



Aetna Better Health of Texas PROVIDER NOTIFICATION

Dear Valued Provider,

In a periodic review of our Prior Authorization code listing, Effective January 1, 2023, Drugs identified on the preferred drug list (PDL) as preferred are available without prior authorization. As always, do not hesitate to contact your Aetna Better Health of Texas Provider Relations Representative with any questions or comments.

Please refer to the provider pre-authorization tool for the most up to date listing of codes requiring a prior authorization

<https://www.aetnabetterhealth.com/texas/providers/prior-authorization.html>

Please note: This new process may result in a change in how your practice is reimbursed for these services. We urge you to thoroughly review the information in this document and in the attached policy .

CHIP

Bexar area

1-866-818-0959 (TTY: 711)

Tarrant area

1-800-245-5380 (TTY: 711)

STAR (Medicaid)

Bexar area

1-800-248-7767 (TTY: 711)

Tarrant area

1-800-306-8612 (TTY: 711)

STAR Kids

Dallas and Tarrant areas

1-844-787-5437 (TTY: 711)

Thank you for your valued partnership in caring for our Aetna Better Health Members.

Sincerely,

Provider Services and Chief Medical Officer

Aetna Better Health of Texas

Drug Name	NDC	Jan 1, 2023 PDL status
Mavyret	00074260028 00074262528	Preferred
Epclusa	61958220101 61958220301 61958220401 61958220402 61958220501 61958220502	Non-Preferred
Vosevi	61958240101	Non-Preferred