

## Behavioral Health Drug Coverage Reference Chart

Drug	Premier Option Plus	Premier Option
<b>Long-Acting Injectable Antipsychotics</b>		
<ul style="list-style-type: none"> <li>- Abilify Maintena® (Aripiprazole)</li> <li>- Aristada® (Aripiprazole lauroxil)</li> <li>- Aristada Initio® (Aripiprazole lauroxil)</li> <li>- Invega Sustenna® (Paliperidone)</li> <li>- Invega Trinza® (Paliperidone)</li> <li>- Perseris™ (Risperidone)</li> <li>- Risperdal Consta® (Risperidone)</li> <li>- Zyprexa Relprevv® (Olanzapine)</li> </ul>	<p style="text-align: center;"><b>Covered as a Pharmacy or Medical Benefit:</b></p> <ul style="list-style-type: none"> <li>- <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy               <ul style="list-style-type: none"> <li>• For questions, call Pharmacy Help Desk at 1-800-922-1557</li> </ul> </li> <li>- <b>For Medical Coverage:</b> <ul style="list-style-type: none"> <li>• No preauthorization is needed</li> <li>• For questions, call Provider Services at 1-800-920-8889</li> </ul> </li> </ul>	<p style="text-align: center;"><b>Covered as a Pharmacy or Medical Benefit:</b></p> <ul style="list-style-type: none"> <li>- <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy               <ul style="list-style-type: none"> <li>• For questions, call Pharmacy Help Desk at 1-800-922-1557</li> </ul> </li> <li>- <b>For Medical Coverage:</b> <ul style="list-style-type: none"> <li>• No preauthorization is needed</li> <li>• For questions, call Provider Services at 1-800-920-8889</li> </ul> </li> </ul>
<b>Substance Use Disorder</b>		
<ul style="list-style-type: none"> <li>- Vivitrol (Naltrexone) injection</li> <li>- Evizo</li> <li>- Naloxone vial</li> <li>- Naloxone prefilled syringe</li> <li>- Narcan Nasal Spray</li> </ul>	<p style="text-align: center;"><b>Covered as a Pharmacy or Medical Benefit:</b></p> <ul style="list-style-type: none"> <li>- <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy               <ul style="list-style-type: none"> <li>• Evzio will require preauthorization</li> <li>• For questions, call Pharmacy Help Desk at 1-800-922-1557</li> </ul> </li> <li>- <b>For Medical Coverage:</b> <ul style="list-style-type: none"> <li>• No preauthorization is needed</li> <li>• For questions, call Provider Services at 1-800-920-8899</li> </ul> </li> </ul>	<p style="text-align: center;"><b>Covered as a Pharmacy or Medical Benefit:</b></p> <ul style="list-style-type: none"> <li>- <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy               <ul style="list-style-type: none"> <li>• Evzio will require preauthorization</li> <li>• For questions, call Pharmacy Help Desk at 1-800-922-1557</li> </ul> </li> <li>- <b>For Medical Coverage:</b> <ul style="list-style-type: none"> <li>• No preauthorization is needed</li> <li>• For questions, call Provider Services at 1-800-920-8899</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>- Buprenorphine/naloxone sublingual tablets</li> <li>- Buprenorphine sublingual tablets</li> <li>- Suboxone Film</li> </ul>	<p style="text-align: center;"><b>Covered as a Pharmacy Benefit:</b></p> <ul style="list-style-type: none"> <li>- <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy               <ul style="list-style-type: none"> <li>• For questions, call Pharmacy Help Desk at 1-800-922-1557</li> </ul> </li> </ul>	<p style="text-align: center;"><b>Covered as a Pharmacy Benefit:</b></p> <ul style="list-style-type: none"> <li>- <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy               <ul style="list-style-type: none"> <li>• For questions, call Pharmacy Help Desk at 1-800-922-1557</li> </ul> </li> </ul>
<b>Smoking Cessation Agents</b>		
<ul style="list-style-type: none"> <li>- Bupropion</li> <li>- Chantix</li> <li>- Nicotine Gum</li> <li>- Nicotine Patch</li> <li>- Nicotrol Nasal Spray</li> </ul>	<p style="text-align: center;"><b>Covered as a Pharmacy Benefit:</b></p> <ul style="list-style-type: none"> <li>- <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy               <ul style="list-style-type: none"> <li>• For questions, call Pharmacy Help Desk at 1-800-922-1557</li> </ul> </li> </ul>	<p style="text-align: center;"><b>Covered as a Pharmacy Benefit:</b></p> <ul style="list-style-type: none"> <li>- <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy               <ul style="list-style-type: none"> <li>• For questions, call Pharmacy Help Desk at 1-800-922-1557</li> </ul> </li> </ul>