



BEHAVIORAL HEALTH DRUG COVERAGE

Pharmacy Benefit Questions: 1-888-672-7166 | Pharmacy Prior Auth Department: 1-800-788-2949 | Medical Benefit Questions: 1-844-638-6507

Drug	Coverage Information
Long-Acting Injectable First Generation (Typical) Antipsychotics:	
Fluphenazine decanoate Haloperidol decanoate	All medications are covered under the member's pharmacy and medical benefit. No Prior Authorization is required. The medication may be obtained from any network pharmacy.
Long-Acting Injectable Second Generation (Atypical) Antipsychotics:	
Abilify Maintena® (aripiprazole) Zyprexa Relprevv® (olanzapine) Invega Sustenna® (paliperidone) Risperdal Consta® (risperidone) *Aristada® (aripiprazole lauroxil) *Invega Trinza® (paliperidone)	All medications are covered and do not require a prior authorization when billed under the member's pharmacy benefit. The medication may be obtained from any network pharmacy. All requests will require prior authorization when billed as a medical benefit so that we can assist prescribers in managing complex cases. Please refer to the Prior Authorization Form, located on the Provider Portal, for detailed instructions.
Substance Use Disorders	
Vivitrol® (naltrexone)	This medication is covered under the member's pharmacy and medical benefit. No Prior Authorization is required. The medication may be obtained from any network pharmacy.
Buprenorphine/Naloxone Sublingual Tablets Buprenorphine Sublingual Tablets Bunavail® (buprenorphine/naloxone) Zubsolv® (buprenorphine/naloxone)	All medications are covered under the member's pharmacy benefit. Bunavail® and Zubsolv® require prior authorization. The medication may be obtained from any network pharmacy.
Naloxone injection Naltrexone tablets Narcan® Nasal Spray (naloxone)	All medications are covered under the member's pharmacy and medical benefit. No Prior Authorization is required. The medication may be obtained from any network pharmacy. Narcan® Nasal Spray has a Quantity Limit of 4 units per 30 days.
Smoking Cessation	
Nicotine patches, gum and lozenges Nicotine nasal spray and inhalation Buproban® (bupropion) Zyban® (bupropion) Chantix® (varenicline)	All requests are covered under the member's pharmacy benefit. Chantix has a Quantity Limit of 2 tablets per 1 day.

*non-formulary