

## Available Drug List - Neurology

### Intravenous (IV) & Subcutaneous (SQ) Immunoglobulin

Alyglo^  
Cutaquig^  
Cytogam^  
Gammagard S/D^  
Gammagard 10%^  
Gamunex-C^  
HepaGam B^  
Hizentra\*^  
HyperHEP B  
HyperRHO S/D  
HyQvia\*^  
MICRhoGAM^  
Nabi-HG  
Octagam^  
Panzyga^  
Privigen^  
RhoGAM  
Rhophylac^  
WinRHO SDF^

### Movement Disorder & Other

Austedo\*  
Banzel† (rufinamide)  
Dysport\*  
Enspryng  
Epidiolex\*  
Lumizyme\*^  
Myobloc  
Soliris\*^  
tetrabenazine  
Ultomiris\*  
Vyvgart\$^  
Xeomin\*

### Multiple Sclerosis (MS)

Aubagio\*\* (teriflunomide)  
Avonex\$  
Bafiertam  
Betaseron  
Briumvi\*\*\$^  
Copaxone† (glatiramer acetate)  
dalfampridine  
Extavia  
Gilenya\*\*† (fingolimod)  
Glatopa† (glatiramer acetate)  
Kesimpta\*\$  
Lemtrada\*\*^  
Mayzent\$  
Ocrevus\*\*^  
Plegridy\*\$  
Ponvory\*  
Rebif  
Tecfidera\*\*† (dimethyl fumarate)  
Tysabri\*\*\$^  
Vumerity\*\$  
Zeposia\*

## Transforming Lives With Compassionate Care

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

\* Limited Distribution Drug Available

† Biosimilar/Generic Available

\$ Available through Free Drug  
Program at Homescripts

^ Infusion/Injection Drug Available  
at Specialty Therapeutic Care

## Submitting Prescriptions

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 in your electronic medical record (EMR) system
  - > For infusion treatments, please select Specialty Therapeutic Care (STC) or 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 all collected patient records to submission



#### Phone Call

- > Dial **800.511.5144** to speak directly to our pharmacists
  - > For infusion treatments, please call STC at 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 via fax to 877.541.1503



#### 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 infusion treatments, please call STC at 866.506.2626 Ext 608.0070



Download our referral forms:  
[ahrx.co/AH-referrals](http://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 STC Standard Protocol\* is required.

\*STC 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

#### Financial Coverage

- > 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.