AcariaHealth
Specialty Pharmacy

Available Drug List

Rheumatology

Chronic Inflammatory Conditions

Actemra†^
    Tyenne†^
Avsola^
Benlysta*^
Bimzelx
Cimzia
Cosentyx*
Enbrel/Enbrel SureClick
Humira/Humira Citrate-free† *(adalimumab)*
    Amjevita†
    Cyltezo† *(adalimumab-adbm)*
    Hadlima†
    Hulio† *(adalimumab-fkjp)*
    Hyrimoz† *(adalimumab-adaz)*
    Simlandi†
    Yuflyma†
    Yusimry†
Ilumya
Inflectra^
Kevzara*
Leflunomide
Olumiant
Orencia/Orencia IV^
Otezla*
Otrexup
Rasuvo
Remicade†^ *(infliximab)*
    Avsola†^ (infliximab-axxq)
    Inflectra†^ *(infliximab-dyyb)*
    Ixifi† *(infliximab-qbtx)*
    Renflexis†^ *(infliximab-abda)*
Rinvoq*
Rituxan†^ *(rituximab)*
    Riabni† *(rituximab-arrx)*
Ruxience^
Siliq*
Simponi*/Simponi Aria*^
Stelara†^
    Imuldosa†^
    Otulfi†^
    Pyzchiva†^
    Selarsdi†^
    Starjemza†^
    Steqeyma†^
    Wezlana†^
    Yesintek†^
Skyrizi*^
Taltz*
Tremfya*
Truxima^
Xeljanz† *(tofacitinib)*
Xeljanz XR† *(tofacitinib)*
Zilretta*

Immune Deficiencies And Related Disorders

Alyglo^
Cutaquig^
Gammagard^
Gammagard Liquid ERC^
Gammagard S/D^
    (Discontinuing 12/2027)
Gamunex-C^
Hizentra*^
HyQvia^
Octagam^
Panzyga^
Privigen^
Xembify^

Osteoporosis

Evenity
Forteo
Otrexup
Prolia^
Rasuvo
Reclast

* Limited Distribution Drug Access † Biosimilar/Generic Available ^ Infusion/Injectable Drug Available ** Exclusively available at AcariaHealth

If you are seeking a drug that is not listed, please contact your Account Executive.

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Phone: 800.511.5144 | **Fax:** 877.541.1503

Prescription Submission - Steps for Success

AcariaHealth™ is committed to providing quality care to your patients in a timely manner. Your assistance is key to ensure an efficient submission and approval process. To better serve your patient, please take the following steps and ensure you have provided each item on the checklist below prior to submitting a prescription.

Step One: Collect All Patient Records

Patient Demographic Sheet

- Preferred and alternate method of communication
- Preferred language
- HIPAA authorizations, if applicable

Insurance Coverage Details

- Front and back copy of insurance card
- If Medicare patient, include copy of Part D card

Clinical Notes

- All ICD-10 codes and latest chart notes signed by physician
- Current medication list (include dose and if in combination
- with another)
- Past and failed medication list (include dose and duration)
- Drug allergies

Step Two: Select Your Preferred Submission Method



ePrescribe

- Find AcariaHealth in your electronic medical record (EMR) system.
  - For infusion treatments, please select AcariaHealth #10.
- List drug name, strength, and dosage
- Include prescription date, quantity prescribed, and number of refills.
- Indicate if this is the first dose and if there is a loading/starting dose.
- Attach or fax all collected patient records indicated in Step One for submission.



Phone Call

- Dial **800.511.5144** to speak directly to our pharmacists.
  - For infusion treatments, please call 866.506.2626 Ext 608.0070.
- State drug name, strength, and dosage.
- Include prescription date, quantity. prescribed, and number of refills.
- Indicate if this is the first dose and if there is a loading/starting dose.
- Send all collected patient records indicated in Step One via fax to 877.541.1503.



Fax

- Download and complete the appropriate referral form on our website.
  - Manufacturer referral forms are acceptable and must be signed by a prescriber.
- Send completed referral form and all collected patient records indicated in Step One via fax to **877.541.1503**.
  - For infusion treatments, please fax to **800.696.0607**.

Download AcariaHealth referral forms: ahrx.co/AH-referrals

When submitting infusion treatment prescriptions, please remember to indicate the following: 1) patient's weight/height for dosing; 2) where patient will receive infusion treatment (home, infusion site within clinic, or separate infusion center); 3) if nurse training is necessary; and 4) whether the Infusion Treatment Standard Protocol* is required.

*Infusion Treatment Standard Protocol will include the following: 1) dispensing ordered med/dose; 2) diluent to mix and/or dilute dose; 3) flushes to flush line and anakit med [epinephrine 0.3 mg IM / 0.15 mg IM (for pediatric patients) and diphenhydramine 50 mg/mL]; and 4) premeds to take 30 mins before orally (Apap 325 mg, may repeat x1, and diphenhydramine 25 mg, may repeat x1).

Step Three: Let Us Help You With The Rest

Copay and Financial Assistance

- Please complete and send all insurance paperwork to us via fax to 877.541.1503. Do not submit any information to the patient's insurance directly — we will submit on the patient's behalf. If copay assistance is needed, we will find copay cards, foundations, and pharmaceutical programs to help obtain the lowest copay possible. There are times when it is necessary to get the patient's approval to do this on their behalf. In some instances, patients are required to submit requests themselves due to necessary income eligibility requirements and other sensitive personal information.

Prior Authorization

- We can assist with prior authorization for most insurance plans. Once obtained, we will complete and send to you for a prescriber signature. If an order must be filled by a different contracted pharmacy, we will triage the prescription and keep you informed via fax or email. **If you receive a denial letter from the patient's insurance, please fax it to AcariaHealth at 877.541.1503**. We will review and draft an appeal letter for the provider.*

Medication Delivery

- Upon approval of prior authorization, we will notify you via fax or phone call. We will contact the patient to schedule delivery at no charge and will deliver to their home or your office, as requested by you. Patients will receive a welcome kit on their first delivery that guides them through the process of getting started with our pharmacy. Refills can be processed through the online patient portal or text service program.

*AcariaHealth cannot write an appeal letter for Centene owned companies.

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