

Member Pharmacy Benefits

Aetna Better Health® of Pennsylvania (ABH) wants to ensure our members have access to the medications they need to remain healthy. ABH covers pharmacy benefits that include prescription medications and over-the-counter medications and vitamins with a doctor's prescription. Below is some of the highlighted benefits we offer to our members.

Prescriptions

ABH covers medication listed on the Statewide Preferred Drug List (PDL) and the ABH supplemental formulary. The PDL is intended to help prescribers and members choose safe, effective, and lower-cost drugs. The PDL is available on DHS's website: papdl.com/preferred-drug-list.

Prescription costs for members

- Generic – these contain the same active ingredients as brand name drugs. These are available at **\$1** per prescription for members 21 years of age and older
- Brand Name – These are available at **\$3** per prescription for members 21 years of age and older
- Specialty medications or any medicine not on the statewide PDL or Aetna Better Health's supplemental formulary – **These require prior authorization**. There may be a co-payment for these medications.
 - Note – DHS or Aetna Better Health will respond to a drug prior authorization request within 24 hours to inform you if the request is approved, denied, or if more information is needed.

Each year, ABH network pharmacies can give members a one-time, 72-hour supply for new medications or a 15-day supply for ongoing medications that require **prior authorization**.

Where can members get their prescriptions filled?

At any pharmacy that is in the ABH network. You can assist members in locating a pharmacy while in your office. Visit the CVS Caremark pharmacy locator where you can search for pharmacies by zip code. AetnaBetterHealth.com/pennsylvania/providers/pharmacy.

If members use a pharmacy or specialty pharmacy not in ABH's network, they may be responsible for paying for their medication.

Specialty Pharmacies

Some conditions might require specialty medications that can only be filled at a specialty pharmacy. A specialty pharmacy can mail medications directly to members or to your office. CVS and Giant Eagle Pharmacies can also ship to a local CVS or Giant Pharmacy. There is no charge for sending them their medications.

Some examples conditions that might require specialty medications include:

- Rheumatoid Arthritis
 - Enbrel
 - Humira
- Hepatitis
 - Harvoni
 - Sovaldi
- Osteoarthritis
 - Monovisc
 - Synvisc
- Botulinum
 - Botox
 - Xeomin

The list of preferred specialty pharmacies you can transfer existing prescriptions to or have new prescriptions filled at include:

- Accuserv Pharmacy
Phone: 724-978-0110
Fax: 877-526-8823
- Caremark Specialty Pharmacy
Phone: 877-408-9742 or 1-800-237-2767
Fax: 1-800-323-2445
- Diplomat Specialty Pharmacy
Phone: 844-891-3332
Fax: 855-423-8303
- Einstein at Center One Pharmacy
Phone: 1-877-218-4499
Fax: 215-827-1934
- Elwyn Specialty Care
Phone: 314-919-4677
Fax: 610-545-6030
- Giant Eagle Pharmacy
Phone: 888-792-1552 or 440-356-3287
Fax: 1-877-645-4142
- Senderra Rx Pharmacy
Phone: 1-855-460-7928
Fax: 888-777-5645

90-day (3-month) medication supply

ABH offers the **Mail Order Pharmacy** so members can get a 3-month supply of medications they may need for conditions such as asthma, hypertension, depression, or ADHD. Having a 3-month supply

can help ensure members remain on needed medications to avoid exacerbations in their medical conditions.

You can send prescription(s) to Caremark mail order pharmacy by using the order form located at this link – [Caremark.com/portal/asset/mof_unauth.pdf](https://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

There are several quality measures that are driven by medication adherence:

- Antidepressant Medication Management (AMM)
- Medication Management for People with Asthma (MMA)
- Asthma Medication Ratio (AMR)
- Pharmacotherapy Management of COPD Exacerbations (PCE)

Improved quality scores on these key measures reflect that members are filling and remaining on medications as directed by their PCP. Medication adherence limits exacerbations in medical conditions.

Over the Counter (OTC) Medications

ABH covers over-the-counter medications when you provide a prescription to our members. The following are some examples of covered over-the-counter medications:

- Sinus and allergy medicine
- Tylenol or aspirin
- Vitamins
- Cough medicine
- Heartburn and nausea medicine
- Calcium products

- Cough and cold medications for children under 21 years old (does not include mouthwashes, lozenges, troches, throat sprays or rubs)
- Dry skin preparations for baths
- Eye drops
- Family planning
- Insulin and disposable insulin syringes
- Iron preparations
- Laxatives and softeners
- Medications for diarrhea such as loperamide
- Medications for gas retention such as simethicone
- Nasal medications such as oxymetazoline, phenylephrine, xylometazoline and naphazoline
- Pain medications such as acetaminophen, ibuprofen or aspirin
- Prenatal vitamins
- Quinine
- Topical medications for fungal infections such as athlete's foot
- Topical medications such as creams and ointments (e.g. benzocaine, lidocaine, pramoxine, neomycin, polymyxin, etc.)
- Vitamins and minerals including multivitamins (with or without fluoride for children under 3 years of age)
- Wet dressings

Note – there may be a copayment for OTC medications

Services available to members at \$0 copay at ABH network pharmacies

Vaccines – Members 19 years old or older can get the following vaccines at an ABH network pharmacy

- Hepatitis A
- Hepatitis A & B
- Hepatitis B
- Human Papillomavirus
- Measles, Mumps, Rubella

- Meningococcal
- Pneumonia
- Seasonal Influenza
- Tetanus
- Tetanus, Diphtheria, Pertussis
- Tetanus, Diphtheria Toxoids
- Varicella
- Zoster (Zostavax, Shingrix)

Long Acting Antipsychotics – can be injected by the Pharmacist

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

Copay is waived for the following at ABH network pharmacies

- Pregnant women
- Children under 21 years of age
- Members in a nursing home or other facility
- Family planning drugs – birth control supplies such as Long Acting Reversible Contraceptives (LARC)

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. This is a covered service for ABH members!

- Certain drug groups listed below:
 - Anti-glaucoma drugs
 - Anti-Parkinson drugs
 - Antipsychotic drugs (except for those anti-anxiety drugs that are controlled substances, like alprazolam or diazepam)

- Cancer drugs
- Diabetes drugs
- Drugs used only to treat HIV/AIDS
- Epilepsy drugs
- Heart disease drugs
- High blood pressure drugs
- Naloxone injection/nasal spray for drug overdose
- Preventative vaccines

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
- Drugs marketed by a drug company who does not participate in the Medicaid Drug Rebate Program.
- Durable Medical Equipment (DME) items (except for preferred diabetic supplies, syringes, lancets, alcohol wipes and condoms)

Tobacco Cessation Medications

ABH wants to help our members be healthy and quit tobacco. The following medications are preferred and do not require a prior authorization when prescribed to our members:

- Bupropion HCL SR 150 mg Tablet
- CHANTIX 0.5 mg Tablet
- CHANTIX 1 mg Cont Month Box
- CHANTIX 1 mg Tablet
- CHANTIX Starting Month Box
- GS Nicotine 2 mg Mini Lozenge
- GS Nicotine 4 mg Mini Lozenge
- HM Nicotine 14 mg/24HR Patch
- HM Nicotine 2 mg Chewing Gum

- HM Nicotine 2 mg Lozenge
- HM Nicotine 2 mg Mini Lozenge
- HM Nicotine 21 mg/24HR Patch
- HM Nicotine 4 mg Chewing Gum
- HM Nicotine 4 mg Lozenge
- HM Nicotine 7 mg/24HR Patch
- Nicorelief 2 mg Gum
- Nicorelief 4 mg Gum
- Nicotine 14 mg/24HR Patch
- Nicotine 2 mg Chewing Gum
- Nicotine 2 mg Lozenge
- Nicotine 2 mg Mini Lozenge
- Nicotine 21 mg/24HR Patch
- Nicotine 4 mg Chewing Gum
- Nicotine 4 mg Lozenge
- Nicotine 4 mg Mini Lozenge
- Nicotine 7 mg/24HR Patch
- SM Nicotine 14 mg/24HR Patch
- SM Nicotine 2 mg Chewing Gum
- SM Nicotine 2 mg Lozenge
- SM Nicotine 21 mg/24HR Patch
- SM Nicotine 4 mg Chewing Gum
- SM Nicotine 4 mg Lozenge
- SM Nicotine 7 mg/24HR Patch

Tobacco use / exposure screening is especially important for expectant mothers. Be sure to screen for use/exposure within the first two prenatal visits to ensure timely intervention. Aside from medications, ABH has several resources available to expectant mothers or any member who currently uses or is exposed to tobacco. They are available on our website here: [AetnaBetterHealth.com/pennsylvania/health-wellness/tobacco](https://www.aetna.com/pennsylvania/health-wellness/tobacco)

For more information on pharmacy benefits and access to the PDL and ABH pharmacy please refer to our website:

[AetnaBetterHealth.com/pennsylvania/providers/pharmacy](https://www.aetna.com/pennsylvania/providers/pharmacy)

You can also reach out to Provider Relations for assistance at **1-866-638-1232**.



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