


# NETWORK NOTICE

 Aetna Better Health of Kentucky 9900 Corporate Campus Drive Suite 100 Louisville, KY 40223	<b>Date:</b>	3/9/2021
	<b>To</b>	All Network Providers
	<b>From</b>	Provider Experience
	<b>Subject</b>	Single Preferred Drug List (PDL)/Formulary and the Aetna Supplemental Formulary

You may have patients who recently received a letter telling them their prescription is a non-preferred medication on our PDL. Below is more information regarding the new Department of Medicaid Services' (DMS) Single Preferred Drug List (PDL)/Formulary and the Aetna Supplemental Formulary that is effective as of January 1, 2021.

Aetna Better Health of Kentucky (ABHKY) Pharmacy implemented the Department of Medicaid Services' (DMS) Single Preferred Drug List (PDL)/Formulary and DMS Clinical Pharmacy Prior Authorization Guidelines. To ensure we continue to provide exemplary care for our enrollees, ABHKY will also cover some drugs not on the Statewide PDL. That list is called the Aetna Supplemental Formulary. The Statewide PDL and the supplemental coverage list can be found on our website at <https://www.aetnabetterhealth.com/kentucky/providers/pharmacy/>.

Notices are being sent to both enrollees and providers at a minimum of 30 days prior letting them know which drug is being removed from the formulary and the effective date. The enrollee will need to switch to a preferred medication, or the provider will need to submit a Prior Authorization to show why the enrollee cannot be switched to a preferred agent. Beginning April 1, 2021, any non-preferred medications will require Prior Authorization going forward. The Prior Authorization process will remain the same.

A PA request can be submitted either via electronic Prior Authorization (ePA) <https://www.covermyeds.com/main/>, by phone at 855-300-5528, or by fax at 855-799-2550.

If you have any questions or concerns, we are here to help. Please contact Member Services at 855-300-5528 for assistance.

Thank you,

**Questions?**

Simply contact your Network Relations Manager. Our most current listing is attached, the listing can also be found on our website.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from Aetna. There are numerous ways you may opt-out: The recipient may fax the opt-out request to 1-888-263-9488, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to [do\\_not\\_call@aetna.com](mailto:do_not_call@aetna.com). An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to Aetna to send facsimile advertisements to such person/entity at that particular number. Aetna is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, such as prior authorization requests and notices.