



## 2018 Behavioral Health Rx Review Guide

If you or a family member covered under your health plan is living with a behavioral health disorder or mental illness, knowing the cost of medications can help you make a more informed decision when selecting a plan.

This guide developed by the District of Columbia Department of Insurance, Securities and Banking provides an overview of several commonly prescribed drugs used to treat depression, anxiety, attention disorders, and other common diseases or disorders. For each insurance company offering plans for sale on DC Health Link, the chart on the next page depicts the name of each drug along with the corresponding drug formulary tier.

Each insurance company uses different language to explain its drug tiering. Reference the chart on the next page alongside the Summary of Benefits and Coverage (SBC) for your potential plan to get an idea of your out-of-pocket prescription cost. Generally, the key below the chart displays tiers from least expensive (often generic drugs) to most expensive (often specialty drugs). Once you have identified the cost-sharing tier for each drug, use the corresponding SBC for each plan on DC Health Link to find the actual out-of-pocket cost-sharing of the drug.

In rare cases, a drug on one company's higher cost tier (e.g., Non-Preferred Brand) may in fact cost less than the same drug placed on another company's lower cost tier (e.g., Preferred Brand). As you consider different plan options, also check your SBC to see whether your cost-sharing on prescription drugs will apply before or after you reach your deductible.



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Name (Generic)	Name (Brand)	Aetna		CareFirst		Kaiser		United Healthcare	
		Generic	Brand	Generic	Brand	Generic	Brand	Generic	Brand
<b>Antidepressants / Serotonin Reuptake Inhibitors (SSRI)</b>									
Fluoxetine	Prozac	G*	N/C	G	N/C	G	NP	G	N/C
Fluoxetine	Sarafem	NP*	N/C	G	N/C	G	NP	N/C	N/C
Citalopram	Celexa	G*	N/C	G	N/C	G	NP	G	N/C
Sertraline	Zoloft	G*	N/C	G	N/C	G	NP	G	N/C
Paroxetine	Paxil	G*	N/C	G	N/C	G	NP	G	NP
Escitalopram	Lexapro	NP*	N/C	G	N/C	G	NP	G	NP
<b>Antidepressants / Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) and Other</b>									
Venlafaxine	Effexor	G*	N/C	G	N/C	G	NP	G	N/C
Duloxetine	Cymbalta	G*	N/C	G	N/C	G	NP	NP	N/C
Bupropion	Wellbutrin / Zyban	G*	N/C	G	N/C	G*	NP°	G	N/C
<b>Anti-Anxiety / Benzodiazepines</b>									
Clonazepam	Klonopin	G	N/C	G	N/C	G	NP	G	NP
Alprazolam	Xanax	G	N/C	G	N/C	G	NP	G*	N/C
Lorazepam	Ativan	G	N/C	G	N/C	G	NP	G	N/C
Bupirone	Buspar	G	N/A	G	N/C	G	N/A	G	N/A
<b>Stimulants / ADHD Treatments</b>									
Methylphenidate	Ritalin	G <sup>so+</sup>	N/C	G	N/C	G	NP	G°	NP°
Methylphenidate	Concerta	G <sup>so+</sup>	N/C	G	N/C	G	PB	N/C	PB°
Amphetamine	Adderall	G*	N/C	G	N/C	G	PB	G°	N/C
Dextroamphetamine	Dexedrine	NP*	N/C	G	N/C	G	NP	NP°	NP°
Lisdexamfetamine Dimesylate	Vyvanse (capsule)	N/A	NP <sup>so+</sup>	N/A	N/C	N/A	NP	N/A	PB°
Atomoxetine	Strattera	NP <sup>so+</sup>	NP <sup>so+</sup>	G	N/C	G	NP	NP	N/C
Clonidine	Catapres/Kapvay	NP <sup>so+</sup>	N/C	G	N/C	G	NP	G	NP
Guanfacine	Tenex	G	NP <sup>so</sup>	G°	N/C	G	NP	G	NP
Guanfacine	Intuniv	G	N/C	G°	N/C	G	NP	PB	N/C
<b>Antipsychotics</b>									
Chlorpromazine	Thorazine	NP	N/A	G	N/A	G	N/A	G	N/A
Haloperidol	Haldol	G	N/A	G	N/A	G	N/A	G	N/A
Perphenazine	Trilafon	G	N/A	G	N/A	G	N/A	G	N/A
Fluphenazine	Prolixin	G	N/A	G	N/A	G	N/A	G	N/A
Risperidone	Risperdal	G	N/C	G	N/C	G	NP	G	N/C
Olanzapine	Zyprexa	NP*	N/C	G	N/C	G	NP	G	N/C
Ziprasidone	Geodon	G*	N/C	G	N/C	G	NP	PB	N/C
Aripiprazole	Abilify	G*	N/C	G°	N/C	G	NP	PB	N/C
Paliperidone	Invega	NP <sup>so+</sup>	N/C	G	N/C	G	NP	NP	N/C
Lurasidone	Latuda	N/A	NP <sup>so+</sup>	N/A	PB	N/A	NP	N/A	NP
<b>Mood Stabilizers and Anticonvulsants</b>									
Lithium	Lithobid / Eskalith	G	N/C	G	N/C	G	NP	G	NP
Carbamazepine	Tegretol (chewable)	G	N/C	G	N/C	G	NP	G	NP
	Equetro	G	NP	G	N/C	G	NP	G	NP
Lamotrigine	Lamictal	G	N/C	G	N/C	G	NP	G	NP
Oxcarbazepine	Trileptal	G	N/C	G	N/C	G	NP	G	NP

**Note: Formularies are subject to change during the plan year. Please contact your insurance company for the most up to date information.**

Key				
	Aetna	CareFirst	Kaiser	United Healthcare
G	Preferred Generic	Generic	Generic	Tier 1
PB	Preferred Brand	Preferred Brand	Preferred Brand	Tier 2
NP	Non-preferred generic/brand	Non-preferred brand	Non-preferred brand	Tier 3
SP	Preferred/non-preferred specialty	Preferred/Non-preferred specialty	Specialty	-----
N/C	Not Covered			
N/A	Not Available			

- <sup>x</sup> Step Therapy is required, carrier may require the use of a more cost-effective or safer drug before progressing to other more costly or riskier drugs.
- <sup>o</sup> Prior Authorization: This drug requires pre-authorization for the insurance company.
- <sup>+</sup> Quantity Limit: This drug has a coverage limit.



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