

## Behavioral Health Formulary Updates

| Description                              | Product                      | Pharmacy Benefit  | Medical Benefit   |
|--|------------------------------|---|---|
|  |                              | Medication(s) that can be obtained at your Pharmacy or Accredo Specialty Pharmacy & the process in order to obtain the medication(s). | Medication(s) that your Physician purchases, administers and bills Molina Healthcare. |
| Long Acting Injectable<br>Antipsychotics | Risperdal Consta             | Formulary   | No Prior Authorization Required   |
|  | Aristada                     | Formulary   | No Prior Authorization Required   |
|  | Abilify Maintena             | Non-formulary   | No Prior Authorization Required   |
|  | Invega Sustenna              | Non-formulary   | No Prior Authorization Required   |
|  | Zyprexa Relprevv             | Non-formulary   | No Prior Authorization Required   |
|  | Invega Trinza                | Non-formulary   | No Prior Authorization Required   |
| Opioid Antagonist                        | Vivitrol Injection           | Formulary   | No Prior Authorization Required <sup>1</sup>  |
|  | Naloxone 0.4mg/ml inj        | Formulary   | No limits   |
|  | Naloxone 2mg/ml inj          | Formulary   | No limits   |
|  | Evzio                        | Non-Formulary   | No limits   |
|  | Buprenorphine-Naloxone       | Formulary   | Not covered under Medical Benefit   |
|  | Naltrexone Hydrochloride tab | Formulary   | Not covered under Medical Benefit   |
|  | Suboxone (film)              | Formulary   | Not covered under Medical Benefit   |
|  | Zubsolv                      | Non-Formulary   | Not covered under Medical Benefit   |
|  | Bunavail                     | Non-Formulary   | Not covered under Medical Benefit   |
| Smoking Cessation                        | Nicotrol                     | Formulary   | Not covered under Medical Benefit   |
|  | Nicotine Patches             | Formulary   | Not covered under Medical Benefit   |
|  | Chantix                      | Formulary   | Not covered under Medical Benefit   |
|  | Nicotine Gum and lozenges    | Formulary   | Not covered under Medical Benefit   |
|  | Bupropion SR 150mg           | Formulary   | Not covered under Medical Benefit   |

**Prior Authorization:** These are some drugs on the formulary that need prior authorization, which means they need approval before you can fill the prescription. If you don't get approval, the drug may not be paid for.

Pharmacy Benefit: The member can fill the formulary item at any network pharmacy or the physician can order the drug from Accredo Specialty Pharmacy (1-800-803-2523) for shipment to the office for a specific member use. No prior- authorization is required by formulary products. Coverage for a non-formulary drug will need to be requested by your physician by faxing a prior authorization form and clinical supporting data to Express Scripts to 1-877-328-9799.

<sup>&</sup>lt;sup>1</sup> Product may be obtained from Accredo Specialty Pharmacy by calling 1-800-803-2523 or any network specialty pharmacy.