

Important Pharmacy Information

Welcome to AmeriHealth Caritas District of Columbia (DC)

AmeriHealth Caritas DC has a limited network of pharmacies and a specific drug list.

Q: Will AmeriHealth Caritas DC pay for my medicine (drugs)?

A: Because you are a DC Alliance enrollee, AmeriHealth Caritas DC will pay for prescription drugs included on the AmeriHealth Caritas DC formulary. The prescription must be filled at an AmeriHealth Caritas DC network pharmacy during normal business hours.

Q: Where can I find a network pharmacy?

A: A list of AmeriHealth Caritas DC network pharmacies can be found on our website at www.amerihealthcaritasdc.com.

Q: When can I go to the pharmacy?

A: During normal business hours of the AmeriHealth Caritas DC network pharmacy.

Q: Where can I find the list of drugs DC Alliance will pay for?

A: The list of medicines AmeriHealth Caritas DC will pay for is called the drug formulary. The formulary can be found on our website at www.amerihealthcaritasdc.com and in your new enrollee welcome kit. You can also call DC Alliance Pharmacy Enrollee Services at **1-888-987-5806** (TTY **1-888-989-0073**).

Q: What do I do if my prescription medication is not on the drug formulary?

A: Your prescribing provider must request permission from AmeriHealth Caritas DC before you can get the medicine. This is called prior authorization. Your provider must send us a prior authorization form and your prescription before you can get your medicine from the pharmacy.

Q: What if I go to the pharmacy with my prescription without prior authorization?

A: The pharmacist will tell you that you need prior authorization. They can give you a five-day supply of your medicine while you wait for prior authorization.

Q: If the medicine is approved, how long does the prior authorization last?

A: Prior authorization is usually good for one year. When your prior authorization period is coming to an end, if your provider wants you to keep taking the medication, they must ask us for prior authorization again after one year. You can call DC Alliance Pharmacy Enrollee Services at **1-888-987-5806** for the expiration date of the prior authorization.

Q: What if the medicine is not approved?

A: If the prior authorization is denied, you can appeal the decision. Your provider can also write you a prescription for a different medicine that is on the AmeriHealth Caritas DC formulary. To appeal a prior authorization, please call DC Alliance Enrollee Services at **1-866-842-2810** or **202-842-2810** (TTY **1-800-570-1190**).

Q: What if I have other questions about my medicine?

A: Call DC Alliance Pharmacy Enrollee Services at **1-888-987-5806**.



AmeriHealth Caritas[™]
District of Columbia
Alliance

AmeriHealth Caritas District of Columbia complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English

If you do not speak and/or read English, please call **1-866-842-2810 (TTY 1-800-570-1190)**, available 24 hours a day, seven days a week. A representative will assist you.

Español

Si no habla y/o lee inglés, llame al **1-866-842-2810 (TTY 1-800-570-1190)**, línea disponible las 24 horas del día, los siete días de la semana. Un representante le ayudará.

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Tiếng Việt

Nếu quý vị không nói và/hoặc đọc Tiếng Anh, vui lòng gọi **1-866-842-2810 (TTY 1-800-570-1190)**, 24 giờ một ngày, bảy ngày một tuần. Sẽ có người đại diện hỗ trợ quý vị.

繁體中文

如果您不會講或讀英文，請致電 **1-866-842-2810 (TTY 1-800-570-1190)**，此電話每天 24 小時，每週 7 天開通。您將得到一位服務代表的協助。

한국어

영어를 말하거나 읽지 못하는 경우, 365일 24시간 이용 가능한 **1-866-842-2810 (TTY 1-800-570-1190)**번으로 전화하십시오. 직원이 도와드릴 것입니다.

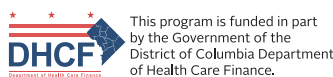
Français

Si vous ne parlez, ni ne lisez anglais, veuillez appeler au numéro **1-866-842-2810 (TTY 1-800-570-1190)**, disponible 24 heures sur 24, 7 jours sur 7. Un représentant pourra vous aider.



www.amerihealthcaritasdc.com

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