

**2020 Medicare Part D CA Benchmark Plans:**

Coverage of Alameda Co. BHCS Top Prescribed Medications

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2020 Benchmark Plan offered in 2019 (Formulary may have changed)  
New Benchmark Plan offered in 2020  
Aetna Medicare Rx Saver will no longer be a benchmark plan in 2020

	Humana Basic Rx Plan (formerly Humana Preferred Rx Plan)	SilverScript Choice	WellCare Classic	AARP Medicare RxSaver Plus	Journey Rx Standard	EnvisionRxPlus	Clear Spring Health Value Rx	Cigna-HealthSpring Rx Secure
Abilify (aripiprazole)	Q	Q	Q	Q	Q	Q	Q	Q
aripiprazole ODT*	Q	Q	Q	Q	Q	Q	Q	Q
Abilify Maintena	Q	Q	Q	F	Q	F	F	Q
Adasuve (loxapine)	F	F	F	F	F	F	F	F
Ambien (zolpidem)	Q	PA Q	PA Q	Q	PA Q	Q	Q	Q
Aristada	Q	Q	Q	F	Q	NF	NF	Q
Artane (trihexyphenidyl)	F	PA	PA	F	PA	F	F	NF
Ativan (lorazepam)	Q	Q	Q	Q	Q	Q	Q	Q
Austedo*	PA Q	PA Q	PA Q	PA Q	PA Q	PA	PA	PA Q
Benadryl (diphenhydramine)	NF	NF	NF	NF	NF	NF	NF	NF
Buspar (buspirone)	F	F	F <sup>π</sup>	F	F <sup>π</sup>	F	F	F
Celexa (citalopram)	Q	F	F	F	F	F	F	Q
Clozaril (clozapine)	Q	F	Q	F	Q	F S Q <sup>μ</sup>	F S Q <sup>μ</sup>	F
Cogentin (benztropine)	F	PA	PA	F	PA	F	F	PA
Cymbalta (duloxetine)	Q	Q <sup>^</sup>	Q <sup>^</sup>	Q <sup>^</sup>	Q <sup>^</sup>	Q	Q	Q <sup>^</sup>
Depakote (divalproex)	F	F	F	F	F	F	F	F
Desyrel (trazodone)	F	F <sup>x</sup>	F <sup>x</sup>	F <sup>x</sup>	F <sup>x</sup>	F	F	F
Effexor XR (venlafaxine ER)	Q <sup>β</sup>	F <sup>β</sup>	F <sup>β</sup>	F <sup>β</sup>	F <sup>β</sup>	Q <sup>β</sup>	Q <sup>β</sup>	F <sup>β</sup>
Fanapt*	PA Q	PA Q	PA Q	S Q	PA Q	S Q	S Q	S Q
Fazaclo (clozapine disc melt)*	PA Q	PA	PA Q	Q	PA Q	S Q	S Q	Q <sup>‡</sup>
Geodon (ziprasidone)	Q	Q	Q	Q	Q	Q	Q	Q
Haldol (haloperidol) / Haldol LAI (haloperidol dec)	F	F	F	F	F	F	F	F
Ingrezza*	NF	PA Q	NF	PA Q	NF	NF	NF	NF
Invega Sustenna	Q	Q	Q	F	Q	F	F	Q
Invega Trinza*	Q	Q	Q	F	Q	F	F	Q
Klonopin (clonazepam)	F	Q	Q	Q	Q	Q	Q	Q
Lamictal (lamotrigine)	F	F <sup>Δ</sup>	F <sup>Δ</sup>	F <sup>Δ</sup>	F <sup>Δ</sup>	F <sup>ο</sup>	F <sup>ο</sup>	F <sup>Δ</sup>
Latuda	PA Q	Q	Q	Q	Q	Q	Q	Q
Lexapro (escitalopram)	Q	F	F	F	F	F	F	F
lithium	F	F	F	F	F	F	F	F
Navane (thiothixene)	F	F	F	F	F	F	F	F
Paxil (paroxetine)	Q <sup>†</sup>	F <sup>†</sup>	F <sup>†</sup>	F <sup>†</sup>	F <sup>†</sup>	F <sup>†</sup>	F <sup>†</sup>	Q <sup>†</sup>
Prolixin (fluphenazine) / Prolixin LAI (fluphenazine dec)	F	F	F	F	F	F	F	F
Prozac (fluoxetine)	Q <sup>ο</sup>	F <sup>ο</sup>	F <sup>ο</sup>	F <sup>ο</sup>	F <sup>ο</sup>	F <sup>#</sup>	F <sup>#</sup>	F <sup>ο</sup>
Remeron (mirtazapine)	Q	F	F	F	F	F	F	F
Remeron SolTab (mirtazapine ODT)	Q	F	F	F	F	Q	Q	Q
Restoril (temazepam)	Q <sup>ο</sup>	PA Q <sup>ο</sup>	PA Q <sup>ο</sup>	Q <sup>ο</sup>	PA Q <sup>ο</sup>	Q	Q	Q
Rexulti*	PA Q	Q	Q	Q	Q	F	F	Q
Risperdal (risperidone) / Risperdal M-Tab (risperidone ODT)	Q	F/Q	F/Q	F	F/Q	F/Q	F/Q	F/Q
Risperdal Consta	PA	Q	Q	F	Q	F	F	Q
Saphris*	PA Q	Q	Q	Q	Q	Q	Q	Q
Seroquel (quetiapine)	Q	F	F	Q	F	Q	Q	Q
Seroquel XR (quetiapine XR)	Q	PA Q	PA Q	NF	PA Q	F	F	NF
Stelazine (trifluoperazine)	F	F	F	F	F	F	F	F
Topamax (topiramate)	F <sup>ο</sup>	F <sup>ο</sup>	F <sup>ο</sup>	F <sup>ο</sup>	F <sup>ο</sup>	F <sup>ο</sup>	F <sup>ο</sup>	F <sup>ο</sup>
Trilafon (perphenazine)	F	F	F	F	F	F <sup>~</sup>	F <sup>~</sup>	F
Trileptil (oxcarbazepine)	Q	F	F	F	F	F	F	F
Vistaril (hydroxyzine pamoate)	F	PA <sup>ο</sup>	PA <sup>ο</sup>	F	PA <sup>ο</sup>	F	F	NF
Vraylar*	PA Q	PA Q	PA Q	S Q	PA Q	S Q	S Q	S Q
Wellbutrin XL (bupropion XL)	Q <sup>δ</sup>	F <sup>δ</sup>	F <sup>δ</sup>	F <sup>δ</sup>	F <sup>δ</sup>	Q <sup>δ</sup>	Q <sup>δ</sup>	Q <sup>δ</sup>
Wellbutrin SR (bupropion SR)	Q	F	F	F	F	Q	Q	Q
Zoloft (sertraline)	Q	F	F	F	F	F	F	Q
Zyprexa (olanzapine)	Q	Q	Q	Q	Q	Q	Q	Q
Zyprexa Zydis (olanzapine ODT)	Q	Q	Q	Q	Q	Q	Q	Q

% Unrestricted Formulary coverage

30%	46%	44%	61%	44%	52%	52%	33%
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\* = non-ACBHCS formulary medication  
 ‡ = clozapine ODT 200 mg tabs are non-formulary  
 ^ = duloxetine 40 mg is non-formulary  
 Δ = lamotrigine ER tabs & ODT are non-formulary  
 ο = lamotrigine ODT is non-formulary  
 † = paroxetine ER is non-formulary  
 ο = fluoxetine tabs are non-formulary  
 # = fluoxetine 90 mg caps & 60 mg tabs are non-formulary  
 δ = bupropion XL 450 mg is non-formulary

x = trazodone 300 mg is non-formulary  
 β = venlafaxine ER tabs are non-formulary  
 ο = hydroxyzine pamoate 100 mg is non-formulary  
 π = buspirone 30 mg is non-formulary  
 ο = temazepam 22.5 & 30 mg are non-formulary  
 ο = temazepam 7.5 & 22.5 mg are non-formulary  
 ~ = perphenazine 4 mg & 8 mg are non-formulary  
 ο = topiramate ER caps are non-formulary  
 μ = clozapine 25 mg & 50 mg are formulary, 100 mg & 200 mg require prior auth or step therapy