

WELLCARE HEALTH PLANS MEDICAID PLAN UPDATE:  
 BEHAVIORAL HEALTH DRUG COVERAGE UPDATES  
 EFFECTIVE 10/1/2015

Drug	WellCare Health Plans, Inc. Medicaid
Long-Acting Injectable Antipsychotics <ul style="list-style-type: none"> <li>• Abilify Maintena</li> <li>• Invega Sustenna</li> <li>• Risperdal Consta (Non-Formulary)</li> <li>• Zyprexa Relprevv (Non-Formulary)</li> <li>• Invega Trinza (Non-Formulary)</li> </ul>	<p style="text-align: center;"><b>Covered as a Pharmacy or Medical Benefit</b></p> <ul style="list-style-type: none"> <li>- For Pharmacy coverage,               <ul style="list-style-type: none"> <li>Abilify Maintena suspension*: Covered with PA for diagnosis and trial with oral aripiprazole, risperidone, quetiapine, or olanzapine. Consider use for non-compliant members or those with swallowing difficulties.</li> <li>Invega Sustenna*: Covered with PA for diagnosis and trial with oral ziprasidone, risperidone, quetiapine, or olanzapine. Consider use for non-compliant members or those with swallowing difficulties.</li> </ul> </li> <li>*These products are also available through the medical benefit using J-codes</li> <li>*Zyprexa Relprevv, Risperdal Consta, and Invega Trinza are available through the prior authorization process.</li> <li>- For Medical coverage:               <ul style="list-style-type: none"> <li>• No preauthorization is needed for any of the five LA Injectable Antipsychotics</li> <li>• Available using J-codes</li> </ul> </li> </ul>
Vivitrol (Naltrexone)	<p style="text-align: center;"><b>Covered as a Specialty Pharmacy or Medical Benefit using J-code</b></p> <ul style="list-style-type: none"> <li>- Please call 1-800-288-5441 or fax 1-866-388-1517 for authorization           <ul style="list-style-type: none"> <li>• Vivitrol can be filled by Exactus Specialty Pharmacy after approval               <ul style="list-style-type: none"> <li>○ Phone 1-866-458-9246</li> <li>○ Fax 1-866-458-9245</li> </ul> </li> </ul> </li> </ul>
Naloxone 0.4 mg/mL vial Naloxone 1 mg/mL prefilled syringe	<p style="text-align: center;"><b>Covered as a Pharmacy Benefit</b></p> <ul style="list-style-type: none"> <li>- The member can fill the prescription at any network pharmacy           <ul style="list-style-type: none"> <li>• Quantity Limit of 5 mL/31 days (0.4 mg/mL)</li> <li>• Quantity Limit of 4 mL/31 days (1 mg/mL)</li> </ul> </li> </ul>
Zubsolv sublingual tablet Buprenorphine sublingual tablets Suboxone Film (Non-Formulary) Buprenorphine/naloxone sublingual tablets(Non-Formulary)	<p style="text-align: center;"><b>Covered as a Pharmacy Benefit</b></p> <ul style="list-style-type: none"> <li>- Zubsolv sublingual tablet requires prior authorization</li> <li>- buprenorphine sublingual tablet requires prior authorization</li> <li>- The member can fill the prescription at any network pharmacy after approval</li> </ul> <p style="text-align: center;">Suboxone and Buprenorphine/naloxone are available through the prior authorization process.</p>
All smoking cessation products <ul style="list-style-type: none"> <li>• bupropion hcl ER</li> <li>• Chantix</li> <li>• Nicotine Replacement Therapy [lozenge,gum,patch]</li> <li>• Nicotrol NS spray</li> <li>• Nicotrol inhaler</li> <li>• Buprobán (Non-Formulary)</li> <li>• Zyban (Non-Formulary)</li> </ul>	<p style="text-align: center;"><b>Covered as a Pharmacy Benefit</b></p> <ul style="list-style-type: none"> <li>- The two-course annual limit may be removed through the prior authorization process based on medical necessity</li> <li>- The member can fill the prescription at any network pharmacy</li> <li>- Nicotrol Inhaler, Nicotrol NS Spray, and Chantix limited to those 18 years of age and older</li> </ul>