

Illinois Medicaid Managed Care Coverage of HIV Treatment

Review of Integrated Care Program, Medicaid-Medicare Alignment Initiative, and Family Health Plans

LAST UPDATED Fall 2016

To help those living with HIV choose Medicaid and Medicaid-Medicare health plans, the AIDS Foundation of Chicago (AFC) regularly reviews information on HIV medication coverage for selected Medicaid Managed Care plans offered in Illinois. For the purposes of this document, Medicaid Managed Care health plans' formularies—specifically, preferred and widely prescribed HIV medications—were reviewed.

The information presented in this document is meant as a guide for consumers and HIV support staff. Always verify medication coverage directly with a plan before enrolling. Insurance companies can change their coverage without telling consumers. Contact the plans directly if you take medications that are not listed.

This document provides links to Health Plan formularies, a summary of review findings, and details for each formulary. Do not rely solely on the information in this document to select a plan. The plans listed are only available for certain Illinois residents who receive Medicaid or Medicaid-Medicare.

For health insurance enrollment assistance, contact AFC's Medical Benefits Coordinators at 312-784-9060. You can also speak with a Health and Family Services (HFS) enrollment broker by calling 1-877-912-8880. To learn more about your Medicaid Managed Care options, or to enroll in a managed care plan online, visit www.EnrollHFS.Illinois.gov.

For questions related to this document, contact AFC Medical Benefits Manager **Matt Frahm** at 312-784-9071 or MFrahm@aidschicago.org

Illinois Formularies Reviewed

Family Health Plans/ACA Adult

- Children in All Kids (except on SSI or in Premium Level 2)
- Parents and Caretaker relatives
- ACA Adults
- Pregnant women

Integrated Care Plan (ICP)

- Seniors 65 years and older
- Persons with disabilities (adults 19 years and over)
- Not eligible for Medicare

Medicare-Medicaid Alignment Initiative (MMAI) - for seniors and people with disabilities who are enrolled in both Medicare and Medicaid.

Also reviewed for comparison and to provide further assistance:

Illinois Department of Public Health AIDS Drug Assistance Program (ADAP)- Ryan White program for uninsured or underinsured people living with HIV

Medicaid Fee for Service- Medicaid enrollees not covered by managed care entity

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Links to Health Plan Formularies

Family Health Plans (FHP) Links to formularies (accessed 9/29/16)

- **Aetna** (Revised 9/2016): https://www.aetnabetterhealth.com/illinois/assets/pdf/pharmacy/monthly-updates/ABHIL_September_Form.pdf
- **Blue Cross** (updated on 07/18/2016): <http://www.bcbsil.com/PDF/family-health-plan/fhp-drug-list-il.pdf>
- **County Care** (Effective April 1, 2016) : http://www.countycare.com/Media/Default/pdf/CCHHS_EXTERNAL_member%20formulary_030216.pdf
- **Family Health Network** (3/1/16): http://www.fhnchicago.com/files/pharmacy/FHN_Formulary_FINAL_eff_3_1_16.pdf
- **Harmony** (Last updated (7/01/2016): ~~<https://www.harmonyhpi.com/member/preferreddruglist>~~
- **Illinicare Health** (LAST UPDATED 05/2016): https://www.usscript.com/Media/Default/docs/FORMULARY-ILLINICARE_HEALTH.pdf
- **Illinois Health Connect (uses Illinois Medicaid Preferred Drug List** (last updated July 1, 2016): <http://www.illinois.gov/hfs/MedicalProviders/Pharmacy/Pages/default.aspx>:
<http://www.illinois.gov/hfs/SiteCollectionDocuments/pd1040116.pdf>
- **Meridian Health Plan** (Version 6 8, Effective 8/13/2016): <https://corp.mhplan.com/ContentDocuments/default.aspx?x=rtWKTvVyN1w8ImKmzdZFOfUzq2jTJx4t7HaHAYoVXXRtpHX05MaAUw47EQ9+yyJHZqyTDzm/MZXrx3EKXW1jIA==>
- **Molina Healthcare** (October 2016): <http://www.molinahealthcare.com/members/il/en-US/PDF/Medicaid/formulary-2015.pdf>
- **Next Level Health** (Updated 3/8/2016): https://www.nextlevelhealthil.com/wp-content/uploads/ResourceDocuments/NLH_Drug_Formulary_3.8.2016-2.pdf

Integrated Care Plans (ICP) Links to formularies (accessed 10/20/16)

- **Aetna** (revised 7/2016): https://www.aetnabetterhealth.com/illinois/assets/pdf/pharmacy/ABH_IL_Formulary_%20712016.pdf
- **Blue Cross Community ICP** (updated 09/19/2016): http://www.bcbsil.com/icp/pdf/icp_drug_list_il.pdf
- **Cigna-Health Spring** (version 20): <http://www.cigna.com/iwov-resources/medicare-2016/docs/formulary-ea-mapd.pdf>
- **Community Care Alliance** (10/1/16): https://www.ccaillinois.com/medicaid/files/CCAI_Form_1016_sec.pdf
- **CountyCare** (April 2016): http://www.countycare.com/Media/Default/pdf/CCHHS_EXTERNAL_member%20formulary_030216.pdf
- **Humana Health Plan** (12/2/16): <http://apps.humana.com/marketing/documents.asp?file=2770248>
- **Illinicare** (10/2016): https://pharmacy.envolvehealth.com/content/dam/centene/envolve-pharmacy-solutions/pdfs/PDL/FORMULARY-ILLINICARE_HEALTH.pdf
- **Meridian Health Plan**: <https://corp.mhplan.com/ContentDocuments/default.aspx?x=MNznCwFkpgEd6d0+9Q0to0NtesyBv/8vcxZ8brYQrLy1E+OUfUKbHvoLryJ9eF793bUbPUAVWkHG16UgLocM3Q>
- **Molina Healthcare** (10/1/16): <http://www.molinahealthcare.com/members/il/en-US/PDF/Medicaid/formulary-2015.pdf>
- **Next Level Health** (updated 3/8/16): https://www.nextlevelhealthil.com/wp-content/uploads/ResourceDocuments/NLH_Drug_Formulary_3.8.2016-2.pdf

Medicaid-Medicare (MMAI) Plans Links to formularies (accessed 9/30/16)

- **Aetna** (Updated 08/2016): <https://www.aetnabetterhealth.com/illinois/assets/pdf/Monthly-Formulary/IL-2016-formulary-august.pdf>
- **Blue Cross** (updated on 6/2/2016): http://www.bcbsil.com/mmai/pdf/mmai_drug_list_il.pdf
- **Humana**: <https://www.humana.com/pharmacy/medicare/tools/druglist/>
- **Illinicare** (09/01/2016): https://mmp.illinicare.com/content/dam/centene/IlliniCare%20Health/mmp/pdfs/H0281_IL_Formulary_2016.pdf
- **Meridian** (7/27/2016): <https://corp.mhplan.com/ContentDocuments/default.aspx?x=3vt5lwZREv7DgN3tais1QizvFOWs/Trq0Gihp tT/Sib1oSRk62ei4Ongh06qsoxjmyviXSRo1boPuYzNDW+LNw>
- **Molina Healthcare of Illinois** (Updated 09/2016): <http://www.molinahealthcare.com/members/il/en-US/PDF/Duals/formulary-2016.PDF>

Also reviewed for comparison and to provide further assistance:

Illinois Medicaid Preferred Drug List (10/1/16):

https://www.illinois.gov/hfs/SiteCollectionDocuments/PDL_20161001.pdf

Illinois Department of Public Health ADAP (as of 04/28/2016): <http://hivcareconnect.com/wp-content/uploads/ADAP-Formulary.pdf>

Summary of Review

MCO HIV DRUG COVERAGE last updated
10/20/2016

KEY

FHP: FAMILY HEALTH PLAN

ICP: INTEGRATED CARE PLAN

*MMAI: MEDICAID-MEDICARE ALIGNMENT
INITIATIVE*

ARV: ANTIRETROVIRAL AGENTS (HIV MEDS)

STR: SINGLE TABLET REGIMEN

PA: PRIOR AUTHORIZATION

**Plans may require Prior Authorization (PA) or access
through a specialty pharmacy; Please see Formulary
Listing for Specific Medications In-Plan*

AETNA

- ◆ FHP: All STRs EXCEPT Odefsey; All ARVs covered EXCEPT Evotaz, Prescobix, and Tybost
- ◆ ICP: All STRs covered EXCEPT Genvoya and Odefsy (PA required); All ARVs covered EXCEPT Evotaz, Prescobix, Tybost, and Descovy (PA required)
- ◆ MMAI: All STRs and ARVs covered

BLUE CROSS

- ◆ FHP: All STRs EXCEPT Odefsey; All ARVs covered EXCEPT Descovy
- ◆ ICP: All STRs and ARVs covered EXCEPT Tybost.
- ◆ MMAI: All STRs EXCEPT Odefsey; All ARVs covered EXCEPT Descovy

CIGNA-HEALTHSPRING

- ◆ ICP: All STRs and ARVs covered.

COMMUNITY CARE ALLIANCE

- ◆ ICP: All STRs covered EXCEPT Descovy; all ARVs covered EXCEPT Odefsey.

COUNTY CARE

- ◆ FHP: All STRs covered EXCEPT Odefsey;; All ARVs covered EXCEPT Tivicay, Tybost, and Descovy
- ◆ ICP: All STRs covered EXCEPT Odefsey; All ARVs covered EXCEPT Tivicay, Tybost, Epivir, and Descovy

FAMILY HEALTH NETWORK

- ◆ FHP: All STRs covered except Genvoya and Odefsey; ALL ARVs covered EXCEPT Descovy

HARMONY HEALTH PLAN

- ◆ FHP: All STRs covered EXCEPT Evotaz and Prescobix

HUMANA

- ◆ ICP: All STRs and ARVs covered EXCEPT Epivir
 - ◆ MMAI: unable to access information about STR and ARV coverage
- ### ILLINICARE
- ◆ FHP: All STRs covered EXCEPT Triumeq, Complera, and Odefsey; All ARVs covered EXCEPT Evotaz, Prescobix, Tybost, Epivir, and Descovy
 - ◆ ICP: All STRs covered EXCEPT Triumeq; All ARVs covered EXCEPT Prescobix, Tybost, and Epivir
 - ◆ MMAI: All STRs covered EXCEPT Genvoya; All ARVs covered.

ILLINOIS HEALTH CONNECT & MEDICAID FEE FOR SERVICE

- ◆ FHP: All STRs covered EXCEPT Stribild, Triumeq, Complera, and Odefsey; All ARVs covered EXCEPT Evotaz, Prescobix, Tybost, Epivir, and Selzentry.
- ◆ ICP: PA REQUIRED FOR Stribild, Triumeq, Complera, Odefsey, Selzentry, Epivir, Tybost, Prescobix, Evotaz, Ziagen; all others covered

MERIDIAN

- ◆ FHP: NO STRs or ARVs covered without PA or access through specialty pharmacy except Edurant
- ◆ ICP: NO STRs or ARVs covered without PA or access through specialty pharmacy EXCEPT Edurant
- ◆ MMAI: All STRs covered; All ARVs covered.

MOLINA

- ◆ FHP: All STRs EXCEPT Odefsey; All ARVs covered EXCEPT Descovy
- ◆ ICP: All STRs covered EXCEPT Odefsey; All ARVs covered EXCEPT Descovy
- ◆ MMAI: All STRs and ARVs covered.

NEXT LEVEL HEALTH

- ◆ FHP: All STRs covered; All ARVs covered EXCEPT Tybost and Descovy
- ◆ ICP: All STRs covered; All ARVs covered EXCEPT Tybost and Descovy

Illinois Medicaid Preferred Drug List

- ALL STRs require PA EXCEPT Genvoya and Atripla; All ARVs covered EXCEPT Prescobix, Tybost, Epivir, and Selzentry (require PA).

Illinois Department of Public Health ADAP

- ALL STRs and ARVs covered

MEDICATION	ADAP	Medicaid (Fee for Service)	Aetna Health Plan*	BCBS Community Family Health Plan	CountyCare	Family Health Network	Harmony Health Plan	IlliniCare Health	Illinois Health Connect	Meridian Health Plan	Molina Healthcare	Next Level
Genvoya	Covered	Covered	Covered	Covered	Covered	PA required	Covered	Covered	Covered	SP	Covered	Covered
Stribild	Covered	PA required	Covered	Covered	Covered	Covered	Covered	Covered	PA required	SP	Covered	Covered
Triumeq	Covered	PA required	Covered	Covered	Covered	Covered	Covered	PA required	PA required	SP	Covered	Covered
Isentress	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Tivicay	Covered	Covered	Covered	Covered	PA required	Covered	Covered	Covered	Covered	SP	Covered	Covered
Prezista	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Emtriva	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Truvada	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Atripla	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Complera	Covered	PA required	Covered	Covered	Covered	Covered	Covered	Covered	PA required	SP	Covered	Covered
Evotaz	Covered	PA required	PA required	Covered	Covered	Covered	PA required	PA required	PA required	SP	Covered	Covered
Kaletra	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Norvir	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Prezcobix	Covered	PA required	PA required	Covered	Covered	Covered	PA required	PA required	PA required	SP	Covered	Covered
Reyataz	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Tybost	Covered	PA required	PA required	Covered	PA required	Covered	Covered	PA required	PA required	SP	Covered	PA required
Epivir	Covered	PA required	Covered	Covered	PA required	Covered	Covered	PA required	PA required	SP	Covered	Covered

MEDICATION	ADAP	Medicaid (Fee for Service)	Aetna Health Plan*	BCBS Community Family Health Plan	CountyCare	Family Health Network	Harmony Health Plan	IlliniCare Health	Illinois Health Connect	Meridian Health Plan	Molina Healthcare	Next Level
<i>Epzicom</i>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
<i>Viread</i>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
<i>Ziagen</i>	Covered	Covered (Generic)	Covered	Covered	Covered	Covered	Covered	Covered	Covered (Generic)	SP	Covered	Covered
<i>Edurant</i>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<i>Intence</i>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
<i>Sustiva</i>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
<i>Selzentry</i>	Covered	PA required	Covered	Covered	Covered	Covered	Covered	Covered	PA required	SP	Covered	Covered
<i>Descovy</i>	Covered	Covered	Covered	PA required	PA required	PA required	Covered	PA required	Covered	SP	PA required	PA required
<i>Odefsey</i>	Covered	PA required	PA required	PA required	PA required	PA required	Covered	PA required	PA required	SP	PA required	Covered

yellow= Single tablet regimen

Covered= no prior authorization required

PA required= Prior authorization needed

SP = Specialty Medications

** As of 12/15/16, prior authorization will be required for all HIV medications for patients who do not have a diagnosis of HIV in their Aetna health care claims history*

MEDICATION	ADAP	Medicaid (Fee for Service)	AETNA BETTER HEALTH*	BCBS COMMUNITY ICP	CIGNA-HEALTH-SPRING	COMMUNITY CARE ALLIANCE	COUNTY-CARE	HUMANA HEALTH PLAN**	ILLINICARE HEALTH	MERIDIAN HEALTH PLAN	MOLINA HEALTH CARE	NEXT LEVEL HEALTH
Genvoya	Covered	Covered	PA Required	Covered	Covered	Covered	Covered	Covered	Covered	PA required	Covered	Covered
Stribild	Covered	PA Required	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Triumeq	Covered	PA Required	Covered	Covered	Covered, 30 Day	Covered	Covered	Covered	PA required	PA required	Covered	Covered
Isentress	Covered	Covered	Covered	Covered	Covered, 30 Day	Covered	Covered	Covered	Covered	SP	Covered	Covered
Tivicay	Covered	Covered	Covered	Covered	Covered, 30 Day	Covered	PA required	Covered	Covered	SP	Covered	Covered
Prezista	Covered	Covered	Covered	Covered	Covered, 30 Day	Covered	Covered	Covered	Covered	SP	Covered	Covered
Emtriva	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Truvada	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Atripla	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Complera	Covered	PA Required	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Evotaz	Covered	PA Required	PA Required	Covered	Covered	Covered	Covered	Covered	Covered	PA required	Covered	Covered
Kaletra	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Norvir	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Prezcobix	Covered	PA Required	PA Required	Covered	Covered	Covered	Covered	Covered	PA required	PA required	Covered	Covered
Reyataz	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
Tybost	Covered	PA Required	PA Required	PA Required	Covered	Covered	PA required	Covered	PA required	PA required	Covered	PA Required
Epivir	Covered	PA Required	Covered	Covered	Covered	Covered	PA required	Not covered	PA required	SP	Covered	Covered

MEDICATION	ADAP	Medicaid (Fee for Service)	AETNA BETTER HEALTH*	BCBS COMMUNITY ICP	CIGNA-HEALTH-SPRING	COMMUNITY CARE ALLIANCE	COUNTY-CARE	HUMANA HEALTH PLAN**	ILLINICARE HEALTH	MERIDIAN HEALTH PLAN	MOLINA HEALTH CARE	NEXT LEVEL HEALTH
<i>Epzicom</i>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
<i>Viread</i>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
<i>Ziagen</i>	Covered	PA Required	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
<i>Edurant</i>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered
<i>Intencele</i>	Covered	Covered	Covered	Covered	Covered, 30 Day	Covered	Covered	Covered	Covered	SP	Covered	Covered
<i>Sustiva</i>	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	Covered	SP	Covered	Covered
<i>Selzentry</i>	Covered	PA Required	Covered	Covered	Covered, 30 Day	Covered	Covered	Covered	Covered	SP	Covered	Covered
<i>Descovy</i>	Covered	Covered	PA Required	Covered	Covered, 30 Day	PA required	PA required	Covered	Covered	PA required	PA required	PA Required
<i>Odefsey</i>	Covered	PA Required	PA Required	Covered	Covered	PA required	PA required	Covered	Covered	PA required	PA required	Covered

yellow= Single tablet regimen

Covered= no prior authorization required

PA required= Prior authorization needed

SP = Specialty Medications

* As of 12/15/16, prior authorization will be required for all HIV medications for patients who do not have a diagnosis of HIV in their Aetna health care claims history

** Humana ICP may require co-pay for medications listed

Medication	ADAP	AETNA BETTER HEALTH PREMIER PLAN*	Blue Cross Community MMAI	Humana Health Plan, Inc.	IlliniCare Health	Meridian Complete	Molina Healthcare of Illinois
Genvoya	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	PA Required	Covered, \$0-\$7.60	Covered
Stribild	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Triumeq	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Isentress	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Tivicay	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Prezista	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Emtriva	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Truvada	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Atripla	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Complera	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Evotaz	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Kaletra	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Norvir	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Prezcobix	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Reyataz	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Tybost	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered	Covered

Medication	ADAP	AETNA BETTER HEALTH PREMIER PLAN*	Blue Cross Community MMAI	Humana Health Plan, Inc.	IlliniCare Health	Meridian Complete	Molina Healthcare of Illinois
Epivir	Covered	Covered, mail order	Covered	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Epzicom	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Viread	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Ziagen	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Edurant	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Intence	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Sustiva	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Selzentry	Covered	Covered, mail order	Covered, 30 day	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60, mail order	Covered
Descovy	Covered	Covered, mail order	PA Required	Covered, mail order	Covered, \$0-\$7.60, mail order	Covered, \$0-\$7.60	Covered
Odefsey	Covered	Covered, mail order	PA Required	Covered, mail order	Covered, \$0-\$7.60	Covered, \$0-\$7.60	Covered

yellow= Single tablet regimen

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