

Select MA-PD Mental Health Drug Coverage and Exclusions Plans: A - H

Plans:	ATRIO My Advantage SNP	CareOregon	CareSource	Clear Choice Value	Evercare	Family Care Premier Care	Health Net
<i>Selective Serotonin Reuptake Inhibitors</i>							
Lexapro	T2/QL/ST	T2	T2/QL/ST	NON	T2/QL	NON	T2/QL
Zoloft	T2/QL/ST	T2/ST	T2/QL/ST	T2/QL/ST	T2/QL/ST	T4/QL	T3/PA/ST
citalopram	T1/QL	T1/QL	T1/QL	T1/QL	T1	T2/QL	T1/QL
paroxetine	T1/QL	T1/QL	T1/QL	T1/QL	T1	T2/QL	T1/QL
Paxil CR	NON	NON	NON	NON	T3/QL	NON	T2/QL
fluoxetine	T1	T1/QL	T1	T1	T1	T2/QL	T1
<i>Atypical Antipsychotics</i>							
Zyprexa	T2/QL	T2	T2/QL	T2/QL	T2	T4/QL	T2/QL
Seroquel	T2/QL	T2/QL	T2/QL	T2/QL	T2	T4/QL	T3/PA/ST
Geodon	T2	T2/QL	T2	T2/QL	T3	T4/QL	T3/PA
Abilify	T2/ST	T2/QL	T2/ST	T2/QL	T3	T4/QL	T2
Risperdal	T2/QL	T2/QL	T2/QL	T2/QL	T2	T4/QL	T2/QL
Risperdal Consta	T2	T2/QL	T2	T2/PA	T4	T4	T4/PA
<i>Other Antipsychotics</i>							
haloperidol	T1	T1	T1	T1	T1	T2/QL	T1
perphenazine	T1	T1	T1	T1	T1	T2/QL	T1
<i>Mood Stabilizers</i>							
Lithium	T1	T1	NON	T1	T1	T2/QL	T1
Depakote	T2	T2	T2	T2	T2	T4	T2
Depakote ER	T2	T2	T2	T2	T2	T4/QL	T2

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Lamictal	T2/QL	T2/PA/QL	T2/QL	T2	T2	T4/QL	T2
Topamax	T2/QL	T2/PA/QL	T2/QL	T2/PA	T2	T4/QL	T2
Gabapentin	T1	T1/PA	T1	T1	T1	T3/QL	T1/PA
<i>Other Antidepressants</i>							
mirtazapine	T1/QL	T1	T1/QL	T1	T1/QL	T2/QL	T1
Effexor XR	T2	T2/QL	T2	NON	T2/QL	T4/QL	T2
Cymbalta	T2/ST	NON	T2/ST	T2/QL/ST	T3/QL	T4/PA/QL	T2
Wellbutrin XL	T2	T2	T2	NON	T2/QL	NON	T2/QL
<i>Sedatives</i>							
Ambien	T2/QL	T2/QL	T2/QL	NON	T2/QL	T4/QL	T2/QL
Sonata	NON	T2/QL	NON	T2/QL	T3/QL	T4/QL	T3/QL
Lunesta	NON	NON	NON	NON	T2/QL	NON	T3/PA
Rozerem	NON	NON	NON	NON	NON	NON	T3/PA
<i>Stimulants</i>							
Concerta	T2/QL/ST	T2/QL	T2/QL/ST	NON	T3/QL	NON	T2/QL
Provigil	T2/PA/QL	T2/PA	T2/PA/QL	T2/PA	T3/QL	T4/QL	T3/PA
Adderall XR	T2/QL/ST	NON	T2/QL/ST	T2	T2/QL	NON	T3/QL
Strattera	T2/PA	NON	T2/PA	T2/PA	T3/QL	T4/QL	T2/QL
<i>Other</i>							
bupirone	T1	T1	T1	T1	T1	T2/QL	T1

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KEY							
<i>Tier: represents the copay level for a drug. Usually the lowest copayment is paid for generics, next lowest is for formulary brands, and the highest copayment is for non-formulary brand drugs.</i>							
T1 =Tier 1		Tier 1 = 9	Tier 1 = 8	Tier 1 = 9	Tier 1 = 9	Tier 1 = 9	Tier 1 = 9
T2 =Tier 2		Tier 2 = 18	Tier 2 = 20	Tier 2 = 14	Tier 2 = 15	Tier 2 = 18	Tier 2 = 16
T3 =Tier 3		Tier 3 = 0	Tier 3 = 0	Tier 3 = 8	Tier 3 = 8	Tier 3 = 2	Tier 3 = 0
T4 =Tier 4		Tier 4 = 0	Tier 4 = 0	Tier 4 = 1	Tier 4 = 1	Tier 4 = 0	Tier 4 = 0
T5 =Tier 5		Tier 5 = 0	Tier 5 = 0	Tier 5 = 0	Tier 5 = 0	Tier 5 = 0	Tier 5 = 0
PA =Prior Authorization		PA = 4	PA = 2	PA = 0	PA = 8	PA = 2	PA = 4
ST =Step Therapy		ST = 1	ST = 6	ST = 1	ST = 2	ST = 0	ST = 2
QL =Quantity Limit		QL = 14	QL = 14	QL = 14	QL = 12	QL = 4	QL = 10
NON =Non-covered		NON = 5	NON = 4	NON = 0	NON = 0	NON = 3	NON = 6