



2018 Rheumatoid Arthritis Rx Review Guide

If you or a family member covered under your health plan have rheumatoid arthritis, 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 arthritis. 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 Rheumatoid Arthritis Drugs		District of Columbia Insurance Companies							
		Aetna		CareFirst		Kaiser		United Healthcare	
Name (Generic)	Name (Brand)	Generic	Brand ¹	Generic	Brand	Generic	Brand	Generic	Brand
Disease-Modifying Anti-Rheumatic Drugs (DMARDs)									
Auranofin	Ridaura	N/A	NP	N/A	N/C	N/A	NP	N/A	NP
Azathioprine	Imuran	G	Plan/ Benefit Exclusion	G	N/C	G	NP	G	NP
Cyclosporine	Sandimmune	G	Plan/ Benefit Exclusion	G	NP	G	PB	G	NP
	Neoral	G	Plan/ Benefit Exclusion	G	N/C	G	NP	G	NP
Hydroxychloroquine	Plaquenil	G	Plan/ Benefit Exclusion	G	N/C	G	NP	G	NP
Methotrexate	Rheumatrex	G	NP	C ³	N/C	G	NP	G	PB
	Trexall	G	NP	C ³	N/C	G	NP	G	PB
Sulfasalazine	Azulfidine	G	Plan/ Benefit Exclusion	G	N/C	G	NP	G	NP
Biologic Response Modifiers (a type of DMARD)									
Tumor Necrosis Factor (TNF) Inhibitors Apresoline									
Etanercept	Enbrel	N/A	SP ^o	N/A	SP ^o	N/A	PB	N/A	NP ^o
Adalimumab	Humira	N/A	SP ^o	N/A	SP ^o	N/A	PB, NP ¹	N/A	PB ^o
Infliximab	Remicade	Covered under the plan's medical benefit; consumers cannot fill this prescription at a drug store.							
Certolizumab Pegol	Cimzia	N/A	SP ^o	N/A	SP ^o	N/A	NP, SP ²	N/A	PB ^o
Golimumab	Simponi	N/A	SP ^o	N/A	SP ^o	N/A	SP	N/A	PB ^o
	Simponi Aria	Covered under the plan's medical benefit; consumers cannot fill this prescription at a drug store.							
Other									
Anakinra	Kineret	N/A	SP ^o	N/A	NP	Not Covered	NP	N/A	NP ^o
Abatacept	Orencia	N/A	SP ^o	N/A	SP	Not Covered	SP	N/A	NP ^o
Rituximab	Rituxan	Covered under the plan's medical benefit; consumers cannot fill this prescription at a drug store.							
Tocilizumab	Actemra	N/A	SP ^o	N/A	SP	Not Covered	SP	N/A	NP ^o
Tofacitinib	Xeljanz	N/A	SP ^o	N/A	SP	Not Covered	SP	N/A	NP ^o

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			

¹ The cost share for this drug could be either Preferred or Non-Preferred Brand, depending on the prescribed dosage

² The cost share for this drug could be either Non-Preferred Brand or Specialty, depending on the prescribed dosage.

³ These drugs may also be used to treat chemotherapy, and may be offered with no cost-share for enrollees if the insurance company does not tier the drug differently based upon the disease it is being used to treat (see also the District of Columbia's mandate under D.C. Code § 31-2995).

⁴ Drugs listed as plan/benefit exclusion are not covered because there are similar products covered on the formulary (generic equivalents), however the member still can request a formulary exception.

^x 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.

^o Prior Authorization: This drug requires pre-authorization from the insurance company.



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