



**VNSNY CHOICE SELECTHEALTH Plan Update:
8/1/16 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) 	<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
<ul style="list-style-type: none"> • Naloxone 0.4mg/mL vial • Naloxone 1mg/mL prefilled syringe • Narcan nasal spray • Evzio (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
<ul style="list-style-type: none"> • Buprenorphine syringe • Buprenorphine sublingual tablets • Suboxone Film • Bunavail • Zubsolv • Buprenorphine/naloxone sublingual tablets (available thru Formulary Exception Request) 	<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 Prior Authorization Requests please call 800-788-2949
<p>Medications Used for Smoking Cessation:</p> <ul style="list-style-type: none"> • Nicotine Replacement Therapy • 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