

3200 Highlands Parkway SE Suite 300 Smyrna, GA 30082 • 1-866-874-0633 • www.pshp.com

September 6, 2013

## IMPORTANT ANNOUNCEMENT EFFECTIVE October 7, 2013 CHANGE IN SPECIALTY PHARMACY

## Dear Provider:

Peach State Health Plan is pleased to announce that AcariaHealth will now service the Specialty Pharmacy needs of our members. Effective October 7, all patients on specialty medications will need to be transferred to the preferred vendor AcariaHealth.

AcariaHealth will reach out to all providers who currently have patients on a specialty medication to request a new prescription, and to introduce you to their services. You can also fax in a prescription to AcariaHealth at 855-217-0926.

AcariaHealth is a leading comprehensive specialty pharmacy providing quality services in all disease states including: RSV, Hepatitis C, Hemophilia, Oncology and Multiple Sclerosis. Their state-of-the-art technology platform offers protocol-driven clinical care management programs and a web-based collaboration tool providing access to your patient's medication orders and status. AcariaHealth also offers comprehensive Prior-Authorization support to assist providers in completion and submission of PAs in order to expedite the determination of the specialty medication request.

We appreciate your assistance and support in this process to ensure our members have no disruption in their current therapy.

To learn more about AcariaHealth, visit acariahealth.com or call (855)-535-1815.

If you have any questions regarding this notice please contact your Provider Relations representative, or Provider Services toll free at (866) 874-0633, 7 am to 7 pm, Monday through Friday.

Sincerely,

Peach State Health Plan







Attention: Dr	
Effective October 7, 2013, your patient listed below will their specialty pharmacy medications from AcariaHealth communicating this transition from Peach State Health changes by Peach State Health Plan. This fax is an effor continuity of care. Please complete the below prescrip any questions, please call (855) 535-1815.  *Reminder: the order cannot be processed until AcariaH	h. Your office has previously received a fax letter Plan. This patient was also notified of these to obtain a prescription to ensure there is otion blank and fax to (855) 217-0926. If you have
Patient Name:	DOB:
Current therapy:	
Patient Name:	
Address:	Date:
$\overline{\mathbb{R}_{\!$	
RefillTimes	
Dispense as Written	Substitution Permissible

For AcariaHealth use only:	
Clinic Telephone	
Clinic Fax	
First	
Second	
Final	