

UNIVERSITY OF VIRGINIA HEALTH PLAN

Summary of Material Modifications

Effective January 1, 2021

Changes to medical benefits effective March 17, 2020:

- Teladoc consultations for general medicine, behavioral health care services, dermatology, and caregiving are covered.

Changes to pharmacy benefits effective January 1, 2021:

The administrator of the Prescription Drug Program is Aetna.

- Aetna's network is the Aetna National Pharmacy Network.
- Aetna Standard Plan Formulary is the drug formulary. The Safety Edit program is included which applies prior authorization, quantity and daily dose limits to drugs that have a high potential for abuse or misuse to help improve utilization.
- Terms in the Aetna Formulary include:
 - Tier 1 = Generics
 - Tier 2 = Preferred Brands
 - Tier 3 = Non-Preferred Brands
- High Performance Generic Step Therapy List for the Aetna Standard Plan identifies the drugs requiring step therapy. It requires the use of one or two generic medication(s) before certain brand medications will be covered. Targeted conditions include high blood pressure, topical products for acne, behavioral health, prostate health, osteoporosis, pain and inflammation, cardiovascular health for high triglycerides, glaucoma, GI reflux, migraine, insomnia, and overactive bladder.
- Prior Authorization for some traditional and all specialty drugs is in place. Targeted non-specialty (traditional) drug classes include ADHD, narcolepsy, anabolic steroids, GLP-1 agonists for diabetes, GI motility, sublingual immunotherapy (SLIT) agents, heart failure, testosterone, and dermatological products.
- Prescription Safety Management Program is in place. This program provides an integrated, cross-functional approach to improve member safety and drug utilization. The program focus is to drive greater outcomes and resolution
 - alerting pharmacists to possible unsafe use,
 - identification of higher-risk members,
 - sending targeted actions to prescribers, members, and pharmacies, and
 - performing research resulting in a detailed course of action for more complex situations.
- Drug Savings Review Program is in place. This retrospective drug utilization review of pharmacy claims finds ways to increase member safety, save members money, and improve quality of care. A clinical review is performed on the claim and the

prescriber is contacted with an actionable recommendation. Clinical review includes appropriate therapy, condition management, dose optimization, GI therapy management, age appropriate management, duration of therapy and therapeutic duplication.

- Pharmacy Advisor Counseling Expanded Program is in place. This program helps to enhance engagement and improve health outcomes and medication management for members with chronic conditions and provides actionable information to providers and one-on-one and telephonic pharmacist counseling to members. It identifies and addresses future opportunities for improved care before members experience adverse health-related events. It targets diabetes, cardiovascular conditions, asthma, COPD, depression, osteoporosis, and breast cancer.
- Drug Exclusion Plan Design is in place. This allows Aetna to react more quickly to changes in drug manufacturing and availability. It applies to medical necessity review, new to market block, hyperinflation, and unapproved products.
- Specialty drugs are identified on Aetna's Specialty Drug List.
- New Aetna ID card should be used to fill prescriptions. It has an RX BIN # on the front of the card.

Rx benefit changes for Basic Health, Value Health, and Choice Health options

- Insulin pumps are covered by the pharmacy benefit as well as the medical benefit.
- Seasonal and preventive vaccines are covered by the pharmacy benefit as well as the medical benefit.
- Compound medications are limited to \$100. Claims above the dollar limit threshold require prior authorization.
- Prescription non-sedating antihistamines are included on the formulary.
- Prescription vitamins are included on the formulary.
- Pain patches and creams are included on the formulary.
- Non-FDA approved drugs are excluded from the formulary.
- Each member with diabetes is eligible for one free Glucometer and an upgrade annually.
- All subscribers will receive a CVS ExtraCare Health Card. This gives you a 20% discount on regularly priced CVS Health brand health-related products.
- Limited Distribution Specialty Drugs (LDD) may be filled through the CVS Specialty Pharmacy or the UVA Specialty Pharmacy. All other specialty drugs must be filled through the UVA Specialty Pharmacy.
- Maintenance drugs for chronic conditions should be filled through the Maintenance Choice program with Opt-Out. 90-day fills of maintenance drugs may be filled at CVS Pharmacies and UVA Pharmacies and receive the same discounted rate charged when filled at the CVS Caremark Mail Service Pharmacy. 30-day fills of maintenance drugs can only be filled twice at other retail pharmacies unless the member opts out

of Maintenance Choice by contacting the Aetna One Advocate Team at the number on their ID card.

- Retail pharmacies can distribute a maximum drug supply of 30 days except for CVS Pharmacies and UVA Pharmacies which can distribute 90-day fills of maintenance drugs.
- Generic and preferred brand diabetic drugs, insulin, and supplies are subject to the following special costshare amounts:
 - 30-day supply generic - \$0
 - 30-day supply preferred brand - \$34
 - 90-day supply generic through Maintenance Choice - \$0
 - 90-day supply preferred brand through Maintenance Choice - \$75
 - All non-preferred brand diabetic drugs, insulin, and supplies are subject to the standard non-preferred costshare amounts.
- Non-covered prescription drugs in the following drug classes may be dispensed with 100% member costsharing under the discount benefit price structure. The Plan pays nothing towards these uncovered drugs. The member receives the benefit of Aetna's negotiated prices when they pay the full cost of these drugs. This costsharing is not applied to your deductible or out-of-pocket maximum:
 - Weight loss drugs
 - Nutritional supplements
 - Fertility drugs (oral and injectable) above the \$15,000 combined medical and pharmacy lifetime maximum.

Rx benefit changes for Basic Health option only

- Medications on the Preventive Medicine List are not subject to the deductible. The standard coinsurance applies.

Rx benefit changes for Value Health and Choice Health options only

- Medications on the Chronic Medicine List and the Preventive Medicine List are not subject to the deductible. The standard copay or coinsurance applies.
- Specialty drug costsharing is subject to the deductible. The costshare amounts are:
 - Generic Specialty – Deductible + 20% (\$100 maximum)
 - Preferred Specialty – Deductible + 20% (\$150 maximum)
 - Non-Preferred Specialty – Deductible + 20% (\$200 maximum).