



# DISB

## 2024 RX GUIDE

### HIV/AIDS

If you or a family member covered under your health plan has a diagnosis of HIV/AIDS, 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 HIV/AIDS. 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 cost-sharing.

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. 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.

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.

# 2024 HIV/AIDS Rx Review Guide

Covered HIV/AIDS Drugs	District of Columbia Insurance Companies							
	Aetna		CareFirst		Kaiser		United Healthcare	
Drug Name	Restrictions	Copayment/Coinsurance	Restrictions	Copayment/Coinsurance* <sup>1</sup>	Restrictions	Copayment/Coinsurance*	Restrictions	Copayment/Coinsurance <sup>2</sup>
Truvada	N/A	NC	PA/ST	\$0-\$75 after ded	N/R	\$25-\$110; 0%-50%~	N/R	\$0-\$150
Emtricitabine/Tenofovir Disoproxil Fumarate (Generic Truvada)	N/R	\$12-25	N/R	\$0-25 after ded	N/R	\$5-\$110; 0%-50%~	N/R	\$0-25
Norvir	N/R	\$50-\$75	N/R	\$0-\$75 after ded	N/R	\$15-\$110; 0%-50%	N/R	\$0-\$75 <sup>3</sup>
Atripla/Generic Atripla	N/R	NC/\$12-\$15	Not covered		N/R	\$25-\$110; 0%-50%	NC/ST	NC/\$0-75
Prezista	N/R	\$50-\$75	N/R	\$0-\$75 after ded.	N/R	\$15-\$110; 0%-20%	N/R	\$0-\$75
Isentress	N/R	\$50-\$75	N/R	\$0-\$75 after ded	N/R	\$15-\$110; 0%-20%	N/R	\$0-\$75
Reyataz	N/R	\$50-\$75	N/R	\$0-\$75 after ded	N/R	\$15-\$110; 0%-50%	N/R	\$0-\$75
Complera	N/R	N/C	N/R	N/C	N/R	\$15-\$110; 0%-20%	N/R	\$0-\$150
Stribild	N/R	N/C	N/R	N/C	N/R	\$15-\$110; 0%-20%	N/R	\$0-\$150
Abacavir Sulfate/Lamivudine	N/R	\$12-\$25	N/R	\$0-\$25 after ded	N/R	\$5-\$45; 0%-20%	N/R	\$0-\$75
Epzicom	Not covered		Not covered		N/R	\$25-\$110; 0%-50%	Not covered	
Kaletra/Generic Kaletra	N/R	NC/\$12-\$25	N/R	NC/NC	N/R	\$25-\$110; 0%-50%	N/R	\$0-150 tablet or oral solution/ \$0-75
Tivicay	N/R	\$50-\$75	N/R	\$0-\$75 after ded	N/R	\$15-\$110; 0%-50%	N/R	\$0-\$100
Apretude	N/A	NC	N/A	NC	N/A	\$25-\$110	N/A	NC

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

KEY	
ST	Step Therapy
PA	Pre-Authorization
N/A	Not Applicable
N/C	Not Covered
N/R	No Restriction
Ded	Deductible

\*The cost share for this drug could be a copayment or coinsurance depending on the plan.

<sup>1</sup> Coinsurance is 20% after deductible (\$150 max).

<sup>2</sup> The cost share for this drug could be a copayment or coinsurance depending on the plan. Co-insurance ranges from 30% - 50%.

<sup>3</sup> The cost share for this drug differs depending on the form the drug is prescribed (e.g. capsule, powder, or solution)

- **Zero cost only for HIV pre-exposure prophylaxis** <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations>

**There are two pills approved for use as Pre-Exposure Prophylaxis (PrEP), for people at risk through sex or injection drug use: Truvada® and Descovy®.**