

Medicaid Managed Care Plan comparison as of 21 SEP 11

Anti-Depressants MOST PLANS REQUIRE GENERIC PRODUCT WHEN AVAILABLE

Medication	Affinity	Amerigroup	Amida	CDPHP	Excellus BCBS	Fidelis	Health First	HealthPlus	HealthNow	HIP of NY	Hudson Health	Independent	MetroPlus	MVP	Neighborhood Health	NY Presb SelectHealth	Total Care	Unitedhealthcare	Univera Community	Wellcare
Monoamine Oxidase Inhibitors																				
isocarboxazid (marplan)	X	QL		X		X					PA		X			X				
phenelzine (nardil)	X	QL	X	X	X	X	X	X		X	PA	X	X			X			X	
tranylcypromine (pamate)	X	QL	X	X		X	X	X		X	X	X	X	X		X			X	
selegeline (emsam)					QL ST						PA					X			QL ST	
SSRIs/SNRIs																				
citalopram (Celexa)	X	QL	X	X	QL	QL	QL	X		X	X	X+	X	X	QL	X		X	QL	
desvenlafaxine (pristique)			PA		PA QL						PA					X		X	PA QL	
duloxetine (cymbalta)	PA			PA	QL ST	PA	QL ST			X	PA	PA	PA	PA	ST	PA			QL ST	
escitalopram (Lexapro)	PA		PA		QL ST	QL					PA	PA	PA	PA		PA			QL ST	
fluoxetine (prozac)	X	QL	X	X	X	X	QL	X		X	X	X+	X	X	QL	X			X	
fluvoxamine (luvox)		QL	X	X	X	X	QL	X		X	X	X+		X					X	
fluvoxamine ext release (luvox CR)			PA		QL ST														QL ST	
paroxetine hcl (paxil)	X	QL	X	X	X	QL	QL			X	X	X+	X	X	QL	X		X	X	
paroxetine ext release (paxil cr)	X			X	QL	QL	QL	X			PA	ST	X	X		X			QL	
sertraline (zoloft)		QL	X	X	X	QL	QL	X		X	X	X+		X	QL	X			X	
venlafaxine (effexor)	X	QL	X	X	X	X	X	X		X	X	X+	X	X	QL	X		X	X	
venlafaxine ext release (effexor XR)	ST	QL	X	X	QL	QL	X	X		X	PA	X+	ST	X	QL	ST			QL	
vilazodone (viibryd)			PA		QL ST											X			QL ST	
TCAs																				
amitriptyline (elavil)	X	QL	X	X		X	X	X		X	X	X	X	X	X	X		X		
amoxapine (asendin)		QL		X	X	X	X	X		X	X	X				X			X	
clomipramine (anafranil)			X	X	X	X	X	X		X	X	X+		X				X	X	
desipramine(norpramin)	X	QL	X	X	X	X	X	X		X	X	X	X	X		X		X	X	
doxepin (sinequan)	X	QL	X	X	X	X	X	X		X	X	X	X	X	X	X			X	
imipramine (tofranil)	X	QL	X	X	X	X	X	X		X	X	X	X	X		X		X	X	
nortriptyline(pamelor)	X	QL	X	X	X	X	X	X		X	X	X	X	X	X	X		X	X	
protriptyline (vivactil)		QL		X		X				X	X	X								
trimipramine (surmontil)		QL				X					X					X				
Misc agents																				
bupropion (wellbutrin)	X	QL	X	X	X	X	X	X		X	X	X+	X	X	PA QL	X		X	X	
bupropion ext release (wellbutrin sr)	X	QL	X	X	X	X	PA QL	X		X		X+	X	X	PA QL	X			X	
bupropion ext release (wellbutrin xl)	ST		PA	X	X	X	PA QL	X		X		X+	ST	X	PA QL	ST			X	
maprotiline (ludiomil)		QL			X	X	X	X		X		PA		X		X			X	
mirtazapine (remeron)		QL	X	X	X	X	X	X		X	X	X+	X	X	X	X		X	X	
mirtazapine dissolving tabs (remeron ODT)						X						X+			X	X				
nefazodone (serzone)			X	X	X	X								X		X		X	X	
trazodone (desyrel)	X	QL	X	X	X	X	X	X		X		X+	X	X	X	X			X	

BLANK FIELDS INDICATE DRUG IS NOT INCLUDED ON PLAN
 X INDICATES COVERED WITHOUT EXTRA PROCEDURES, X+ MAY COVER 90 DAYS SUPPLY
 QL = Qty limits, PA= prior authorization required, ST= step therapy required, blank = not listed on formulary

LINKS TO PLAN LISTS AND ONLINE FORMULARIES:
http://nyhealth.gov/health_care/medicaid/redesign/docs/man_care_plan_pbm_and_formulary_info.pdf