

BEHAVIORAL HEALTH FORMULARY UPDATES for **Medicaid & Medicaid SSI**

October 1, 2015

Refer to below grid concerning enhanced Pharmacy benefits for Medicaid members related to behavioral health:

- Long-Acting Injectable Antipsychotics will not require prior authorization & will also be covered for Medicaid SSI members who are 21 years of age and older residing in any of the 5 boroughs of NYS
- No course limitations for smoking cessation therapies if behavioral health comorbidity exists. Prior authorization required for the duration exception.

Key					
PA = Prior Authorization	ST = Step Therapy	SP = Specialty Drug with Pharmacy Network Requirement	QL = Quantity Limits	AL = Age Limits	NF=Non formulary

Product Name	Pharmacy Benefit	Medical Benefit Physician Buy & Bill
	For coverage determinations, call 1-877-432-6793	For questions, call 1-718-794-7174
Long-Acting Injectable Antipsychotics: Abilify Maintena Invega Sustenna Risperdal Consta Zyprexa Relprevv Invega Trinza	No PA required, AL (18 yrs and over for Medicaid, 21 yrs and over for Medicaid SSI members residing in any of the 5 boroughs of NYC), QL QL (1 per 25 days) QL (1 per 25 days) QL (1 per 25 days) QL (2 per 25 days for 210, 300 mg; 1 per 25 day for 405mg) ST, QL (1 per 84 days)	No PA required, AL (18 yrs and over for Medicaid, 21 yrs and over for SSI members residing in any of the 5 boroughs of NYC)
Vivitrol (naltrexone) Injection	PA, SP, AL (18 yrs and over)	No PA required, AL (18 yrs and over)
naltrexone Tab	AL (18 yrs and over)	Not covered under Medical Benefit
buprenorphine SL Tab buprenorphine/naloxone SL Tab Suboxone Film Subutex SL Zubsolv SL Bunavail buccal	PA, AL (18 yrs and over), QL (8mg max/day x 3 days) PA, AL (18 yrs and over), QL (24mg/6mg max/day) NF, PA, AL (18 yrs and over), QL NF, PA, AL (18 yrs and over), QL NF, PA, AL (18 yrs and over), QL NF, PA, AL (18 yrs and over), QL	Not covered under Medical Benefit

Product Name	Pharmacy Benefit	Medical Benefit Physician Buy & Bill
naloxone 0.4mg/ml vial naloxone 2mg/2ml prefilled syringe Evzio	- DUR edit if concomitant opiate QL (2 doses per prescription) QL (2 doses per prescription) NF, PA	No limits
acamprosate Tab	AL (18 yrs and over)	Not covered under Medical Benefit
disulfiram Tab	AL (18 yrs and over)	Not covered under Medical Benefit
Smoking Cessation products: bupropion Chantix Nicotine Gum Nicotine Patch Nicotine Inhaler Nicotine Lozenger Nicotine Nasal Spray	AL (18 yrs and over), QL (2 per day, max 180 days per year) AL (18 yrs and over), QL (2 per day, max 180 days per year) AL (13 yrs and over), QL (24 per day, max 180 days per year) AL (13 yrs and over), QL (1 per day, max 180 days per year) AL (18 yrs and over), QL (16 per day, max 180 days per year) AL (18 yrs and over), QL (20 per day, max 180 days per year) AL (18 yrs and over), QL (40 per day, max 180 days per year) - Concomittant utilization of 2 agents is permitted: o 2 nicotine replacement therapies (NRT) o NRT and bupropion o NRT and Chantix - PA required for longer duration. Permitted for all Medicaid members with behavioral health diagnosis.	Not covered under Medical Benefit

Pharmacy Changes for New York City Behavioral Health Transition to Managed Care. Medicaid Update. New York State Department of Health. September 2015:31(10), p11. Accessed on 9/29/15 at http://www.health.ny.gov/health_care/medicaid/program/update/2015/index.htm.

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