

VNSNY CHOICE SelectHealth Plan Update: 10/1/16 Behavioral Health drug coverage changes

DRUG	VNSNY CHOICE SelectHealth
<p>Long Acting Injectable Antipsychotics:</p> <ul style="list-style-type: none"> • Haloperidol decanoate • Fluphenazine decanoate • Abilify Maintena • Aristada (available thru Formulary Exception Request) • Invega Sustenna • Risperdal Consta • Zyprexa Relprevv • Invega Trinza (available thru Formulary Exception Request) 	<ul style="list-style-type: none"> • Covered as a Pharmacy or Medical benefit for all SelectHealth members • For Pharmacy coverage the member can fill the prescription at any network pharmacy • For Medical coverage: No Pre-Authorization is needed • For prescription processing questions or assistance with Formulary Exception Requests please call 800-788-2949
<p>Treatment of Substance Use Disorder (SUD):</p> <ul style="list-style-type: none"> • Vivitrol (Naltrexone) • Naloxone 0.4mg/mL vial • Naloxone 1mg/mL prefilled syringe • Narcan nasal spray • Evzio (available thru Formulary Exception Request) • Buprenorphine syringe • Buprenorphine sublingual tablets • Suboxone Film • Bunavail • Zubsolv • Buprenorphine/naloxone sublingual tablets 	<ul style="list-style-type: none"> • Covered as a Pharmacy or Medical benefit for all SelectHealth members • Covered as a Pharmacy or Medical benefit for all SelectHealth members • For Pharmacy coverage the member can fill the prescription at any network pharmacy • For Medical coverage: No Pre-Authorization is needed • Covered only as a Pharmacy Benefit • For Pharmacy coverage the member can fill the prescription at any network pharmacy • For Prior Authorization Requests please call 800-788-2949
<p>Medications Used for Smoking Cessation:</p> <ul style="list-style-type: none"> • Nicotine Replacement Therapy: <ul style="list-style-type: none"> ○ Nicotine nasal spray 10mg/mL (Nicotrol NS) ○ Nicotine inhaler cartridge 10mg (Nicotrol) ○ Nicotine polacrilex 2mg lozenge ○ Nicotine polacrilex 4mg lozenge ○ Nicotine 21mg/24hr patch ○ Nicotine 14mg/24hr patch ○ Nicotine 7mg/24hr patch ○ Nicotine 22mg/24hr patch ○ Nicotine 21-14-7mg patch kit • Bupropion • Chantix 	<ul style="list-style-type: none"> • Covered only as a Pharmacy Benefit • For Pharmacy coverage the member can fill the prescription at any network pharmacy • For Formulary Exception Requests please call 800-788-2949