

ATTENTION: PHARMACY PROVIDERS
MetroPlus Health Plan**RXBIN: 004336****RXPCN: ADV****RXGRPs: RX7541, RX7545****ANTIPSYCHOTIC INJECTION MEDICATION PROCESSING**

CVS/caremark provides coverage for **MetroPlus Health Plan** members. The following information is intended to assist Providers submitting atypical, long-acting antipsychotic injections.

As of **September 15, 2014**, MetroPlus excludes these medications from coverage for SSI (Supplemental Security Income) Medicaid enrollees. If one of the products below rejects with the specific reject messaging, please bill Fee-For-Service New York State Medicaid directly, not MetroPlus. If you experience difficulty in billing, please call the New York State Medicaid Clinical Help Desk (at the telephone number found in the reject messaging): **1-877-309-9493**.

Reject 70: << Long acting atyp antipsych - bill NY FFS - plan excl. - Prior Auth Call Line 1-877-309-9493 >>

PRODUCTS
ZYPREXA RELPREVV
INVEGA SUSTENNA
RISPERDAL CONSTA
ABILIFY MAINTENA

GENERAL CLAIMS SUBMISSION INFORMATION	
RXBIN	004336
RXPCN	ADV
RXGRPs	RX7541, RX7545
Cost-Share	Please rely on the claims system response to determine the correct amount to collect from the plan member.
Geographic Area	New York

For additional claim processing assistance, if needed, please call the CVS/caremark Pharmacy Help Desk at **1-800-364-6331**.

For COB processing information, refer to the NCPDP Version D.Ø Payer Sheets at www.caremark.com/pharminfo or www.caremark.com > For Pharmacists and Medical Professionals > NCPDP Payer Sheets.

Thank you for delivering high quality, cost-effective pharmacy services to **MetroPlus Health Plan** members.