

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