

Medicare National Plans Coverage of Alzheimer's Drugs for 2018*

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®	Namenda XR®	Memantine (Generic Namenda)	Razadyne®	Galantamine (Generic Razadyne)	Namzaric® (Combo Namenda ER & Donepezil)
AARP Medicare Rx Preferred		QL		QL / ST		QL	PA / QL		QL	PA / QL
AARP Medicare Rx Saver Plus		QL / 23		QL / ST		QL	PA / QL			PA / QL
AARP Medicare Rx Walgreens		QL / 23		QL / ST			PA / QL			
Aetna Medicare Rx Saver		QL		QL			PA / QL		QL	PA
Aetna Medicare Rx Select	QL	QL	QL / ST	QL	PA / QL		PA / QL	QL / ST	QL	PA
Cigna Healthspring Rx Secure		QL		QL		QL	PA / QL		QL	QL
Cigna Healthspring RxSecure - Extra		QL		QL		QL	PA / QL			QL
Envision Rx Plus		QL					QL		QL	PA
Express Scripts Medicare Value		23					PA			PA

Express Scripts Medicare Choice		23				PA	PA			PA
Express Scripts Medicare Saver		23					PA			PA
First Health Part D Value Plus	QL	QL	QL / ST	QL	PA / QL	PA	PA / QL	QL ST	QL	PA
Humana Enhanced		QL / 23	QL			QL	PA / QL		QL	QL
Humana Preferred		QL / 23	QL			QL	PA / QL		QL	QL
Humana Walmart Rx Plan		QL / 23	QL			QL	PA / QL		QL	QL
SilverScript Choice		QL	QL			PA	PA			
SilverScript Plus		QL				PA	PA			
Symphonix Value Rx		QL / 23		QL / ST		QL	PA / QL			PA / QL
WellCare Classic		QL / 23		QL			PA		QL	
WellCare Extra		QL / 23		QL		PA	PA		QL	

**Some, but not necessarily all, dosages may be on the plan formulary, while others may have restrictions. 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 to 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	Prior Authorization required before drug is covered – specific criteria must be met
QL	Quantity Limits apply (usually per 30 or 60 days)
ST	Step Therapy – Not covered unless another drug (usually similar, but less expensive) has not worked
23	Donepezil Hydrochloride TAB HCL 23mg excluded from covered formulary

Prepared by the Alzheimer's Association on October 12, 2017.