

## Pulmonology & Cystic Fibrosis

### Asthma

Cinqair<sup>^</sup>  
Dupixent  
Fasenra\*  
Nucala  
Tezspire  
Xolair\*

### CFTR Modulators

Kalydeco\*  
Orkambi\*  
Symdeko\*  
Trikafta\*

### Enzymes

Creon  
Pancreaze  
Pertzye  
Viokace  
Zenpep

### Immunosuppression

CellCept (*mycophenolate*)<sup>†</sup>  
Gengraf (*cyclosporine*)<sup>†</sup>  
Prograf (*tacrolimus*)<sup>†</sup>  
Sandimmune (*cyclosporine*)<sup>†</sup>

### Inhaled Antibiotics/Products

Bethkis (*tobramycin*)<sup>\*†</sup>  
Cayston (*aztreonam*)\*  
Kitabis Pak (*tobramycin*)<sup>\*†</sup>  
Mix-at-home Products  
    *amikacin*  
    *ceftazidime*  
    *colistimethate*  
    *gentamicin*  
    *meropenem*,  
    *tobramycin*  
    *vancomycin*  
Pulmozyme (*dornase alfa*)  
Tobi (*tobramycin*)<sup>\*†</sup>  
Tobi Podhaler\*

### Pulmonary Arterial Hypertension (PAH)

Adcirca<sup>†</sup>  
Letairis<sup>†</sup>  
Revatio<sup>†^</sup>  
Tracleer<sup>†</sup>

### Pulmonary Fibrosis

Esbriet<sup>†</sup>

### Respiratory Syncytial Virus (RSV)

Synagis\*

### COPD

Ohtuvayre\*

### Medical Equipment<sup>1</sup>

Altera Nebulizer/Handset  
eRapid Nebulizer/Handset  
Nebulizer Masks  
Pari LC Plus Nebulizer Kit  
Pari LC Sprint  
Pari LC Sprint Sinus  
Pari LC Star  
Pari PRONEB Max  
Vortex Holding Chamber/Mask

### Other Specialty Products

See AcariaHealth Drug List



[ahrx.co/AH-druglist](https://ahrx.co/AH-druglist)

**Transforming Lives with Compassionate Care**

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

\*Limited Distribution Drug Access

<sup>†</sup>Biosimilar/Generic Available

<sup>^</sup>Infusion/Injectable Drug Available

## Prescription Submission - Steps for Success

We are committed to providing quality care to your patients. Our specialty pharmacy utilizes ePrescribing to ensure an efficient and accurate submission process, and accepts referrals via phone call and fax. Please take the following steps to submit a prescription:

### Step One: Collect All Patient Records

#### Patient Demographic Sheet

- > Preferred and alternate method of communication
- > Preferred language
- > HIPAA authorizations

#### 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 or Foundation Care in your EMR system
  - > For Cystic Fibrosis treatments, please call Foundation Care at 877.291.1122
- > 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 all collected patient records to submission



#### Phone Call

- > Dial **800.511.5144** to speak directly to our pharmacists
  - > For Cystic Fibrosis treatments, please call Foundation Care at 877.291.1122
- > 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 via fax to AcariaHealth at 877.541.1503 or Foundation Care at 877.291.1155



#### Fax

- > Download and complete the appropriate referral form on our website
- > Send completed referral form and all collected patient records via fax to **877.541.1503**
  - > For Cystic Fibrosis treatments, please call Foundation Care at 877.291.1122



**Download our referral forms:**  
[ahrx.co/AH-referrals](https://ahrx.co/AH-referrals)

### Step Three: Let Us Help You With The Rest

#### Financial Coverage

- > If you receive a denial letter from the patient's insurance, please fax it to AcariaHealth at 877.541.1503 or Foundation Care at 877.291.1155. We will review and draft an appeal letter for the provider — 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 or Foundation Care at 877.291.1155. 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.