

Member Pharmacy Benefits (CHIP)

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 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-K covers medications listed on ABH-K Formulary. The Formulary is intended to help prescribers and members choose safe, effective, and lower-cost drugs. The ABH-K Formulary is available on our website: [AetnaBetterHealth.com/pennsylvania/assets/pdf/pharmacy/ABHPA_5272_Single%20Tier%20with%20Ref%20Drug_5982.pdf](https://www.aetna.com/pennsylvania/assets/pdf/pharmacy/ABHPA_5272_Single%20Tier%20with%20Ref%20Drug_5982.pdf).

Prescription costs for members

Depending on family size and income, a CHIP recipient may qualify for free, low-cost, or full-cost CHIP coverage.

- Generic – Copay can range from \$0 to \$10 depending on the recipient CHIP coverage
- Brand – Copay can range from \$0 to \$18 depending on the CHIP coverage
 - You will need to indicate that the brand name version of a drug is medically necessary when a generic is available

Special considerations

- Some medications in the formulary may require prior approval/authorization
- Some medications may only be covered if you submit documentation that the child your treating 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:
 - You provide the member a prescription for the medication
 - The medication is listed in the formulary
 - The child has been diagnosed with certain medical conditions

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

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

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

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)

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.

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

Seasonal Influenza (Flu) – Members can get their yearly flu vaccine at an ABH network pharmacy

Asthma Medications – Members can fill their asthma medications at no cost to them at an ABH network pharmacy

Long Acting Antipsychotics – can be injected by the Pharmacist at no cost to your patient

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

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

- Finding a participating mental health provider to refer your ABH-K patients to
- General questions on mental health benefits including prior authorizations

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)

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/better-health/pennsylvania/providers/pharmacy)

You can also reach out to Provider Relations for assistance at **1-800-822-2447**