

# Select MA-PD Mental Health Drug Coverage and Exclusions Plans: K - S

<b>Plans:</b>	<b>Kaiser Senior Advantage</b>	<b>Marion Polk Community Health Plan</b>	<b>ODS Advantage</b>	<b>Providence</b>	<b>Regence BlueCross BlueShield of Oregon MedAdvantage</b>	<b>Secure Horizons</b>	<b>Samaritan Advantage Special Needs Plan</b>
<b><i>Selective Serotonin Reuptake Inhibitors</i></b>							
Lexapro	NON	T2	T2	T2/QL	T3	T2	NON
Zoloft	T2/ST	T2	T2	T1	T3	T3	T3
citalopram	T1	T1	T1	T1/QL	T1	T1	T2
paroxetine	NON	T1	T1	NON	T1	T1	T2
Paxil CR	NON	NON	NON	NON	T3	T3	T3
fluoxetine	T1	T1	T1	T1	T1	T1	T2
<b><i>Atypical Antipsychotics</i></b>							
Zyprexa	T2	T2	T2/QL	T1	T2	T3	T3
Seroquel	T2	T2	T2/QL	T1	T2	T2	T3
Geodon	T2	T2	T3	T1	T3	T3/PA	T3
Abilify	T2	T2	T3	T1/ST	T3	T3	T3
Risperdal	T2	T2	T2/QL	T1	T2	T3	T4
Risperdal Consta	T2	T2	T2	T1	T5	T4	T4
<b><i>Other Antipsychotics</i></b>							
haloperidol	T1	T1	T1	T1	T1	T1	T2
perphenazine	T1	T1	T1	T1	T1	T1	T2
<b><i>Mood Stabilizers</i></b>							
Lithium	T1	T1	T1	T1	T1	T1	T2

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

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Strattera	<b>NON</b>	T2/PA	T2/QL	T1/ST	T3	<b>NON</b>	T3/QL
<b>Other</b>							
bupirone	T1	T1	T1	T1	T1	T1	T2

<b>KEY</b>							
<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>							
<b>T1</b> =Tier 1	Tier 1 = 0	Tier 1 = 9	Tier 1 = 25	Tier 1 = 8	Tier 1 = 9	Tier 1 = 0	Tier 1 = 9
<b>T2</b> =Tier 2	Tier 2 = 8	Tier 2 = 20	Tier 2 = 1	Tier 2 = 14	Tier 2 = 6	Tier 2 = 9	Tier 2 = 8
<b>T3</b> =Tier 3	Tier 3 = 1	Tier 3 = 0	Tier 3 = 0	Tier 3 = 0	Tier 3 = 12	Tier 3 = 18	Tier 3 = 15
<b>T4</b> =Tier 4	Tier 4 = 15	Tier 4 = 0	Tier 4 = 0	Tier 4 = 0	Tier 4 = 1	Tier 4 = 2	Tier 4 = 0
<b>T5</b> =Tier 5	Tier 5 = 1	Tier 5 = 0	Tier 5 = 0	Tier 5 = 0	Tier 5 = 0	Tier 5 = 0	Tier 5 = 1
<b>PA</b> =Prior Authorization	PA = 2	PA = 3	PA = 2	PA = 0	PA = 5	PA = 3	PA = 1
<b>ST</b> =Step Therapy	ST = 0	ST = 0	ST = 3	ST = 2	ST = 0	ST = 0	ST = 0
<b>QL</b> =Quantity Limit	QL = 25	QL = 3	QL = 2	QL = 0	QL = 0	QL = 1	QL = 3
<b>NON</b> =Non-covered	NON = 7	NON = 4	NON = 6	NON = 10	NON = 4	NON = 4	NON = 0