

HIV/AIDS Drug Coverage for Covered California Plans: 2015 and 2016

The tables below supplement Covered California's November 18, 2015 response to Avalere Health, "Re: Misleading Avalere Report on Patient Access to HIV Drugs in Exchange Plans."

For full response visit: <http://board.coveredca.com/meetings/2015/11-19/Comments>

**Table 1:
Avalere Study Top 10 HIV/AIDS Drug Coverage Among Covered California Contracted Health Plans - 2015**

Brand Name	Generic Name	PLAN NAME AND DRUG TIER											
		ANTHEM	BLUE SHIELD	CCHP	HEALTH NET	KAISER*	LA CARE	MOLINA	OSCAR**	SHARP	UHC**	VALLEY	WHA
All-in-One Combination Tablets													
Atripla	(efavirenz + tenofovir + emtricitabine)	2	3*	4	2	2	4	2		4 (PA)		4	2
Complera	(rilpivirine + tenofovir + emtricitabine)		3*	4	2	2	4	2		4 (PA)			2
Stribild	(elvitegravir + cobicistat + tenofovir + emtricitabine)		3*	4 (QL)	2	2	4 (QL)	2 (PA)		4 (PA)		4 (QL)	2*
Triumeq	(dolutegravir + abacavir + lamivudine)		3*	4 (QL)	2		4 (QL)			4 (PA, QL)*		4 (QL)	2*
Truvada	(Viread + Emtriva)	2	2	4 (PA)	2	2	4 (PA)	2		4 (PA)		4 (PA)	2
Prezista (tabs)	(darunavir)	2	2	4	2	2	4	2		4 (PA)		4	2
Truvada	(Viread + Emtriva)	2	2	4 (PA)	2	2	4 (PA)	2		4 (PA)		4 (PA)	2
Reyataz	(atazanavir)	2	2	4	2	2	4	2		4 (PA)		4	2
Truvada	(Viread + Emtriva)	2	2	4 (PA)	2	2	4 (PA)	2		4 (PA)		4 (PA)	2
Isentress	(raltegravir)	2	2	2	2	2	4	2		4 (PA)		4	2
Truvada	(Viread + Emtriva)	2	2	4 (PA)	2	2	4 (PA)	2		4 (PA)		4 (PA)	2
Kaletra	(lopinavir + ritonavir)	2	2	4	2	2	4	2		4 (PA)		4	2
Truvada	(Viread + Emtriva)	2	2	4 (PA)	2	2	4 (PA)	2		4 (PA)		4 (PA)	2
Tivicay	(dolutegravir)		3	4 (QL)	2	2	4 (QL)			4 (PA)		4 (QL)	2
Epzicom	(Ziagen + Epivir)	2	2	4	2	2	4	2		4 (PA)		4	2
Prezista (tabs)	(darunavir)	2	2	4	2	2	4	2		4 (PA)		4	2

NOTE: Blank boxes indicate that the drug is not on the formulary. The member must obtain authorization from a physician that the drug is medically necessary and go through the health plan's exception process to receive approval for the drug.

*Kaiser updated formulary in February 2015

** New plan in 2016, no Covered California 2015 formulary

Drug Tiers	
Tier 1	Generic drugs
Tier 2	Preferred drugs
Tier 3	Non-preferred drugs
Tier 4	Specialty drugs

	GENERIC PREFERRED OR GENERIC ONLY
PA	PRIOR AUTHORIZATION
ST	STEP THERAPY
QL	QUANTITY LIMITED
*	NOT ON 2015 FORMULARY BUT COVERED

Coverage and Membership	ANTHEM	BLUE SHIELD	CCHP	HEALTH NET	KAISER	LA CARE	MOLINA	OSCAR	SHARP	UHC	VALLEY	WHA
Number of therapies covered (out of 10)	6	10	10	10	9	10	8		10		9	10
Number of therapies (out of 10) with cost share of \$75 or less	6	10	0	10	9	0	8		0		0	10

Total Enrollment as of April 2015 (%)	28.1%	24.6%	0.9%	17.7%	23.9%	1.5%	1.6%	0.0%	1.3%	0.0%	0.2%	0.4%
Total Enrollment	419,841	367,779	13,349	264,804	357,059	22,165	23,944	0	18,937	0	2,248	5,910

2015 Conclusions

- 9 plans, which represent 72.1% of membership, cover 7 or more therapies
- 6 plans, which represent 46.4% membership, cover all 10 therapies
- 6 plans, which represent 96.3% of membership, cover at least 6 therapies at \$75 or less
- 3 plans, which represent 42.7% of membership, cover all 10 therapies at \$75 or less

*Roughly 90% of Covered California members have access to the AIDS Drug Assistance Program, which will pay for all of their HIV/AIDS therapy cost shares and insurance premiums. For more information visit: <http://www.cdph.ca.gov/programs/aids/pages/tOAADAPIndiv.aspx>

Table 2:
Avalere Study Top 10 HIV/AIDS Drug Coverage Among Covered California Contracted Health Plans - 2016

		PLAN NAME AND DRUG TIER											
Brand Name	Generic Name	ANTHEM	BLUE SHIELD	CCHP	HEALTH NET	KAISER	LA CARE	MOLINA	OSCAR	SHARP	UHC	VALLEY	WHA
All-in-One Combination Tablets													
Atripla	(efavirenz + tenofovir + emtricitabine)	2	3	2	2	2	4	2	2	4 (PA)	2	4	2
Complera	(rilpivirine + tenofovir + emtricitabine)		3	4	2	2	4	2	2	4 (PA)	2		2
Stribild	(elvitegravir + cobicistat + tenofovir + emtricitabine)		3	2 (QL)	2	2	4 (QL)	2	2	4 (PA)	3 (ST)	4 (QL)	2
Triumeq	(dolutegravir + abacavir + lamivudine)		3	4 (QL)	2	2	4 (QL)	2	2	4 (PA, QL)	2	4 (QL)	
Truvada													
Truvada	(Viread + Emtriva)	2	2	2 (PA)	2	2	4 (PA)	2	2	4 (PA)	2	4 (PA)	2
Prezista (tabs)	(darunavir)	2	2	4	2	2	4	2	2	4 (PA)	2	4	2
Reyataz													
Truvada	(Viread + Emtriva)	2	2	2 (PA)	2	2	4 (PA)	2	2	4 (PA)	2	4 (PA)	2
Reyataz	(atazanavir)	2	2	4	2	2	4	2	2	4 (PA)	2	4	2
Isentress													
Truvada	(Viread + Emtriva)	2	2	2 (PA)	2	2	4 (PA)	2	2	4 (PA)	2	4 (PA)	2
Isentress	(raltegravir)	2	2	2	2	2	4	2	2	4 (PA)	2	4	2
Kaletra													
Truvada	(Viread + Emtriva)	2	2	2 (PA)	2	2	4 (PA)	2	2	4 (PA)	2	4 (PA)	2
Kaletra	(lopinavir + ritonavir)	2	2	4	2	2	4	2	2	4 (PA)	2	4	2
Tivicay													
Truvada	(Viread + Emtriva)	2	2	2 (PA)	2	2	4 (PA)	2	2	4 (PA)	2	4 (PA)	2
Tivicay	(dolutegravir)		3	2 (QL)	2	2	4 (QL)	2	2	4 (PA)	3	4 (QL)	2
Epzicom													
Epzicom	(Ziagen + Epivir)	2	2	4	2	2	4	2	2	4 (PA)	2	4	2
Prezista (tabs)	(darunavir)	2	2	4	2	2	4	2	2	4 (PA)	2	4	2

NOTE: Blank boxes indicate that the drug is not on the formulary. The member must obtain authorization from a physician that the drug is medically necessary and go through the health plan's exception process to receive approval for the drug.

Drug Tiers	
Tier 1	Generic drugs
Tier 2	Preferred drugs
Tier 3	Non-preferred drugs
Tier 4	Specialty drugs

	GENERIC PREFERRED OR GENERIC ONLY
PA	PRIOR AUTHORIZATION
ST	STEP THERAPY
QL	QUANTITY LIMITED

Coverage and Membership	ANTHEM	BLUE SHIELD	CCHP	HEALTH NET	KAISER	LA CARE	MOLINA	OSCAR	SHARP	UHC	VALLEY	WHA
Number of therapies covered (out of 10)	6	10	10	10	10	10	10	10	10	10	9	9
Number of therapies with a member cost share at \$70 or less (out of 10) for Silver, Gold, and Platinum plan members	6	10	4	10	10	0	10	10	0	10	0	0

2016 Conclusions

- 9 plans cover all 10 therapies
- 11 plans cover 7 or more therapies
- 6 plans cover all 10 therapies at \$70 or less for all members in Silver, Gold, and Platinum plans

Table 3:

HIV/AIDS Drugs (N=35) by USP Class: Drug Coverage Among Covered California Contracted Health Plans - 2016

Brand Name	Generic Name	PLAN NAME AND DRUG TIER											
		ANTHEM	BLUE SHIELD	CCHP	HEALTH NET	KAISER	LA CARE	MOLINA	OSCAR	SHARP	UHC	VALLEY	WHA
All-in-One Combination Tablets													
Atripla	(efavirenz + tenofovir + emtricitabine)	2	3	2	2	2	4	2	2	4 (PA)	2	4	2
Complera	(rilpivirine + tenofovir + emtricitabine)		3	4	2	2	4	2	2	4 (PA)	2		2
Stribild	(elvitegravir + cobicistat + tenofovir + emtricitabine)		3	2 (QL)	2	2	4 (QL)	2	2	4 (PA)	3 (ST)	4 (QL)	2
Triumeq	(dolutegravir + abacavir + lamivudine)			4 (QL)	2	2	4 (QL)	2	2	4 (PA, QL)	2	4 (QL)	
Protease Inhibitors (PIs)													
Aptivus	(tipranavir)	2	2 (ST)	4	2	2	4	2	2	4 (PA)	2	4	2
Crixivan	(indinavir)	2	2	4	2	2	4	2	2	2	2	4	2
Evotaz	(atazanavir + cobicistat)		3 (QL)	4	2		4	2		3	2		
Invirase	(saquinavir)	2	2	4	2	2	4	2	2	4 (PA)	2	4	2
Kaletra	(lopinavir + ritonavir)	2	2	4	2	2	4	2	2	4 (PA)	2	4	2
Lexiva	(fosamprenavir)	2	2	4	2	2	4	2	2	4 (PA)	2	4	2
Norvir	(ritonavir)	2	2	2	2	2	4	2	2	2	2	3	2
Prezcobix	(darunavir + cobicistat)		3 (QL)	4	2		4	2		3	2		
Prezista (tabs)	(darunavir)	2	2	4	2	2	4	2	2	4 (PA)	2	4	2
Reyataz	(atazanavir)	2	2	4	2	2	4	2	2	4 (PA)	2	4	2
Viracept	(nelfinavir)	2	2	4	2	2	4	2	2	4 (PA)	2	4	
Nucleoside/Nucleotide Reverse Transcriptase Inhibitors (NRTIs)													
Combivir	(Retrovir + Efavirenz)		1	1		1	4	1	1	4 (PA)	3	4	3
Emtriva	(emtricitabine)	2	2	4	2	2	4	2	2	3	2	4	2
Epivir	(lamivudine; 3TC)	1	1	1 (PA)		1	4	1	2	1	1	1 (sol), 3 (tab)	1
Epzicom	(Ziagen + Epivir)	2	2	4	2	2	4	2	2	4 (PA)	2	4	2
Retrovir	(zidovudine; AZT)	1	1	1	1	1	4	1	1	1	1	2	1
Trizivir	(Retrovir + Epivir + Ziagen)	2	1	1	1	1	4	1	1	4 (PA)	3	4	2
Truvada	(Viread + Emtriva)	2	2	2 (PA)	2	2	4 (PA)	2	2	4 (PA)	2	4 (PA)	2
Videx EC	(didanosine; ddl)	1	1	1	1	1	4	1	1	1	1	1	1
Viread	(tenofovir DF)	2 (PA)	2 (QL)	4 (PA)	2	2	4	2	2	4 (PA)	2	4	2
Zerit	(stavudine; d4T)	1	1	1	1	1	4	1	1	1	1	2	
Ziagen	(abacavir)	1	1	1	1	1	4	1	1	4 (PA)	1	4	1
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs)													
Edurant	(rilpivirine)	2	2	4	2	2	4	2	2	4 (PA)	2	4	2
Intelence	(etravirine)	2	2 (ST)	4	2	2	4	4 (PA)	2	4 (PA)	2	4	2
Rescriptor	(delavirdine)	2	2	4	2	2	4	2	2	2	2	4	2
Sustiva	(efavirenz)	2	2	4	2	2	4	2	2	4 (PA)	2	4	2
Viramune XR	(nevirapine)	1	3	1	1	1	4 (ST)	1	1	4 (PA)	3	1	1
Entry Inhibitors (including Fusion Inhibitors)													
Fuzeon	(T-20)	2	4 (QL)	4	4 (PA)	2 (QL)	4	4 (PA)	4 (PA)	4 (PA)	2	3	4 (PA)
Selzentry	(maraviroc)	2	2 (PA)	4	2	2	4	2	2	4 (PA, QL)	2 (PA)	4	
Integrase Inhibitors													
Isentress	(raltegravir)	2	2	2	2	2	4	2	2	4 (PA)	2	4	2
Tivicay	(dolutegravir)		3	2 (QL)	2	2	4 (QL)	2	2	4 (PA)	3	4 (QL)	2

NOTE: Blank boxes indicate that the drug is not on the formulary. The member must obtain authorization from a physician that the drug is medically necessary and go through the health plan's exception process to receive approval for the drug.

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