

**2021 Medicare Part D CA Benchmark Plans:**

Coverage of Alameda Co. BHCS Top Prescribed Medications

Prepared by Charles Raynor PharmD & Cassie North CPhT on 10/7/20

	2021 Benchmark Plan offered in 2020 (Formulary may have changed)
	Plan name has changed

Journey Rx Standard will no longer be a benchmark plan in 2021

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

% Unrestricted Formulary coverage

35%	29%	45%	62%	58%	51%	36%
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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  
 Σ = venlafaxine ER caps only  
 ε = venlafaxine tabs only  
 θ = hydroxyzine pamoate 100 mg is non-formulary  
 Δ = temazepam 22.5 & 30 mg are non-formulary  
 η = temazepam 7.5 & 22.5 mg are non-formulary  
 ~ = perphenazine 16mg is formulary  
 θ = topiramate ER caps are non-formulary  
 μ = clozapine 25 mg & 50 mg are formulary, 100 mg & 200 mg require prior auth or step therapy