

2018 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 10/5/2017						
2017 Benchmark Plan offered in 2018 (Formulary may have changed)						
AARP MedicareRx Saver Plus will no longer be a benchmark plan in 2018						
F - on formulary PA - prior authorization required Q - quantity limits S - step therapy - non formulary - formulary changed	NF	Aetna Medicare Rx Saver	Humana Preferred Rx Plan	SilverScript Choice	Symphonix Value Rx	WellCare Classic
Abilify (aripiprazole)	Q	PA Q	Q	Q	Q	
aripiprazole ODT*	Q	PA Q	Q	Q	Q	
Abilify Maintena	Q	PA Q	Q	F	Q	
Ambien (zolpidem)	PA Q	Q	PA Q	Q	PA Q	
Aristada	Q	PA^ Q	Q	F	Q	
Benadryl (diphenhydramine)	NF	NF	NF	NF	NF	
Celexa (citalopram)	Q	Q	F	F	F	
Clozaril (clozapine)	F	PA	F	F	Q	
Cogentin (benztropine)	PA	F	PA	F	PA	
Cymbalta (duloxetine)	Q	Q	Q†	Q†	Q†	
Depakote (divalproex)	F	F	F	F	F	
Effexor XR (venlafaxine ER)	Q	Q	Q	F	F	
Fanapt*	S Q	PA Q	Q	S Q	Q	
Fazaclon (clozapine disc melt)*	F	PA	PA	Q	PA Q	
Geodon (ziprasidone)	Q	PA Q	Q	Q	Q	
Haldol (haloperidol) / Haldol LAI (haloperidol dec)	F	F	F	F	F	
Invega Sustenna	Q	PA Q	Q	F	Q	
Invega Trinza*	Q	PA Q	Q	PA	Q	
Lamictal (lamotrigine)	F‡	F	F‡	F‡	F‡	
Latuda	Q	PA Q	Q	Q	Q	
Lexapro (escitalopram)	Q	Q	F	F	Q	
lithium	F	F	F	F	F	
Navane (thiothixene)	F	F	F	F	F	
Paxil (paroxetine)	Q	Q	F	F	Q	
Prolixin (fluphenazine) / Prolixin LAI (fluphenazine dec)	F	F	F	F	F	
Prozac (fluoxetine)	Q	Q	F	F	Q	
Remeron (mirtazapine)	Q	Q	Q	F	Q	
Remeron SolTab (mirtazapine ODT)	Q	Q	Q	F	Q	
Rexulti*	Q	PA Q	Q	Q	Q	
Risperdal (risperidone) / Risperdal M-Tab (risperidone ODT)	Q	PA Q	F	F	Q	
Risperdal Consta	Q	PA Q	Q	F	Q	
Saphris*	Q	PA Q	Q	Q	Q	
Seroquel (quetiapine)	Q	PA Q	Q	Q	Q	
Seroquel XR (quetiapine XR)	Q	NF	Q	NF	Q	
Stelazine (trifluoperazine)	F	F	F	F	F	
Trilafon (perphenazine)	F	F	F	F	F	
Trileptil (oxcarbazepine)	F	F	F	F	F	
Vralar*	PA Q	PA Q	PA Q	S Q	PA Q	
Wellbutrin XL (bupropion XL)	Q	Q	F	F	Q	
Wellbutrin SR (bupropion SR)	Q	Q	F	F	F	
Zoloft (sertraline)	Q	Q	F	F	Q	
Zyprexa (olanzapine)	Q	PA Q	Q	Q	Q	
Zyprexa Zydis (olanzapine ODT)	Q	PA Q	Q	Q	Q	
% Unrestricted Formulary coverage	26%	23%	42%	60%	26%	
* = non-ACBHCS formulary medication						
^ = PA required for Aristada 441, 662, & 882 mg strengths only						
† = duloxetine 40mg not covered						
‡ = lamotrigine ER tabs not covered						