PHARMACY GUIDE

For additional pharmacy related information and forms, please visit the **Provider Drug Coverage** page on the plan's website.

Pharmacy Services

Provider Services Phone: **1-844-606-1926 (TTY: 711)**

Pharmacy Services Fax: **1-800-977-4170**

Rx BIN	Rx PCN	Rx GRP
003858	A4	2DJA

Mail Order

Express Scripts:® Phone: **1-833-750-3766**
24 hours a day, 7 days a week

Specialty Pharmacy

AcariaHealth™ Phone: **1-800-511-5144 (TTY: 711)**
Fax: **1-877-541-1503**
Monday–Thursday, 8 a.m. to 7 p.m.,
Friday, 8 a.m. to 6 p.m. ET.

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 Ambetter, if required, please contact Provider Services for a list of our providers to initiate services.

Additional Resources

Additional resources, including the Formulary and Pharmacy forms, are located on the Provider Drug Coverage page of the plan's website.

Coverage Determination Requests

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)

Pharmacy Appeals

Fax: **1-888-865-6531** (Retail Rx)
1-844-235-5091 (Medical Rx)

Submit a *Grievance and Appeal Form* or a written appeal with supporting documentation by fax or mail within **180 calendar days** from the date of the denial notice.

Ambetter
Attn: Pharmacy Services — Pharmacy Appeals
P.O. Box 31398
Tampa, FL 33631-3398

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

AmbetterHealth.com/en/NJ

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

Ambetter from WellCare of New Jersey is underwritten by WellCare Health Insurance Company of New Jersey, Inc., which is a Qualified Health Plan issuer in the New Jersey Health Insurance Marketplace.

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Last updated: August 2026
7149704NJ_7PMKTGUDE_AB
Internal Approved 08182026