



PrEP AND HIV PRESCRIPTION COVERAGE GUIDE COLORADO 2022



This document can be used to review the coverage of medications prescribed to both prevent and treat HIV by each insurance company. Each insurance company has a list of prescriptions they cover, called a formulary or drug list, on their website. These lists often split drugs into 'tiers' or categories, which determine your share of the costs. While some plans have a copay for prescriptions, a fixed amount that starts right away, other plans require you to pay the full cost until you hit a prescription deductible (if there is one) or your overall plan deductible, which is more common. This document does not review each plan offered through each carrier.

Not all health plans cover all drugs or put them on the same tiers. **Lower tiers** generally mean generic and lower-cost drugs. **Middle tiers** often include brand name drugs. **Higher tiers** generally include specialty drugs or drugs administered in a medical facility. Each company tiers drugs differently, thus it is important that you look at each plan specifically to see what medications may cost you.

For individual plans on the market place, PrEP (Pre-Exposure Prophylaxis) and PEP (Post-Exposure Prophylaxis) are HIV prevention medications and are available for \$0 cost-sharing by the consumer. Ancillary services (like labs, doctor visits, and more) for PrEP are also covered at \$0 cost-sharing.

This is a summary of HIV drugs available, but may not be an exhaustive list. Want to know if your prescription medication is covered? You can use the [Quick Cost and Plan Finder tool](https://planfinder.connectforhealthco.com) offered by [Connect for Health Colorado](https://planfinder.connectforhealthco.com), found at <https://planfinder.connectforhealthco.com>. For individuals not using a single tablet regimen, it is important to verify the tier level for all medications that you are or may be prescribed to treat HIV. **You can click on the hyperlinked name of each insurance company below for more information about how each company tiers their drugs.**

NL = Not Listed, ** PA = Requires Prior Authorization, SP = Specialty Pharmacy. An asterisk (*) after a number means that tier is for the generic option of the drug.

	Anthem Blue Cross Blue Shield	Bright Health	Cigna	Friday Health Plans	Denver Health (Elevate)	Kaiser Permanente	Rocky Mountain Health Plans	Oscar
Total Number of Tiers/Drug Levels	4	7	6	5	5	4	6	7
PRE-EXPOSURE PROPHYLAXIS TIER LEVELS								
Pre-Exposure Prophylaxis (Truvada)	\$0*	\$0*	\$0*	\$0	\$0	\$0*	\$0*	\$0*
Pre-Exposure Prophylaxis (Descovy)	\$0*	\$0*	\$0	\$0	\$0	\$0	NL	\$0
SINGLE TABLET REGIMENS TIER LEVELS								
Trimeq	4	NL	5	3	3	NL	NL	2
Atripla	4*	4*	NL	NL	3	NL	NL	NL
Complera	NL	4	4	3	3	4	5	NL
Odefsey	NL	NL	5	3	3	2	5	2
Stribild	4	NL	5	3	3	NL	5	NL
Genvoya	3	NL	5	3	3	2	5	2
INTEGRASE INHIBITORS TIER LEVELS								
ISENTRESS	NL	4	5	3	3	4	5	2
Tivicay	3	4,5	4	3	3	4	NL	2
PROTEASE INHIBITORS TIER LEVELS								
Prezista	3	4	4,5	3	3	4	5	2
Aptivus	3PA	4	4	4	3	2	5	2
Crixivan	4	4	NL	4	NL	2	5	2
Invirase	4	4	4	4	3	4	5	2
Kaletra	3	4	4	3	3	4*	5	2
Lexiva	4	4	4	4	3	1*	5	2
Viracept	4	4	4	4	3	4	5	2
Evotaz	NL	NL	4	3	3	NL	NL	2
Prezcobix	NL	4	4	3	3	NL	NL	2
Reyataz	3*	4*	5	4	3	NL	5	2



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CONTINUED FROM PREVIOUS PAGE	Anthem Blue Cross Blue Shield	Bright Health	Cigna	Friday Health Plans	Denver Health (Elevate)	Kaiser Permanente	Rocky Mountain Health Plans	Oscar
Total Number of Tiers/Drug Levels	4	7	6	5	5	4	6	7
PK ENHANCER TIER LEVELS								
Norvir	3	4	3,4	3,4	3	1*	5	2
Tybost	NL	NL	NL	4	3	NL	NL	2
NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIS) TIER LEVELS								
Descovy	NL	NL	5	3	1	4	NL	2
Truvada	3	3*,4*	5*	2	1,3	4*	1*,5*	NL
Epzicom	4*	4*	3*	NL	3	1*	4*	1B*
Emtriva	4	5	3	4	1,3	2	NL	2
Epivir	2*	2*,3*	3	NL	3	2	3*,4*	2
Viread	3	5	5	3	1,3	1*	3*	2
Ziagen	2*	4*,5*	3*,4*	NL	3	1*	3*,5*	1B*
Zerit	2*	2*	4*	NL	3	2	NL	2
Videx	2*	2*,5	NL	3,4	3	2	NL	2
Trizivir	4*	4*	5	NL	NL	4*	5*	1B*
Retrovir	2*	2*	2*,4	NL	3	1*	4*	2
Combivir	4*	2*	3*	NL	NL	1*	4*	1B*
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIS) TIER LEVELS								
Edurant	3 PA	4	3	4	3	4	5	2
Sustiva	4*	4*	4*	NL	3	1*	5*	1B*
Intelence	3 PA	5	4,5	3	3	2	5	2
Rescriptor	4	NL	NL	4	NL	2	NL	3
Viramune	2*	2*,3*	3*,4*	NL	3	1*	3*	1B*
ENTRY INHIBITOR TIER LEVELS								
Selzentry	3	4,5	4,5	4	3	4	NL	2
FUSION INHIBITOR TIER LEVELS								
Fuzeon	NL	5	5	5 SP	3	NL	NL	4

* Tier listed is for the generic option of the drug

** Not listed (NL) means the drugs are not listed in the carrier's 2022 drug formulary. These drugs might be available as a Medical Benefit (administered in a medical setting) through the carrier.

IF YOU ARE WRONGFULLY DENIED **MEDICALLY NECESSARY** SERVICES FROM YOUR HEALTH INSURANCE CARRIER, IT'S YOUR RIGHT TO:

- **APPEAL THE DECISION DIRECTLY WITH THE HEALTH INSURANCE CARRIER.** If your health plan ID card has a "CO-DOI" designation on it, your plan is subject to Colorado's insurance laws and rules, including [CCR 4-2-62](#), which prohibits discrimination based on sexual orientation and gender identity within the insurance marketplace
- **FILE A COMPLAINT WITH THE COLORADO DIVISION OF INSURANCE** at <https://doi.colorado.gov/for-consumers/file-a-complaint>
- **FILE A COMPLAINT WITH THE COLORADO CIVIL RIGHTS DIVISION** at www.colorado.gov/pacific/dora/civil-rights

QUESTIONS?

Need assistance appealing your denial or filing a complaint? Contact health@one-colorado.org.

