



## 2016 Congestive Heart Failure Rx Review Guide

If you or a family member covered under your health plan has heart failure, or is at risk of developing heart failure, 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 congestive heart failure. 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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Covered Congestive Heart Failure Drugs		District of Columbia Insurance Companies							
		Aetna		CareFirst		Kaiser		United	
Name (Generic)	Name (Brand)	Generic	Brand	Generic	Brand	Generic	Brand	Generic	Brand
Carvedilol	Coreg (capsule)	G	NP	G	PB	G	NP	G	NP
	Coreg (tablet)	G	NP	G	NP	G	NP	G	NP
Metoprolol	Lopressor/Toprol	G	NP	G	NP	G	NP	PB	NP
Lisinopril	Prinivil/Zestril	G	NP	G	NP	G	NP	G	NP
Captopril	Capoten	G	N/A	G	N/A	G	N/A	G	N/A
Losartan	Cozaar	G	NP	G	NP	G	NP	G	NP
Spironolactone	Aldactone	G	NP	G	PB	G	NP	G	NP
Eplerenone	Inspra	NP	NP	G	PB	G	NP	PB	NP
Digoxin	Lanoxin	G	NP	G	PB	G	NP	G	NP
Hydralazine	Apresoline	G	N/A	G	N/A	G	N/A	G	N/A
Nitroglycerin	Nitro-Bid	N/A	NP	N/A	PB*	N/A	PB	N/A	PB
Isosorbide Mononitrate	Imdur	G	N/A	G	N/A	G	N/A	G	N/A
Isosorbide Dinitrate	Isordil	G	NP	G	PB	G	NP	G	PB*
Furosemide	Lasix	G	NP	G	NP	G	NP	G	NP
Bumetanide	Bumex	G	N/A	G	N/A	G	N/A	G	N/A
Torsemide	Demadex	G	NP	Not Covered	NP	G	NP	G	NP
Metolazone	Zaroxolyn	G	N/A	G	N/A	G	N/A	G	N/A
Sacubitril/Valsartan	Entresto	N/A	PB <sup>o</sup>	N/A	PB	N/A	NP	N/A	NP <sup>o</sup>

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
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	Specialty	Specialty	N/A

<sup>o</sup> Prior Authorization: This drug requires pre-authorization from the insurance company

\* The cost share for this drug could be either Preferred or Non-preferred Brand, depending on the prescribed dosage.



Department of Insurance, Securities and Banking (DISB) | Government of the District of Columbia  
 810 First Street, NE, Suite 701, Washington, DC 20002 | Office: 202-727-8000 | Fax: 202-576-7989 Web: [disb.dc.gov](http://disb.dc.gov)  
 Email: [disb.communications@dc.gov](mailto:disb.communications@dc.gov) | Follow us on Twitter @DCDISB

