

Behavioral Health Formulary Updates

for Medicaid and Medicaid SSI Programs

Revised February 1, 2018

The information below summarizes the behavioral health pharmacy and medical benefits as part of your MVP Medicaid plan.

Drug Category/Product Name	Pharmacy Benefit	Medical Benefit
Long-Acting Injectable Antipsychotics		
Abilify Maintena	No prior authorization required	No prior authorization required
Aristada	No prior authorization required	No prior authorization required
Geodon IM	No prior authorization required	No prior authorization required
Invega Sustenna	No prior authorization required	No prior authorization required
Invega Trinz	No prior authorization required	No prior authorization required
Risperdal Consta	No prior authorization required	No prior authorization required
Zyprexa Relprevv	No prior authorization required	No prior authorization required
Substance Use Disorder		
Vivitrol (naltrexone) injection	No prior authorization required, must be obtained from a network specialty pharmacy	No prior authorization required
naltrexone tablet	No prior authorization required	Not covered
buprenorphine SL tab	90 tablets per 30 days quantity limit	Not covered
buprenorphine/naloxone SL tab	90 tablets per 30 days quantity limit	Not covered
Suboxone Film	90 strips per 30 days quantity limit	Not covered
naloxone 0.4mg/ml vial	No prior authorization required	Not covered
naloxone 2mg/2ml prefilled syringe	No prior authorization required	Not covered
Narcan Nasal Spray	No prior authorization required	Not covered
acamprosate	No prior authorization required	Not covered
Smoking Cessation Agents		
bupropion	No prior authorization required	Not covered
Chantix	No prior authorization required	Not covered
nicotine gum	No prior authorization required	Not covered
nicotine patch	No prior authorization required	Not covered
nicotine lozenge	No prior authorization required	Not covered
Nicotrol Inhaler	No prior authorization required	Not covered
Nicotrol nasal spray	No prior authorization required	Not covered