

Other services available at \$0 copay at ABH network pharmacies:

Vaccines — Members can get the following vaccine at an ABH network pharmacy:

- Seasonal Influenza

Long Acting Antipsychotics — can be injected by the Pharmacist at \$0 copay to you

- Aripiprazole (Abilify Maintena)
- Aripiprazole lauroxil (Aristada)
- Fluphenazine (Prolixin)
- Haloperidol (Haldol)
- Olanzapine pamoate (Zyprexa Relprevv)
- Paliperidone (Invega Sustenna, Invega Trinza)
- Risperidone (Risperdal Consta)

Along with covering these types of medications ABH-K offers mental health benefits to their members. Referrals are not needed for mental health services for your child. Call Members Services at 1-800-822-2447 for assistance with:

- Self-referral help
- Finding a participating mental health provider
- Scheduling appointments
- General questions on mental health benefits including prior authorizations

Copay is waived for the following drug group of medications at ABH network pharmacies

- Asthma Medications
- Exclusion from pharmacy coverage (examples):
 - Drugs and devices classified as experimental or are not approved by the FDA
 - Drugs and other items prescribed for obesity or appetite control
 - Durable Medical Equipment (DME) items (except for preferred diabetic supplies, syringes, lancets, alcohol wipes and condoms)



Need help? Just call us.

We are available 8:00 AM–5:00 PM
Monday–Friday.

Aetna Better Health Kids
1-800-822-2447 (TTY: 711)

[AetnaBetterHealth.com/Pennsylvania](https://www.aetna.com/betterhealth/pennsylvania)



Aetna Better Health® Kids

Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-385-4104 (PA Relay: 711)

ATENCIÓN: Si usted habla español, los servicios de ayuda de idioma, sin ningún costo, están disponibles para usted. Llamar al 1-800-385-4104 (PA Relay: 711).

ВНИМАНИЕ: Если Вы говорите на русском языке, Вам предлагаются бесплатные переводческие услуги. Позвоните по номеру 1-800-385-4104 (PA Relay: 711).

PA-20-07-02



Your Pharmacy Benefits

[AetnaBetterHealth.com/Pennsylvania](https://www.aetna.com/betterhealth/pennsylvania)



Aetna Better Health® Kids

Aetna Better Health® Kids (ABH-K) wants to ensure our members have access to the medications they need to remain healthy. ABH-K covers pharmacy benefits that include prescription medicines, select over the counter (OTC), and certain preventive medicines with a doctor's prescription. Look at some of the highlighted benefits we offer to our valued members .

Prescriptions

Typically, we won't pay for drugs not included in the formulary

ABH-K covers medicines listed on the Statewide Preferred Drug List (PDL) and the ABH supplemental formulary. This is what your child's primary care provider (PCP) or other doctor should use when deciding what medicines, you should take. Your child's PCP can get a list of covered medications by calling Member Services or by visiting our website

[AetnaBetterHealth.com/Pennsylvania/members/pharmacy](https://www.aetna.com/better-health/pennsylvania/members-pharmacy). The types of drugs your provider may prescribe include:

- Generic: These contain the same active ingredients as brand name drugs. Copay can range from 0\$ to \$10 depending on the medicine getting filled.
- Brand: Copay can range from 0\$ to \$18 depending on the medicine getting filled
 - Your provider will need to indicate that the brand name version of a drug is medically necessary when a generic is available

Always have your ID card when filling your prescriptions in order to access your pharmacy benefits

We'll allow the pharmacy to give your child a one-time, 72-hour supply for new medications or a 15-day supply for ongoing medications every year that requires prior approval.

- Some medications in the formulary may require prior approval
- Some medications may only be covered if your child's provider submits documentation that your child has:
 - Certain medical conditions or diagnoses that indicate the medication is medically necessary
 - Drug allergies that limit the use of other medications a member might be treated with
 - Unsuccessful treatment of a condition or illness with a different medication without success
- Select OTC medicines will be covered if:
 - Your child has a prescription from their provider
 - The medication is listed in the formulary
 - Your child has been diagnosed with certain medical conditions

Where can you fill and refill your prescriptions?

At any pharmacy that is in our network. You will need to have your Aetna Better Health member ID card with you. You can find the location of an in-network pharmacy by visiting the CVS Caremark pharmacy locator at [AetnaBetterHealth.com/Pennsylvania/members/pharmacy](https://www.aetna.com/better-health/pennsylvania/members-pharmacy). This allows you to search for a pharmacy by zip code so you can find a location close to you.

If you use a pharmacy not in ABH's network, you may be responsible for paying for your child's medication.

90-day (3-month) medication supply

ABH offers the Mail Order Pharmacy where you can get a 3-month supply of your medications you may need for conditions such as asthma, hypertension, depression, or ADHD. Having a 3-month supply can help ensure you are able to take your prescribed medications as recommended by your PCP:

Your PCP can send your prescription(s) to Caremark mail order pharmacy and this will allow you to fill up to a 3-month supply. Take this brochure to your provider and have them mail or fax your prescriptions to the address below for a 3- month supply. The order form is on the last page of this brochure. If additional copies are needed your doctor can get them at this link: www.caremark.com/portal/asset/mof_unauth.pdf

Caremark
 #1 Great Valley Blvd.
 Wilkes-Barre Pa, 18706
 Phone: 570-820-2700
 Fax: 570-820-2512
 Pharmacy NPI – 1326029232

Preventive medicines

ABH covers preventive medicines when you have a prescription from your provider. The following are some examples of covered preventive medicines:

- Contraceptives
 - Birth control supplies such as Long Acting Reversible Contraceptives (LARC)
- Iron supplements
- Sodium Fluoride
- Folic acid supplements
- Vitamins,
- Aspirin
- Smoking deterrents
- Vitamin D supplements
- Tamoxifen
- Raloxifene

For women of childbearing age LARC is considered one of the most safe and effective ways to prevent unplanned pregnancies. LARC can also be provided in the post-partum period following delivery. Talk to your child's PCP or Ob Gyn as this is a covered service for ABH-K members!