Pharmacy Guide

For more Pharmacy related information and forms, please visit **wellcare.com**; select your State and click on *Pharmacy*, under the Provider Medicare section. For Pharmacy Service questions please contact Provider Services or your Provider Relations representative.

PHARMACY SERVICES

PHARMACY SERVICES

Rx BIN	Rx PCN	Rx GRP
610014	MEDDPRIME	2FFA
610014	MAC	2FHU (MA only)

MAIL ORDER

Express Scripts:® Phone: **1-833-750-0201** (TTY: **711**)
24 hours a day, 7 days a week

SPECIALTY PHARMACY

AcariaHealth™

Phone: **1-866-458-9246**
Monday–Thursday, 8 a.m. to 7 p.m.,
Friday, 8 a.m. to 6 p.m. ET.
Fax: **1-866-458-9245**

AcariaHealth is a national comprehensive specialty pharmacy focused on improving care and outcomes for patients living with complex and chronic conditions. AcariaHealth is comprised of dedicated healthcare professionals who work closely with physician offices, including support with referral and prior authorization processes. This collaboration allows our patients to receive the medicine they need as fast as possible.

FOR HOME INFUSION/ENTERAL SERVICES

Once Authorization Approval is obtained through Wellcare, if required, please contact Provider Services for a list of our providers to initiate services.

MEDICAL ONCOLOGY SERVICES

Evolent Phone: **1-888-999-7713**

ADDITIONAL RESOURCES

Additional resources, including the Formulary and Forms, can be found at **wellcare.com**; select your State and click on *Pharmacy*, under the Provider Medicare section.

COVERAGE DETERMINATION REQUESTS

Fax: **1-866-388-1767**

Electronic Prior Authorization (ePA):
account.covermymeds.com

Submit a Coverage Determination Request form for the exceptions listed below:

- Medications not listed on the formulary
- Drugs listed on the formulary with a prior authorization (PA)
- Duplication of therapy
- Prescriptions that exceed the FDA daily or formulary quantity limit (QL)
- Most self-injectable and infusion medications (including chemotherapy administered in a physician's office)
- Drugs that have a step edit (ST) and the first-line therapy is inappropriate
- Drugs that have an age limit (AL)
- Drugs listed on the formulary with a quantity limit (QL)

MEDICATION APPEALS

Fax: **1-866-388-1766**

Submit a Medication Appeal Request form with supporting documentation by fax or mail within 60 days from the date of the denial notice.

Wellcare
Attn: Pharmacy Appeals Department
P.O. Box 31383
Tampa, FL 33631-3383

Medication appeals may also be initiated by contacting Provider Services. Please note that all appeals filed verbally also require a signed, written appeal.

NOTE: Wellcare does not accept media storage devices such as CDs, DVDs, USB storage devices or flash drives.

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