

Medicare National Plans Coverage of Alzheimer's Drugs for 2015*

The Alzheimer's Association has developed this chart to show which Alzheimer's drugs the Medicare national prescription drug plans (PDPs) cover, and which plans require plan approval, quantity limits or step therapy for the drugs.

| PLANS | Aricept | Donepezil (Generic Aricept) | Exelon | Rivastigmine (Generic Exelon) | Namenda Solution | Namenda XR | Razadyne | Galantamine (Generic Razadyne) |
|--|---------|-----------------------------------|----------------------|-------------------------------------|---------------------|------------|----------|--------------------------------------|
| AARP MedicareRx Preferred | NO | YES | Patch only ST, QL | YES | QL | PA, QL(P) | NO | YES |
| AARP MedicareRx Saver Plus | NO | YES | Patch only ST, QL | YES | QL | PA, QL (P) | NO | NO |
| Aetna Medicare Rx Plans (Premier, Saver) | NO | QL | Patch only QL | QL | NO | PA, QL (P) | NO | QL |
| CIGNA HealthSpring Rx Secure | NO | QL | NO | QL | QL | QL (P) | NO | QL |
| CIGNA HealthSpring Rx (Secure-Xtra and Secure- Max) | NO | QL | Patch only QL | QL | QL | QL | NO | QL |
| EnvisionRx Plus Clear Choice | NO | YES | Patch only QL | YES | QL | YES | NO | YES |
| EnvisionRx Plus Silver | NO | YES | Patch only QL | NO | QL | YES | NO | NO |
| Express Scripts Plans (Choice, Value) | NO | YES | Patch only YES | YES | PA | PA | NO | YES |
| First Health Part D Plans (Value Plus, Premier Plus) | NO | QL | Patch only QL | QL | NO | PA, QL | NO | QL |
| Humana (Enhanced, Preferred) & Humana- Walmart plans | NO | QL | Patch only QL | QL | PA, QL | PA, QL | NO | QL |
| SilverScript Plans (Choice, Plus) | NO | QL | Patch only QL | YES | PA | PA, QL | NO | QL |

| PLANS | Aricept | Donepezil (Generic Aricept) | Exelon | Rivastigmine (Generic Exelon) | Namenda Solution | Namenda XR | Razadyne | Galantamine (Generic Razadyne) |
|---|---------|-----------------------------------|------------------|-------------------------------------|---------------------|------------|----------|--------------------------------------|
| United American Part D Enhanced | YES | YES | YES | YES | PA | PA | YES | YES |
| United American Part D (Essential, Select) | NO | QL | Patch only QL | YES | PA | PA, QL | NO | QL |

*Some, but not necessarily all, dosages may be on the plan formulary. Co-pay or cost sharing amount varies between plans. Visit the Medicare website to learn more about Medicare Part D (<https://www.medicare.gov/part-d/index.html>) or compare plans (<https://www.medicare.gov/find-a-plan/questions/home.aspx>).

Key

| | |
|-----|---|
| YES | Drugs are covered by the plan |
| NO | Drugs are not covered by the plan |
| PA | Plan approval required |
| QL | Plan limits number of doses during a specific time period, usually 30 days |
| ST | Step therapy –Not covered unless another drug (usually similar but less expensive) has not worked |

Prepared by the Alzheimer's Association on November 19, 2014.