacy, as well as any limitations to the company's care/service capabilities.
7. Receive upon request medical and/or scientific-based practice information for clinical decisions (e.g., manufacturer package insert, published practice guidelines/protocols, peer-reviewed journals) including the level of evidence or consensus describing the process for intervention in instances where there is no evidence-based research, conflicting evidence or no level of evidence.
8. Coordination and continuity of services from Geisinger Specialty Pharmacy, timely response when care, treatment services and/or equipment is needed or requested and to be informed in a timely manner of impending discharge if care will no longer be provided by Geisinger Specialty Pharmacy.
9. Receive, in advance of services being provided, complete verbal or written explanations of expected payments from Medicare or any other third-party payer, charges for which you may be responsible, including charges related to out of network pharmacy services, and explanation of all forms you are requested to sign.
10. Receive quality medications and services that meet or exceed professional and industry standards regardless of race, religion, political belief, sex, social or economic status, age, disease process, DNR status or disability in accordance with physician orders.
11. Receive medications and services from qualified personnel and receive instructions and education on safely handling and taking medications and a review of your current medication list.
12. Receive information regarding your order status. Patients or caregivers can call 570-208-4721 and speak with a pharmacy employee.
13. Participate in decisions concerning the nature and purpose of the care being provided, the possible alternatives and/or risks involved and your right to refuse all or part of the services and to be informed of expected consequences of any such action based on the current body of knowledge.
14. Confidentiality and privacy of all the information contained in your records and of Protected Health Information (except as otherwise provided for by law or third-party payer contracts).
15. If desired, to be referred to other healthcare providers within an external healthcare system (e.g., dietitian, pain specialist, mental health services). You may also be referred back to your own prescriber for follow-up.
16. Receive information about to whom and when your personal health information was disclosed, as permitted under applicable law and as specified in the company's policies and procedures.
17. Express dissatisfaction/concerns/complaints for lack of respect, treatment or service, and to suggest changes in policy, staff or services without discrimination, restraint, reprisal, coercion or unreasonable interruption of services. Patients or caregivers can call 570-208-4721 and ask to speak with a staff member's supervisor or the pharmacist in charge, pharmacy manager or pharmacy director.
18. Be able to speak to a health professional, if desired.

19. Have concerns/complaints/dissatisfaction about services that are (or fail to be) furnished in a timely manner.
20. Be informed of any financial relationships of the pharmacy.
21. Be offered assistance with any eligible internal programs that help with patient management services, manufacturer copay and patient assistance programs, health plan programs (tobacco cessation programs, disease management, pain management, suicide prevention/behavioral health programs).
22. Be advised of pharmacy number (570-208-4721) for after hours as well as normal business hours of Monday through Friday 8 a.m. to 5 p.m. ET.
23. Be advised of any change in the plan of service or termination of the Patient Management Program before the change is made.
24. Participate in the development and periodic revision of the plan of care/service.
25. Receive information in a manner, format and/or language that you understand.
26. Have family members, as appropriate and as allowed by law, with your permission or the permission of your surrogate decision maker, involved in care, treatment and/or service decisions.
27. Be fully informed of your responsibilities.
28. Have the right to decline participation, revoke consent or disenrollment in any Geisinger Specialty Pharmacy services at any point in time.
29. To be free from mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of your property.

You have the responsibility to:

1. Adhere to the plan of treatment or service established by your physician and to notify them of your participation in Geisinger Specialty Pharmacy's Patient Management Program.
2. Adhere to Geisinger Specialty Pharmacy's policies and procedures.
3. Submit any forms necessary to participate in the program, to the extent required by law.
4. Participate in the development of an effective plan of care/treatment/services.
5. Provide, to the best of your knowledge, accurate and complete medical and personal information necessary to plan and provide care/services.
6. Ask questions about your care, treatment and/or services.
7. Have clarified any instructions provided by company representatives.
8. Communicate any information, concerns and/or questions related to perceived risks in your services, and unexpected changes in your condition.
9. Be available to receive medication deliveries and coordinate with Geisinger Specialty Pharmacy during times you will be unavailable.
10. Treat pharmacy personnel with respect and dignity without discrimination as to color, religion, sex or national or ethnic origin.
11. Provide a safe environment for the organization's representatives to provide services.
12. Use medications according to instructions provided, for the purpose it was prescribed, and only for/on the person to whom it was prescribed.
13. Communicate any concerns on ability to follow instructions provided.
14. Promptly settle unpaid balances related to deductibles, copays and coinsurance, except where contrary to federal or state law.
15. Notify pharmacy of change in prescription or insurance coverage.
16. Notify pharmacy immediately of address or telephone changes, temporary or permanent.

Complaint procedure

We can supply you with a patient concerns/grievances form upon request:

1. You have the right and responsibility to express concerns, complaints or dissatisfaction about services you receive or fail to receive without fear of reprisal, discrimination or unreasonable interruption of services. Call the pharmacy at 570-208-4721 and ask to speak with the pharmacy manager or pharmacy director during regular business hours, or the on-call pharmacist if you're calling outside of regular business hours, including weekends and holidays.
2. The formal grievance procedure of Geisinger Specialty Pharmacy means we'll review your concerns/complaints and start an investigation within five business days of receiving your concern/complaint. We'll make every attempt to resolve all grievances within 14 days. We'll inform you verbally or in writing of the resolution of the complaint/grievance. If more time is needed to resolve the concern/complaint, we'll inform you verbally or in writing.
3. If you'd like to discuss your concerns, dissatisfaction or complaints with a party other than Geisinger Specialty Pharmacy staff, file a complaint with Geisinger's patient liaison (570-808-7636), URAC (202-216-9010), ACHC (855-937-2242) or with the Pennsylvania Board of Pharmacy (717-783-7156).

Consent form

If you would like someone other than yourself to speak to us about your prescriptions filled at Geisinger Specialty Pharmacy, fill out this form and return it in the self-addressed envelope provided or mail it to the address below. Or you can fax it to 570-208-4726.

I, _____ give permission
to allow _____
to speak with the Geisinger Specialty Pharmacy staff regarding my
prescription medications.

Signed: _____

Date: _____

Geisinger Specialty Pharmacy

25 Church St., fourth floor
Wilkes-Barre, PA 18765

Phone: 800-757-0389

After-hours pager: 888-984-9064

Geisinger Specialty Pharmacy patient satisfaction survey

Thanks for trusting us with your specialty pharmacy services. We'd like your feedback on your experience – whether it's praise or suggestions to improve our services.

Instructions

Fill in the appropriate box for each entry with an X. If you mark any as "somewhat dissatisfied" or "dissatisfied," let us know how we can improve in the comment section at the end.

How would you rate your level of satisfaction with the following?

1. Overall satisfaction with Geisinger Specialty Pharmacy

N/A Very satisfied Satisfied Somewhat satisfied Neutral Somewhat dissatisfied Dissatisfied

2. Met your service expectations

N/A Very satisfied Satisfied Somewhat satisfied Neutral Somewhat dissatisfied Dissatisfied

3. Timely delivery of your medication

N/A Very satisfied Satisfied Somewhat satisfied Neutral Somewhat dissatisfied Dissatisfied

4. Accuracy of your order

N/A Very satisfied Satisfied Somewhat satisfied Neutral Somewhat dissatisfied Dissatisfied

5. Helpful information about your medication

N/A Very satisfied Satisfied Somewhat satisfied Neutral Somewhat dissatisfied Dissatisfied

6. Ability to reach someone who could answer your questions

N/A Very satisfied Satisfied Somewhat satisfied Neutral Somewhat dissatisfied Dissatisfied

7. Explanation of what you pay after your insurance pays

N/A Very satisfied Satisfied Somewhat satisfied Neutral Somewhat dissatisfied Dissatisfied

8. Explanation of your insurance benefits

N/A Very satisfied Satisfied Somewhat satisfied Neutral Somewhat dissatisfied Dissatisfied

9. Explanation of how to refill your medication

N/A Very satisfied Satisfied Somewhat satisfied Neutral Somewhat dissatisfied Dissatisfied

10. Explanation of how to reach us about problems with your order

N/A Very satisfied Satisfied Somewhat satisfied Neutral Somewhat dissatisfied Dissatisfied

11. Medication packaging

N/A Very satisfied Satisfied Somewhat satisfied Neutral Somewhat dissatisfied Dissatisfied

continued on next page

How can we improve our services?

Any other comments?

Signature (optional): _____

Date: _____

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