

<b>LAIA (Long Acting Injectable Antipsychotic) Medication</b>	<b>Amida Care Live Life Plus Coverage Information</b>
First Generation (Typical) Injectable Antipsychotics <ul style="list-style-type: none"> <li>• Haloperidol</li> <li>• Fluphenazine</li> </ul>	All requests are covered under the member's pharmacy and medical benefit.
Second Generation (Atypical) Injectable Antipsychotics <ul style="list-style-type: none"> <li>• Invega Sustenna</li> <li>• Invega Trinza</li> <li>• Abilify Maintena</li> <li>• Risperdal Consta</li> <li>• Zyprexa Relprevv</li> </ul>	<p>All medications are covered and do not require prior authorization when billed under the member's medical benefit.</p> <p>All requests will require prior authorization when billed as a pharmacy benefit so we can assist prescribers in managing complex cases. Please refer to the <b>Long Acting Injectable Antipsychotic</b> prior authorization form for detailed instructions.</p>
<b>Other</b>	<b>Amida Care Live Life Plus Coverage Information</b>
Opioid Antagonist <ul style="list-style-type: none"> <li>• Vivitrol</li> </ul>	Prior-Authorization is NOT required when billed under the member's medical benefit OR pharmacy benefit.
Smoking Cessation <ul style="list-style-type: none"> <li>• Chantix (18 years or older)</li> <li>• Nicotine patches, gum and lozenges (13 years or older)</li> <li>• Nicotine nasal spray and inhalation (13 years or older)</li> <li>• Bupropion (18 years or older)</li> </ul>	<p>All requests are covered under the member's pharmacy benefit.</p> <p>See age limitations indicated with the medication.</p>
Analgesic, Opioid Partial Agonist <ul style="list-style-type: none"> <li>• Suboxone</li> <li>• Buprenorphine</li> <li>• Buprenorphine and Naloxone</li> </ul>	Prior-Authorization is NOT required.