



# 2016 HIV/AIDS Rx Review Guide

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 11 commonly prescribed drugs 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 formulary tier.

Each insurance company uses different language to explain its drug tiering. Reference the chart on the next page alongside your potential plans' Summary of Benefits and Coverage (SBC) 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 drug's cost-sharing tier, use each plan's SBC 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 HIV/AIDS Drugs	District of Columbia Insurance Companies			
Drug Name	Aetna	CareFirst	Kaiser	United
Truvada	PB	PB	PB	PB
Norvir	PB	PB	PB	PB
Atripla	PB	PB	PB	PB
Prezista	PB	PB	PB	PB
Isentress	PB	PB	PB	PB
Reyataz	PB	PB	PB	PB
Complera	PB	PB	PB	PB
Stribild	PB	PB	PB	NP
Epzicom	PB	PB	PB	PB
Kaletra	PB	NP	PB	PB
Tivicay	PB	PB	PB	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
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	

A note on cost-sharing: All plans offer a discount for accessing a 90-day supply (three months) of a medication instead of a 30-day supply (one month), often equal to one month free.



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