



Navigating Your Aetna Pharmacy Plan

1. Go to: <https://www.aetna.com/individuals-families/find-a-medication.html>
2. Choose plan year: **2022**
3. Choose pharmacy plan: **Advanced Control Plans- Aetna**
4. Here, you can look at your drug guide, quarterly drug changes, exclusion list including covered alternative and much more!
5. Here, you can also search to see if a drug is covered.
Ensure you have the name and dosage.

Numbers to call

- Pharmacy member services for general questions: 800-238-6279
- Questions regarding Mail Order Pharmacy: 888-792-3862
- Pharmacy member services for general questions for Specialty Drugs: 800-237-2767
- Phone number your **provider** would call to submit a prior-authorization: 855-240-0535
- Phone number your **provider** would call to submit a prior-authorization for a **Specialty medications**: 866-752-7021

Abbreviations

lowercase italics = Generic drugs

UPPERCASE = Brand name drugs

Drug Tier

CE = Copay Exception: Available to some members at no cost with a prescription from your provider when obtained at an in-network pharmacy. Certain limitations may apply.

FE = Formulary Excluded

NP = Non-Preferred Brand and Generic

NPS = Non-Preferred Specialty

PB = Preferred Brand

PG = Preferred Generic

PSP = Preferred Specialty



Coverage Requirements and Limits

AL = Age Limit

IBC = Indication Based Coverage

LGC = Lowest Generic Copay Applies

N7 = Drug tier when CE does not apply

N8 = Drug Specific Coverage

PA = Prior Authorization

QL = Quantity Limit

QLR = Quantity Limit Restriction Based on Age

SPC = Select Plan Coverage: Only available for select plans. Refer to member plan documents for coverage.

ST = Step Therapy

STX = Safer and/or more effective treatments are available



Frequently asked questions

How can I save on prescriptions?

Here are some tips to pay less out of pocket for your prescription drugs:

- Ask your doctor to consider prescribing drugs that are on the Pharmacy Drug Guide (formulary).
- Ask your doctor to consider prescribing generic drugs instead of brand-name drugs.
- Our home delivery pharmacy may save you money. For more information, visit the website on your member ID card and log in to your account.

What are generic drugs?

Generic drugs are proven to be just as safe and effective as brand-name drugs. They contain the same active ingredients in the same amounts as the brand-name drugs and work the same way. So they have the same risks and benefits as brand-name drugs. However, they typically cost less.

When appropriate, your doctor may decide to prescribe a generic drug or allow the pharmacist to substitute a generic drug.

What is precertification?

Precertification is one way that we can help you and your doctor find safe, appropriate drugs and keep costs down. Precertification means that you or your doctor need to get approval from the plan before certain drugs will be covered. Generally, precertification applies to drugs that:

- Are often taken in the wrong way
- Should only be used for certain conditions
- Often cost more than other drugs that are proven to be just as effective

Keep in mind that your doctor must contact us to request approval of coverage for these drugs.



What is step therapy?

Some drugs require step therapy. This means that you must try one or more prerequisite drug(s) before a step therapy drug is covered. The prerequisite drugs have U.S. Food and Drug Administration (FDA) approval and may cost less. They treat the same condition as the step therapy drug. If you don't try the appropriate prerequisite drug first, you may need to pay full cost for the step-therapy drug.



What are quantity limits?

Quantity limits help your doctor and pharmacist make sure that you use your drug correctly and safely. We use medical guidelines and FDA-approved recommendations from drug makers to set these coverage limits. The quantity limit program includes:

- Dose efficiency edits — Limits prescription coverage to one dose per day for drugs that have approval for once-daily dosing
- Maximum daily dose — If a prescription is lower than the minimum or higher than the maximum allowed dose, a message is sent to the pharmacy
- Quantity limits over time — Limits prescription coverage to a specific number of units over a specific amount of time

What if I need a drug that requires an exception to the precertification, step therapy or quantity limits requirements? Or what if I need a drug that's not covered under my plan?

In certain cases, you or your prescriber can request a medical exception to the precertification, step therapy or quantity limits requirements or for a drug that's not covered on your plan. You can ask for your request to be expedited. Expedited coverage decisions are made within 24 hours.

We'll then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

How can your provider request a medical exception?

- Submit their request through our secure provider website on NaviNet®.
- Call the Aetna Pharmacy Precertification Unit at 1-855-240-0535.
- Fax the completed request form to 1-877-269-9916.
- Mail the completed request form to:

Aetna Pharmacy Management
1300 East Campbell Road
Richardson, TX 75081

