# 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

## 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)
- Zubsov® (buprenorphine/naloxone)

All medications are covered under the member’s pharmacy benefit. Bunavail® and Zubsov® 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