

### Behavioral Health Drug Coverage Reference Chart

Drug	Premier Option Plus	Premier Option
<p><b>Long-Acting Injectable Antipsychotics:</b></p> <ul style="list-style-type: none"> <li>– Abilify Maintena</li> <li>– Aristada</li> <li>– Invega Sustenna</li> <li>– Invega Trinza</li> <li>– Risperdal Consta</li> <li>– Zyprexa Relprevv</li> </ul>	<p><b>Covered as a Pharmacy or Medical Benefit for All Members</b></p> <ul style="list-style-type: none"> <li>– <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy</li> <li>– For questions, call Pharmacy Help Desk at 1-800-724-5033</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><b>Covered as a Pharmacy or Medical Benefit for:</b></p> <ul style="list-style-type: none"> <li>– All non-SSI members</li> <li>– SSI members 21 years of age or older</li> <li>– <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy</li> <li>– For questions, call Pharmacy Help Desk at 1-800-724-5033</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>Covered as a NYS fee-for-service medical benefit for SSI members less than 21 years of age</p>
<p><b>Alcohol Deterrent</b> Vivitrol (Naltrexone)</p>	<p><b>Covered as a Pharmacy or Medical Benefit for All Members</b></p> <ul style="list-style-type: none"> <li>– <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy</li> <li>– For questions, call Pharmacy Help Desk at 1-800-724-5033</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><b>Covered as a Pharmacy or Medical Benefit for All Members</b></p> <ul style="list-style-type: none"> <li>– <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy</li> <li>– For questions, call Pharmacy Help Desk at 1-800-724-5033</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><b>Opioid Antagonist</b></p> <ul style="list-style-type: none"> <li>– Naloxone vial</li> <li>– Naloxone prefilled syringe</li> <li>– Narcan Nasal Spray</li> <li>– Evzio</li> </ul>	<p><b>Covered as a Pharmacy or Medical Benefit for All Members</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 1-800-724-5033</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><b>Covered as a Pharmacy or Medical Benefit for All Members</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 1-800-724-5033</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><b>Partial Opioid Agonist</b> Buprenorphine sublingual tablets</p> <p><b>Partial Opioid Agonist/Opioid Antagonist</b> – Buprenorphine/naloxone sublingual tablets – Suboxone Film</p>	<p><b>Covered as a Pharmacy Benefit for All Members</b> – <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy</p> <ul style="list-style-type: none"> <li>• For questions, call Pharmacy Help Desk at 1-800-724-5033</li> </ul>	<p><b>Covered as a Pharmacy Benefit for All Members</b> – <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy</p> <ul style="list-style-type: none"> <li>• For questions, call Pharmacy Help Desk at 1-800-724-5033</li> </ul>
<p><b>Smoking Cessation products:</b> – Bupropion – Chantix – Nicotine Gum, Nasal Spray and Patch</p>	<p><b>Covered as a Pharmacy Benefit for All Members</b> – <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy</p> <ul style="list-style-type: none"> <li>• No limitations on length or number of therapies</li> <li>• For questions, call Pharmacy Help Desk at 1-800-724-5033</li> </ul>	<p><b>Covered as a Pharmacy Benefit for All Members</b> – <b>For Pharmacy Coverage:</b> the member can fill the prescription at any network pharmacy</p> <ul style="list-style-type: none"> <li>• No limitations on length or number of therapies</li> <li>• For questions, call Pharmacy Help Desk at 1-800-724-5033</li> </ul>