



AETNA BETTER HEALTH® OF NEW JERSEY

PRIOR AUTHORIZATION AND FORMULARY SELECTION PROCEDURES

Go to: Aetna Better Health of New Jersey website

<https://www.aetnabetterhealth.com/newjersey/#>



Select the Provider Tab

<https://www.aetnabetterhealth.com/newjersey/providers/>



Select the Pharmacy Tab

<https://www.aetnabetterhealth.com/newjersey/providers/pharmacy>

aetna
AETNA BETTER HEALTH® OF NEW JERSEY

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Pharmacy

Formulary drug list

The Formulary is a list of drugs chosen by Aetna Better Health of New Jersey and a team of doctors and pharmacists. Drugs on this list are generally covered under the plan as long as they are medically necessary. Members must fill their prescriptions at an Aetna Better Health of New Jersey network pharmacy, and follow other plan rules.

Please review the Formulary for any restrictions or recommendations regarding prescription drugs before prescribing a medication to an Aetna Better Health of New Jersey patient.

You can download the **Formulary** or you can also use the **searchable formulary**. You can also view a list of this month's formulary updates.

- Formulary updates +
- Mail order prescriptions +
- Over-the-counter drugs +
- Pharmacy authorization guidelines +
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- Specialty medications +

There are two options for looking at the Formulary: document version and Searchable Formulary

When you select the Formulary option, a PDF version of the Formulary will open. You can use the PDF's search function to look for a drug. Please note that drug names can either be generic or brand but only one of these will show in a search (not both).

https://www.aetnabetterhealth.com/newjersey/assets/pdf/pharmacy/ABH NJ_5322_Single%20Tier%20with%20Ref%20Drug_2224.pdf

*Steroid Inhalants***		
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Pulmicort	PA; QLL (120 mL per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST		
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT		QLL (0.4 GM per 1 day)
FLOVENT HFA INHALATION AEROSOL 44 MCG/ACT		QLL (0.35 GM per 1 day)

If you select the searchable formulary option it will take you out of the Aetna Better Health of New Jersey website and into the MMIT searchable formulary. MMIT manages the searchable formulary for Aetna plans.

Press CONTINUE to go to the MMIT site.

Enter the name of the medication in question into the search field. You can search by generic name, brand name, therapeutic class and all drugs that start with a specific letter.

Drug Search

For more detailed information about your **Aetna Better Health of New Jersey** prescription drug coverage, please review your Member Handbook and other plan materials.

If you have questions about **Aetna Better Health of New Jersey**, please call Member Services at 1-855-232-3596 or hearing impaired (TTY/TDD)711.

Alphabetical Search

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

Brand & Generic Name Search

Therapeutic Class Search

- [*Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexians*](#)
- [*Aminoglycosides*](#)
- [*Analgesics - Anti-Inflammatory*](#)
- [*Analgesics - Nonnarcotic*](#)
- [*Analgesics - Opioid*](#)
- [*Androgens-Anabolic*](#)

Select the Medication, including specific dosage form

Drug Search [Main Content](#)

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[Start Over](#)
 Please select a drug from the list below to continue.

-  [budesonide suspension 0.25 mg/2ml inhalation](#) 
-  [budesonide suspension 0.5 mg/2ml inhalation](#)

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Formulary Id: 00000000
 Formulary Effective Date: 06/01/2018
 Updated: 06/2018

The entry for the selected medicine will open in the same screen. Please note that each graphical icon is defined below. For example PA indicates that prior authorization is needed and QL indicates that there is a quantity limit. A quantity limit designates the amount (dosing, frequency, etc.) that is typically considered appropriate. Deviations require prior authorization.

[Start Over](#)

Selection
 Your search results text here.
 Drug Search: budesonide suspension 0.25 mg/2ml inhalation
 1 drug(s) found

To view other medications in a therapeutic class, click any class hyperlink in your search results.

Results

Brand Name	Therapeutic Class	Dose/Strength	Status	Notes & Restrictions
Generic Name	Sub-class			
budesonide suspension 0.25 mg/2ml inhalation 	*ANTIASTHMATIC AND BRONCHODILATOR AGENTS* *Steroid Inhalants** - *Steroid Inhalants***	suspension 0.25 MG/2ML		 

Definition of Status

Icon	Status	Definition
	Formulary	Formulary
	Non-Formulary	Please review the Non-Formulary Medication Prior Authorization Guideline . You may be required to use formulary agents prior to use.

Definition of Restrictions

Icon	Restriction	Definition
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You have the option of selecting the icon for QL or PA. Once doing so a box will open with the description of the requirements.

[Start Over](#)

Selection
 Your search results text here.
 Drug Search: budesonide suspension 0.25 mg/2ml inhalation
 1 drug(s) found
 To view other medications in a therapeutic class, click any class hyperlink in your search results.

Brand Name <small>Generic Name</small>	Therapeutic Class <small>Sub-class</small>	Dose/Strength	Status	Notes & Restrictions
budesonide suspension 0.25 mg/2ml inhalation Ⓢ	*ANTIASTHMATIC AND BRONCHODILATOR AGENTS* *Steroid Inhalants** - *Steroid Inhalants***	suspension 0.25 MG/2ML	F	<div style="border: 1px solid black; padding: 2px;"> QL PA <small>Quantity Limit</small> <small>Prior Auth</small> </div>

Brand Name: Budesonide SUSPENSION 0.25 MG/2ML Inhalation
Generic Name:
Dosage/Strength: Suspension 0.25 MG/2ML
Status: Formulary

Details: 120 mL per 30 day(s).

[Start Over](#)

Selection
 Your search results text here.
 Drug Search: budesonide suspension 0.25 mg/2ml inhalation
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Brand Name <small>Generic Name</small>	Therapeutic Class <small>Sub-class</small>	Dose/Strength	Status	Notes & Restrictions
budesonide suspension 0.25 mg/2ml inhalation Ⓢ	*ANTIASTHMATIC AND BRONCHODILATOR AGENTS* *Steroid Inhalants** - *Steroid Inhalants***	suspension 0.25 MG/2ML	F	<div style="border: 1px solid black; padding: 2px;"> QL PA <small>Quantity Limit</small> <small>Prior Auth</small> </div>

Brand Name: Budesonide SUSPENSION 0.25 MG/2ML Inhalation
Generic Name:
Dosage/Strength: Suspension 0.25 MG/2ML
Status: Formulary

Details: Prior Authorization applies for members age 6 and older

If you would like to see a further more in-depth version of the guidelines choose the link below or select Guidelines under the Pharmacy authorization guidelines selection which will take you to a PDF version of the Aetna Better Health of NJ Guidelines. These describe in depth by drug the criteria for authorization of each drug for which there are specific criteria. **Nonformulary drugs that lack specific criteria are reviewed under the more general Nonformulary Drug Criteria.**

https://www.aetnabetterhealth.com/newjersey/assets/pdf/pharmacy/New_Jersey_PA_Guidelines_6.1.18-UA.pdf

- For Providers
- Join Our Network
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- Medical Management
- Quality Management
- Training ▾
- Resources ▾

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Guidelines (effective 06.01.2018) for pharmacy prior authorization for:

- [Botulinum Toxins](#)
- [Brand name medication requests](#)
- [Colony Stimulating Factors](#)

The below shows the Pharmacy Prior Authorization Guidelines:

Aetna Better Health® of New Jersey

Pharmacy Prior Authorization Non-Formulary and Prior Authorization Guidelines

Scroll down to see PA Criteria by drug class, or Ctrl+F to search document by drug name

PA Guideline	Requirements	Duration of Approval if Requirements Are Met
Non-Formulary Medication Guideline	<p>Requests for Non-Formulary Medications that do not have specific Prior Authorization Guidelines will be reviewed based on the following:</p> <ul style="list-style-type: none"> • An appropriate diagnosis/indication for the requested medication, • An appropriate dose of medication based on age and indication, • Documented trial of 2 formulary agents for an adequate duration have not been effective or tolerated <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • All other formulary medications are <u>contraindicated</u> based on the patient's diagnosis, other medical conditions or other medication therapy, <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • There are no other medications available on the formulary to treat the patient's condition <p>Aetna Medicaid determines patient medication trials and adherence by a review of pharmacy claims data over the preceding twelve months. Additional information may be requested on a</p>	<p>Initial Approval:</p> <ul style="list-style-type: none"> • Minimum of 3 months, depending on the diagnosis, to determine adherence, efficacy and patient safety monitoring <p>Renewal:</p> <ul style="list-style-type: none"> • Minimum of 6 months • Maintenance medications may be approved Indefinite

Once it has been determined that a prior authorization is necessary, return to the Pharmacy section in the Provider area of the ABHNJ website. The dropdown menu shows all the choices available, including a link to all Pharmacy Prior Authorization forms, organized as A-L and M-Z. Some are named by the class of medication, some by a Brand name and others by a generic name. Look for the name that best matches the medication needing Prior Authorization.

When requesting a prior authorization, most requests can be sent in by fax without a phone call. Please select the most appropriate prior authorization form for the medication. If there is no form that addresses the specific medication, select a more general form, such as the Non-Formulary form.

Once the form is identified, download the form and answer ALL questions on the form. In some cases, the criteria call for records to be sent. The form may not state this. Approval of a request is more likely if all questions are answered, including providing **any additional information that is required**. A determination will be made within 24 hours.

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- Pharmacy prior authorization forms A - L -

To quickly find a prior authorization form, click CTRL F on your keyboard and type in the form name.

- [Acamprosate](#)
- [Actemra](#)
- [Actimmune](#)
- [Afinitor -Afinitor Disperz](#)
- [Ampyra](#)
- [Anthelmintics](#)
- Anticoagulant injectable agents

https://www.aetnabetterhealth.com/newjersey/assets/pdf/pharmacy/Fax%20forms/ABH-NJ_Lyrica_PA_Form.pdf

A sample prior authorization form is shown below:



Lyrica (pregabalin)

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to Aetna Better Health New Jersey at 1-855-296-0323. 
When conditions are met, we will authorize the coverage of Lyrica (Medicaid).

Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name *(circle drug)*

Lyrica (pregabalin)

Other, specify drug _____

Quantity _____ Frequency _____ Strength _____

Route of administration _____ Expected length of therapy _____

Patient information

Patient name: _____

Patient ID: _____

Patient Group No.: _____

Patient DOB: _____

Patient phone: _____

Prescribing physician

Physician name: _____

Specialty: _____ NPI number: _____

Physician fax: _____ Physician phone: _____

Physician address: _____ City, state, zip: _____

Diagnosis: _____ **ICD Code:** _____

Circle the appropriate answer for each question.

1. Does the patient have a diagnosis of partial onset seizures? Y N

If you have further questions, please call 1-855-232-3596 and follow prompts for the Pharmacy. We will be glad to help.