

April provider notice

Member ID cards:

Members of **Aetna Better Health® of Oklahoma** receive an ID card containing pertinent information, such as the member's name, ID number (SoonerSelect number), and contact information for claims and scripts. While members should have an assigned PCP on their ID card, some members may not have their PCP listed on their ID card.

A member should not be turned away for services if a PCP is not listed on their ID card.

Prior authorization (PA) communications update:

Aetna Better Health has waived PA requirements for new service requests received from April 1, 2024 - April 30, 2024. This waiver applies to any service rendered prior to May 31, 2024. **Aetna Better Health** will temporarily institute the following:

- Providers are not required during this period to submit requests for PAs for
 - Outpatient services (OP)
 - Durable medical equipment (DME)
 - Inpatient elective procedures
 - Radiology/cardiology (EviCore)
 - Hearing (Nations Hearing)
- If a request is received, **Aetna Better Health** will process the request and issue a notice of administrative approval.
- All requests for OP services, DME, and IP Elective, regardless of PAR/non-Par will be approved.
- **Exception:** Out of state (OOS) providers will require PA for all services.

RX Benefits update:

Effective April 1, 2024, **CVS Caremark®** began administering the prescription benefits for **Aetna Better Health**.

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Prescription copay:

Aetna Better Health members are subject to a \$4 copay/prescription for medications. However, certain populations and certain medications are excluded from the \$4 prescription copay. See below:

Drugs	Copay
ACIP-recommended vaccines	\$0/prescription
Contraceptives	
COVID test kits and drugs (until 9/30/2024; for Paxlovid until 12/31/2024)	
Medication-assisted treatment (MAT)	
Naloxone	
Preferred blood glucose testing supplies and preferred continuous glucose monitors (CGMs)	
Prenatal vitamins	
Tobacco cessation products	

Population	Copay
Above 21 years old	\$4/prescription
Under 21 years old	\$0/prescription
Pregnant members	
American Indian Alaska Native (AI/AN)	
Hospice	



Aetna Better Health®
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Monthly prescription limit:

Aetna Better Health® members are subject to a 6 (six) prescription per month limit threshold. Certain populations and certain medications are excluded from the 6 (six) prescription per month limit. See below:

Drugs that do not count towards monthly 6 prescription limit	
ACIP-recommended vaccines	OHCA's Frequently Monitored Drug – Narrow Therapeutic Index (NTI) Drug List <ul style="list-style-type: none"> • Carbamazepine • Clozapine • Cyclosporine • Desipramine • Digoxin • Esketamine • Levothyroxine • Lithium • Nortriptyline • Phenytoin • Sirolimus • Tacrolimus • Theophylline • Warfarin
Antineoplastics	
Antiretrovirals	
Contraceptives	
COVID test kits and drugs (until 9/30/2024; for Paxlovid until 12/31/2024)	
Hemophilia drugs	
Medication-assisted treatment (MAT)	
Naloxone	
Preferred blood glucose testing supplies and preferred continuous glucose monitors (CGMs)	
Prenatal vitamins	
Tobacco cessation products	

Populations that do not count towards monthly 6 prescription limit
Under 21 years old
Pregnant members

Please rely on the claims adjudication system to determine the correct amount to collect from the plan member, if applicable.

As a reminder, per Federal Medicaid law at 42 U.S.C. § 1396o(e): No provider participating under the State plan may deny services to an individual on account of such individual's inability to pay the patient copay amount.



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