



2016 Cancer Rx Review Guide

If you or a family member covered under your health plan has a diagnosis of cancer, 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 22 commonly prescribed drugs to treat cancer. 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 Cancer Drugs		District of Columbia Insurance Companies							
		Aetna		CareFirst ⁱ		Kaiser		United	
Name (Generic)	Name (Brand)	Generic	Brand	Generic	Brand ⁱⁱ	Generic	Brand	Generic	Brand
Everolimus	Afinitor	N/A	SP	G	NP	G	SP	G	PB
Etoposide/ Ep Phosphate	Etopophos, Toposar	SP	SP	G	Not Covered	G	PB	G	Not Covered
Afatinib Dimaleate	Gilotrif	N/A	SP	G	NP	G	SP	G	NP
Imatinib Mesylate	Gleevec	G	PB	G	NP	G	SP	G	PB
Topotecan hcl	Hycamtin	G	SP	G	NP	G	SP	G	PB
Axitinib	Inlyta	N/A	SP	G	NP	G	SP	G	NP
Trametinib	Mekinist	N/A	SP	G	NP	G	SP	G	PB
Sorafenib Tosylate	Nexavar	N/A	SP	G	NP	G	SP	G	PB
Lenalidomide	Revlimid	N/A	SP	G	NP	G	SP	G	PB
Dasatinib	Sprycel	N/A	SP*	G	PB	G	SP	G	NP
Regorafenib	Stivarga	N/A	SP	G	NP	G	SP	G	PB
Sunitinib Malate	Sutent	N/A	PB	G	NP	G	SP	G	PB
Erlotinib Hydrochloride	Tarceva	N/A	NP	G	NP	G	SP	G	PB
Nilotinib	Tasigna	N/A	SP*	G	NP	G	SP	G	PB
Lapatinib Ditosylate	Tykerb	N/A	SP	G	NP	G	SP	G	PB
Pazopanib Hydrochloride	Votrient	N/A	SP	G	NP	G	SP	G	PB
Crizotinib	Xalkori	N/A	SP	G	NP	G	SP	G	PB
Vemurafenib	Zelboraf	N/A	SP	G	NP	G	SP	G	PB
Ofatumumab	Arzerra	These drugs are covered under the plan's medical benefit (only IV at a medical facility); a consumer cannot fill this prescription at a drug store.							
Bevacizumab	Avastin								
Trastuzumab	Herceptin								
Rituximab	Rituxan								

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

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.

ⁱCareFirst: Covered oral chemotherapy drugs do not require any cost-sharing.

ⁱⁱCareFirst: Enrollees must fill out a prior authorization if they wish to obtain a branded drug when there is a generic available.

*Step Therapy is required, carrier may require the use a more cost-effective or safer drug before progressing to other more costly or riskier drugs.



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