



**Healthfirst Medicaid and Personal Wellness Plan Update:
Behavioral Health Drug Coverage Changes**
EFFECTIVE 1/1/18

Drug	Healthfirst Personal Wellness Plan	Healthfirst Medicaid
<p>Long-acting injectable antipsychotics</p> <ul style="list-style-type: none"> Abilify Maintena Aristada Invega Sustenna Risperdal Consta Zyprexa Relprevv (Non-Formulary) Invega Trinza (Non-Formulary) 	<p>Covered as a Pharmacy or Medical Benefit for all members</p> <ul style="list-style-type: none"> - For Pharmacy coverage, the member can fill the prescription at any network pharmacy - For Medical coverage: <ul style="list-style-type: none"> • No preauthorization is needed • For billing questions, call Provider Services at 1-888-801-1660 	<p>Covered as a Pharmacy or Medical Benefit by Healthfirst for:</p> <ul style="list-style-type: none"> • All non-SSI members • SSI members 21 years of age or older - For Pharmacy coverage, the member can fill the prescription at any network pharmacy - For Medical coverage: <ul style="list-style-type: none"> • No preauthorization is needed • For billing questions, call Provider Services at 1-888-801-1660 <p>Covered as a NYS Fee-For-Service Medical Benefit</p> <ul style="list-style-type: none"> • SSI members under 21 years of age
<p>Vivitrol (Naltrexone)</p>	<p>Covered as a Pharmacy or Medical Benefit for all members</p> <ul style="list-style-type: none"> - Vivitrol can be filled by any network specialty pharmacy - For Medical coverage: <ul style="list-style-type: none"> • For billing questions, call Provider Services at 1-888-801-1660 	<p>Covered as a Pharmacy or Medical Benefit for all members</p> <ul style="list-style-type: none"> - Vivitrol can be filled by any network specialty pharmacy - For Medical coverage: <ul style="list-style-type: none"> • For billing questions, call Provider Services at 1-888-801-1660
<p>Naloxone 0.4mg/mL vial Naloxone 1mg/mL prefilled syringe</p>	<p>Covered as a Pharmacy or Medical Benefit for all members</p> <ul style="list-style-type: none"> - For Pharmacy coverage, the member can fill the prescription at any network pharmacy - For Medical coverage: <ul style="list-style-type: none"> • No preauthorization is needed • For billing questions, call Provider Services at 1-888-801-1660 	<p>Covered as a Pharmacy or Medical Benefit for all members</p> <ul style="list-style-type: none"> - For Pharmacy coverage, the member can fill the prescription at any network pharmacy - For Medical coverage: <ul style="list-style-type: none"> • No preauthorization is needed • For billing questions, call Provider Services at 1-888-801-1660
<p>Suboxone Film Buprenorphine/naloxone sublingual tablets Buprenorphine sublingual tablets</p>	<p>Covered only as a Pharmacy Benefit for all members</p> <ul style="list-style-type: none"> - For Pharmacy coverage, the member can fill the prescription at any network pharmacy 	<p>Covered only as a Pharmacy Benefit for all members</p> <ul style="list-style-type: none"> - For Pharmacy coverage, the member can fill the prescription at any network pharmacy
<p>All smoking-cessation products</p> <ul style="list-style-type: none"> Bupropion Chantix Nicotine Replacement Therapy 	<p>Covered only as a Pharmacy Benefit for all members</p> <ul style="list-style-type: none"> • The two-course annual limit has been removed <ul style="list-style-type: none"> - For Pharmacy coverage, the member can fill the prescription at any network pharmacy 	<p>Covered only as a Pharmacy Benefit for all members</p> <ul style="list-style-type: none"> • The two-course annual limit has been removed <ul style="list-style-type: none"> - For Pharmacy coverage, the member can fill the prescription at any network pharmacy