

Medicaid Managed Care Plan comparison as of 21 SEP 11

Anti-Psychotics MOST PLANS REQUIRE GENERIC PRODUCT WHEN AVAILABLE

Plan	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 Health	Wellcare
Typical																				
chlorpromazine (thorazine)	X	QL	X	X		X	X	X		X	X	X+	X	X		X		X	X	
fluphenazine (prolixin)	X	QL	X	X		X	X	X		X	X	X+	X	X		X		X	X	
fluphenazine DECANOATE (prolixin)	?	QL					X			MEDICAL SVC	X							QL		
haloperidol (haldol)	X	QL	X	X		X	X	X		X	X	X+	X	X		X		X	X	
haloperidol DECANOATE (haldol)	?	QL		X			X			MEDICAL SVC								QL		
loxapine (loxitane)		QL		X		X	X	X		X	X	X+		X		X		X	X	
perphenazine (trilafon)	X	QL	X	X		X	X	X		X	X	X+	X	X		X		X	X	
pimozide (orap)		QL				X					X	X+								
thioridazine (mellaril)		QL	X	X		X	X	X		X	X	X+		X						X
thiothixene (navane)	X	QL	X	X		X	X	X		X	X	X	X	X		X		X	X	
trifluoperazine (stelazine)	X	QL	X	X		X	X	X		X	X	X+	X	X		X		X	X	

Atypical																				
aripiprazole (abilify)	ST		X	ST			QL	PA		X	X	X+	ST		QL	ST		X	ST	
aripiprazole ODT (abilify melting tab)			X					PA											ST	
asenapine (saphris)	PA		X	PA							X		PA			PA			QL ST	
clozapine (clozaril)	X	QL AGE	X	X		X	X	QL		X	X	PA +	X	X		X		AGE QL	X	
clozapine ODT (fazaclo)	?										X									
iloperidone (fanapt)	PA		X	PA							X		PA			PA			QL ST	
lurasidone (latuda)			X													X			QL ST	
olanzapine (zyprexa)	ST	QL AGE	X	ST		QL, PA (UNDER 18YRS OLD)	QL	QL		X	X	X+	ST	PA	QL	ST		AGE QL	X	
olanzapine ODT (zyprexa zydis)	?		X			QL, PA (UNDER 18YRS OLD)		QL				X+		PA		X				X
olanzapine la inject (zyprexa relprevv)	?													MEDICAL SVC						
paliperidone (invega)	ST		X	ST							X		ST			ST			PA QL	
paliperidone la inject (invega sustenna)	PA *	QL AGE		PA									PA	MEDICAL SVC		PA			QL	
quetiapine (seroquel)	ST	QL AGE	X	ST		QL	QL	QL		X	X	X+	ST	PA	PA QL	ST		AGE QL	X	
quetiapine ext rel (seroquel XR)	ST	QL AGE	X	ST			QL	QL		X		X+	ST	PA	PA QL	ST		AGE QL	QL ST	
risperidone (risperdal)	X	QL AGE	X	X		QL	QL	QL		X		X+	X	X	QL	X		AGE QL	X	
risperidone ODT (risperdal M)	?		X				QL	QL		X		X+			QL			QL	X	
risperidone la inject (risperdal Consta)	PA *	QL AGE		PA						MEDICAL SVC			PA	MEDICAL SVC		PA		AGE QL		
ziprasidone (geodon)	ST	QL AGE	X	ST		X		QL			X	X+	ST	PA		ST		AGE QL	X	

MEDICAL SVC = Covered as a physician service (not in our clinics, not from the pharmacy)

* NOT ALLOWED FOR MEMBERS WITH SSI BENEFIT

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