

2017 Medicare Part D CA Benchmark Plans:							
Coverage of Alameda Co. BHCS Top Prescribed Medications							
Prepared by Charles Raynor PharmD; Cassie Chan CPhT; Marianne Doral CPhT on 10/10/2016							
		2016 Benchmark Plan offered in 2017 (Formulary may have ch					
		New Benchmark Plan offered in 2017					
F - on formulary PA - prior authorization required - quantity limits step therapy NF - non formulary - formulary changed	Q S -	AARP MedicareRx Saver Plus	Humana Preferred Rx Plan	Symphonix Value Rx	SilverScript Choice	Aetna Medicare Rx Saver	WellCare Classic
Abilify (aripiprazole)	Q	PA Q	Q	Q	Q	Q	Q
aripiprazole ODT*	Q	PA Q	Q	Q	Q	Q	Q
Abilify Maintena	F	PA Q	F	Q	F	Q	Q
Ambien (zolpidem)	Q	Q	Q	PA Q	PA Q	PA Q	Q
Aristada	F	PA Q	F	NF	F	NF	NF
Benadryl (diphenhydramine)	NF	NF	NF	NF	NF	NF	NF
Celexa (citalopram)	F	Q	F	F	Q	F	F
Clozaril (clozapine)	F	PA	F	F	F	Q	Q
Cogentin (benztropine)	F	F	F	PA	PA	PA	Q
Cymbalta (duloxetine)	Q†	Q	Q†	Q†	Q	Q†	Q
Depakote (divalproex)	F	F	F	F	F	F	F
Effexor XR (venlafaxine ER)	F	Q	F	Q	Q	F	F
Fanapt*	S Q	PA Q	S Q	Q	S Q	Q	Q
Fazacla (clozapine disc melt)*	Q	PA	Q	PA	F	PA	Q
Geodon (ziprasidone)	Q	PA Q	Q	F	Q	Q	Q
Haldol (haloperidol) / Haldol LAI (haloperidol dec)	F	F	F	F	F	F	F
Invega Sustenna	F	PA Q	F	Q	F	Q	Q
Invega Trinza*	PA	PA Q	PA	Q	F	Q	Q
Lamictal (lamotrigine)	F	F	F	F	F	F	F
Latuda	Q	PA Q	Q	Q	Q	Q	Q
Lexapro (escitalopram)	F	Q	F	F	Q	Q	Q
lithium	F	F	F	F	F	F	F
Moban (molindone)	F	PA Q	F	F	Q	F	F
Navane (thiothixene)	F	F	F	F	F	F	F
Paxil (paroxetine)	F	Q	F	F	F	Q	Q
Prolixin (fluphenazine) / Prolixin LAI (fluphenazine dec)	F	F	F	F	F	F	F
Prozac (fluoxetine)	F‡	Q	F‡	F	F	Q	Q
Remeron (mirtazapine)	F	Q	F	Q	F	Q	Q
Remeron SolTab (mirtazapine ODT)	F	Q	F	Q	Q	Q	Q
Rexulti*	Q	PA Q	Q	Q	Q	Q	Q
Risperdal (risperidone) / Risperdal M-Tab (risperidone ODT)	F	PA Q	F	F	Q	Q	Q
Risperdal Consta	F	PA Q	F	Q	F	Q	Q
Saphris*	Q	PA Q	Q	Q	Q	Q	Q
Seroquel (quetiapine)	Q	PA Q	Q	Q	Q	Q	Q
Seroquel XR (quetiapine XR)	Q	Q	NF	Q	NF	Q	Q
Stelazine (trifluoperazine)	F	F	F	F	F	F	F
Trilafon (perphenazine)	F	F	F	F	F	F	F
Trileptil (oxcarbazepine)	F	F	F	F	F	F	F
Vralar*	S Q	PA Q	S Q	Q	S Q	Q	Q
Wellbutrin XL (bupropion XL)	F	Q	F	F	Q	Q	Q
Wellbutrin SR (bupropion SR)	F	Q	F	F	Q	F	F
Zoloft (sertraline)	F	Q	F	F	F	Q	Q
Zyprexa (olanzapine)	Q	PA Q	Q	Q	Q	Q	Q
Zyprexa Zydis (olanzapine ODT)	Q	PA Q	Q	Q	Q	Q	Q
% Unrestricted Formulary coverage	61%	23%	61%	45%	45%	30%	
* = non-ACBHCS formulary medication							
† = 40 mg strength not on formulary							
‡ = tablet form not on formulary							

