



Behavioral Health Drug Coverage Update Effective July 1, 2016

Drug Category	YourCare Coverage Notes
Long-Acting Injectable Antipsychotics on Formulary <ul style="list-style-type: none"> • AbilifyMaintena • Invega Sustenna • RisperdalConsta • Zyprexa Relprevv • Invega Trinza • Aristada 	Covered as a Pharmacy or Medical Benefit: <ul style="list-style-type: none"> • For Pharmacy coverage: the member can fill the prescription at any network pharmacy or the physician can order the drug from Accredo Specialty Pharmacy for shipment to the office for a specific member use (Accredo Specialty Pharmacy - call: 1- 888-608-9010) • No prior-authorization is required for formulary products. Coverage for a non-formulary drug will need to be requested by the prescriber through Express Scripts: (call: 1-800-753-2851) • For Medical coverage: <ul style="list-style-type: none"> • No preauthorization is needed • Physician will need to purchase and bill the Plan directly • For questions, call Provider Services at 1-888-638-7149
Vivitrol (Naltrexone long-acting injection)	Covered as a Pharmacy or Medical Benefit: <p>Pharmacy Benefit: The physician can order the drug from Accredo Specialty Pharmacy for shipment to the office for a specific member use (Accredo Specialty Pharmacy: call: 1- 888-608-9010).</p> <p>For Medical coverage:</p> <ul style="list-style-type: none"> • No Pre-Authorization is needed. • Physician will need to purchase and bill the Plan directly. • For questions, call Provider Services at 1-888-638-7149
Naloxone Injections <ul style="list-style-type: none"> • Naloxone 0.4mg/mL vial • Naloxone 1mg/mL prefilled syringe 	Covered as a Pharmacy or Medical Benefit: <p>The member can fill the prescription at any network pharmacy or the physician can order the drug from Accredo Specialty Pharmacy for shipment to the office for a specific member use (Accredo Specialty Pharmacy: call: 1- 888-608-9010)</p> <p>-</p> <p>For Medical coverage:</p> <ul style="list-style-type: none"> • No Pre-Authorization is needed. • Physician will need to purchase and bill the Plan directly. • For questions, call Provider Services at 1-888-638-7149
Buprenorphine, Naloxone Products <ul style="list-style-type: none"> • Suboxone Film • Buprenorphine/naloxone sublingual tablets • Buprenorphine sublingual tablets • Zubsolv 	Covered only as a Pharmacy Benefit <ul style="list-style-type: none"> • For Pharmacy coverage the member can fill the prescription at any network pharmacy. • Formulary products do not require prior-authorization. • Coverage for a non-formulary drug will need be requested by the prescriber through Express Scripts: (call: 1-800-753-2851).
All smoking cessation products <ul style="list-style-type: none"> • Bupropion • Chantix • Nicotine Replacement Therapy 	Covered only as a Pharmacy Benefit <ul style="list-style-type: none"> • The 90 day supply annual limit has been removed. • Monthly quantity limits may apply. • For Pharmacy coverage, the member can fill the prescription at any network pharmacy.