



## Behavioral Health Drug Coverage Update Effective August 1, 2018

Drug Category	YourCare Coverage Notes
<b>Long-Acting Injectable Antipsychotics on Formulary</b> <ul style="list-style-type: none"> <li>• AbilifyMaintena</li> <li>• Invega Sustenna</li> <li>• RisperdalConsta</li> <li>• Zyprexa Relprevv</li> <li>• Invega Trinza</li> <li>• Aristada</li> <li>• Fluphenazine Decanoate</li> <li>• Haloperidol Decanoate</li> </ul>	<b>Covered as a Pharmacy or Medical Benefit:</b>  <b>For Pharmacy coverage:</b> the member can fill the prescription at any network pharmacy. <ul style="list-style-type: none"> <li>• No prior-authorization is required for formulary products. Coverage for a non-formulary drug will need to be requested by the prescriber through OptumRx: call: 1-844-245-0452</li> </ul> <b>For Medical coverage:</b> <ul style="list-style-type: none"> <li>• No preauthorization is needed</li> <li>• Physician will need to purchase and bill the Plan directly</li> <li>• For questions, call Provider Services at 1-888-638-7149</li> </ul>
<b>Vivitrol (Naltrexone long-acting injection)</b>	<b>Covered as a Pharmacy or Medical Benefit:</b>  <b>For Pharmacy coverage:</b> the member can fill the prescription at any network pharmacy or the physician can order the drug from RelianceRx Specialty Pharmacy for shipment to the office for a specific member use (RelianceRx Specialty Pharmacy: call: <b>(1-716- 523-2969)</b> )  <b>For Medical coverage:</b> <ul style="list-style-type: none"> <li>• No Pre-Authorization is needed.</li> <li>• Physician will need to purchase and bill the Plan directly.</li> <li>• For questions, call Provider Services at 1-888-638-7149</li> </ul>
<b>Naloxone Injections</b> <ul style="list-style-type: none"> <li>• Naloxone 0.4mg/mL vial</li> <li>• Naloxone 1mg/mL prefilled syringe</li> </ul>	<b>Covered as a Pharmacy or Medical Benefit:</b>  <b>For Pharmacy coverage:</b> the member can fill the prescription at any network pharmacy.  <b>For Medical coverage:</b> <ul style="list-style-type: none"> <li>• No Pre-Authorization is needed.</li> <li>• Physician will need to purchase and bill the Plan directly.</li> <li>• For questions, call Provider Services at 1-888-638-7149</li> </ul>
<b>Buprenorphine, Naloxone Products</b> <ul style="list-style-type: none"> <li>• Suboxone Film</li> <li>• Buprenorphine/naloxone sublingual tablets</li> <li>• Buprenorphine sublingual tablets</li> <li>• Zubsolv</li> <li>• Subcolade</li> </ul>	<b>Covered only as a Pharmacy Benefit</b>  The member can fill the prescription at any network pharmacy or the physician can order the drug from RelianceRx Specialty Pharmacy for shipment to the office for a specific member use (RelianceRx Specialty Pharmacy: call: <b>(1-716- 523-2969)</b> )  <ul style="list-style-type: none"> <li>• Formulary products do not require prior-authorization.</li> <li>• Coverage for a non-formulary drug will need be requested by the prescriber through OptumRx: (call: 1-844-245-0452.</li> </ul>
<b>All smoking cessation products</b> <ul style="list-style-type: none"> <li>• Bupropion</li> <li>• Chantix</li> <li>• Nicotine Replacement Therapy</li> </ul>	<b>Covered only as a Pharmacy Benefit</b> <ul style="list-style-type: none"> <li>• The 90 day supply annual limit has been removed.</li> <li>• Monthly quantity limits may apply.</li> <li>• For Pharmacy coverage, the member can fill the prescription at any network pharmacy.</li> </ul>