

# Medicare National Plans Coverage of Alzheimer's Drugs for 2012

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. Some, but not necessarily all, dosages may be on the plan formulary. Brand drugs are in bold and generic are in italics.

| PLANS                                   | DRUGS              |           |            |             |         |          |              |
|---|--------------------|-----------|------------|-------------|---------|----------|--------------|
|   | Aricept            | Donepezil | Exelon     | Galantamine | Namenda | Razadyne | Rivastigmine |
| AARP MedicareRx Enhanced                | QL                 | QL        | QL/ST**    | QL          | QL      | QL       | QL           |
| AARP MedicareRx Preferred               | Only 23 mg - QL    | QL        | QL/ST**    | QL          | QL      | NO       | QL           |
| Aetna Medicare Rx all plans             | Only 23 mg - QL/ST | QL        | Patch only | YES         | YES     | NO       | YES          |
| Bravo Health                            | NO                 | QL        | QL         | NO          | QL      | NO       | QL           |
| CIGNA all plans                         | Only 23 mg - QL    | QL        | QL         | QL          | QL      | NO       | QL           |
| Community CCRx (CVS Caremark) all plans | Only 23 mg - QL/ST | QL        | QL         | QL/ST       | QL      | NO       | QL/ST        |
| CVS Caremark plans                      | NO                 | QL        | QL         | QL          | YES     | NO       | QL           |
| EnvisionRx plans & Rite Aid EnvisionRx  | Only 23 mg         | YES       | YES        | YES         | YES     | YES      | YES          |
| First Health Part D - all plans         | NO                 | QL        | QL         | QL          | QL      | NO       | QL           |
| HealthSpring PDP                        | NO                 | QL        | QL         | QL          | QL      | NO       | QL           |
| Humana & Humana-Walmart plans           | NO                 | QL        | QL         | QL          | QL      | NO       | QL           |
| Medco Medicare                          | QL                 | QL        | QL         | QL          | QL      | NO       | QL           |
| Medicare Rx Rewards (Unicare)           | Only 23 mg - QL/ST | QL        | QL         | QL          | QL      | NO       | QL           |
| UA Medicare Part D Preferred            | QL                 | QL        | QL         | QL          | QL      | NO       | QL           |
| UA Medicare Part D Select               | NO                 | QL        | QL         | QL          | QL      | NO       | QL           |

## Key

|      |   |
|------|---|
| YES  | Drugs are covered by plan                                 |
| NO   | Drugs are not covered by plan                             |
| PA   | Plan approval required                                    |
| QL   | Plan limits number of pills covered over a period of time |
| ST   | Step therapy  |
| ST** | Step therapy for Exelon patch only                        |