

MIDAP Medication Matrix

2017



Michigan Drug Assistance Program (MIDAP)



PLEASE NOTE: THE INFORMATION IN THIS MATRIX IS SUBJECT TO CHANGE AT ANY TIME AND ONLY PROVIDES ESTIMATES OF OUT-OF-POCKET MEDICATION COSTS.

The goal of the MIDAP Medication Matrix is to provide information on the availability and estimated out-of-pocket costs of HIV medications covered by Qualified Health Plans (QHPs) on the Marketplace. This Matrix may be used as a guide to assist with informed decision making and selection of insurance plans during 2017 ACA open enrollment.



If you have any questions about the MIDAP Medication Matrix, please contact Yasi Zamani-Hank at 517-335-9006.

In December 2016, the Michigan Drug Assistance Program analyzed the coverage and costs of HIV medications under the Qualified Health Plans (QHPs) on the marketplace. MIDAP developed this Matrix to help clients pick an insurance plan that is right for them during open enrollment.

Things to Keep in Mind:

- The cost of copays and coinsurance listed in this Matrix were calculated using information from the insurance company's websites, the ACA Marketplace website (Healthcare.gov), and the Positively Aware (PA) HIV Drug Guide which lists the Average Wholesale Price (AWP) of HIV medications (<http://www.positivelyaware.com/drugs/hiv/hiv-drug-chart>).
- The cost of copays and coinsurance listed below are ESTIMATES *only*.
- Please check medication coverage and costs directly with a plan before enrolling. Insurance companies can change their coverage at any time without telling customers.
- The out-of-pocket cost of medications can be different depending on which plan you pick. Actual costs of plan benefits will vary based on age, county of residence, income, Federal Poverty Level, and household size. Actual healthcare costs will also vary based on long term healthcare needs and services.
- The matrix information is subject to change at any time and should always be checked with the insurance company before enrolling in any plan.
- Under the copay/coinsurance column, dollar amounts refer to copays while percentages refer to coinsurance. Tier levels indicate the copay or coinsurance categorization of a medication. A higher tier level usually means a higher copay or coinsurance cost.
- Copay costs are generally less expensive than coinsurance costs when applied to expensive HIV medications. A copay is a fixed amount whereas a coinsurance varies depending on the pharmaceutical cost of the drug. In certain situations, it may be more cost-effective to pick a plan with copays rather than coinsurance.
- The medication costs calculated below are the estimated out-of-pocket costs per person per month.
- Definitions of health insurance terms can be found in the glossary at the end of this document.
- MIDAP understands that open enrollment can be confusing and overwhelming. MIDAP encourages you to reach out to your case manager or patient advocate for any assistance you may need in enrolling in insurance or changing your insurance plan. If you do not currently have a case manager but would like to learn more about case management, refer to the case management agency list included at the end of this document.

Insurance Carrier: Humana Medical Plan, Inc.

HIV Medication	Tier Level	Copay/Coinsurance	Estimated Out-of-Pocket Cost per month
Abacavir (Ziagen)	2, QL	\$7-\$25	\$7-\$25
Abacavir/dolutegravir/lamivudine (Triumeq)	3, QL	\$25	\$25
Abacavir/lamivudine (Epzicom)	3, QL	\$25	\$25
Abacavir/lamivudine/zidovudine (Trizivir)	2, QL	\$7-\$25	\$7-\$25
Atazanavir (Reyataz)	5, QL, SP	50% coinsurance	\$705
Atazanavir/Cobicistat (Evotaz)	5, QL	50% coinsurance	\$909
Cobicistat (Tybost)	3, QL	\$25	\$25
Darunavir (Prezista)	3, QL	\$25	\$25
Darunavir/Cobicistat (Prezcobix)	5, QL, SP	50% coinsurance	\$931
Delavirdine (Rescriptor)	3, QL	\$25	\$25
Didanosine (VIDEX EC*,VIDEX soln)	2, QL	\$7-\$25	\$7-\$25
Dolutegravir (Tivicay)	3, QL	\$25	\$25
Efavirenz (Sustiva)	5 QL, SP	50% coinsurance	\$555
Efavirenz/emtricitabine/tenofovir (Atripla)	5, QL, SP	50% coinsurance	\$1,293
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	3, QL	\$25	\$25
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Genvoya)	3, QL	\$25	\$25
Emtricitabine (Emtriva)	3, QL	\$25	\$25
Emtricitabine/tenofovir (Truvada)	3, QL	\$25	\$25
Emtricitabine/rilpivirine/tenofovir (Complera)	5, QL	50% coinsurance	\$1,408
Enfuvirtide (Fuzeon)	5, QL	50% coinsurance	\$2,049
Etravirine (Intelence)	5 QL, SP	50% coinsurance	\$562
Fosamprenavir (Lexiva)	5 QL, SP	50% coinsurance	\$563
Indinavir (Crixivan)	3, QL	\$25	\$25
Lamivudine (Epivir)	3, QL	\$25	\$25
Lamivudine/zidovudine (Combivir)	2, QL	\$7-\$25	\$7-\$25
Maraviroc (Selzentry)	5 QL, SP	50% coinsurance	\$727
Nelfinavir (Viracept)	5 QL, SP	50% coinsurance	\$547
Nevirapine (Viramune)	2, QL	\$7-\$25	\$7-\$25
Raltegravir (Isentress)	3, QL	\$25	\$25
Rilpivirine (Edurant)	5, QL, SP	50% coinsurance	\$462
Rilpivirine, Emtricitabine, Tenofovir (Odefsey)	5, QL, SP	50% coinsurance	\$1,408
Ritonavir (Norvir)	3, QL	\$25	\$25
Saquinavir (Invirase)	5, QL, SP	50% coinsurance	\$630
Stavudine (Zerit)	2, QL	\$7-\$25	\$7-\$25
Tenofovir (Viread)	5, QL, SP	50% coinsurance	\$555
Tipranavir (Aptivus)	5, QL, SP	50% coinsurance	\$795

Zidovudine (Retrovir)	2, QL	\$7-\$25	\$7-\$25
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Humana Drug Formulary Key:

Tier 1: Preferred generic drugs

Tier 2: Non-preferred generic drugs

Tier 3: Preferred brand-name drugs

Tier 4: Non-preferred brand-name drugs

Tier 5: Specialty drugs

QL: Quantity Limits

SP: Specialty drug, obtained at specialty pharmacies

Insurance Carrier: Health Alliance Plan

HIV Medication	Tier Level	Copay/Co-insurance	Estimated Out-of-Pocket Cost per month
Abacavir (Ziagen)	4, DSL, QL (60 tablets per 30 days)	50 % coinsurance	\$335.19
Abacavir/dolutegravir/lamivudine (Triumeq)	4, DSL, QL (30 tablets per 30 days)	50 % coinsurance	\$1,376.72
Abacavir/lamivudine (Epzicom)	4, QL (30 tablets per 30 days)	50 % coinsurance	\$662.47
Abacavir/lamivudine/zidovudine (Trizivir)	4, DSL	50 % coinsurance	\$965.82
Atazanavir (Reyataz)	4, DSL, QL (30 capsules per 30 days)	50 % coinsurance	\$704.70
Atazanavir/Cobicistat (Evotaz)	4, DSL, QL (30 capsules per 30 days)	50 % coinsurance	\$908.76
Cobicistat (Tybost)	4, DSL, QL (60 tablets per 30 days)	50 % coinsurance	\$115.45
Darunavir (Prezista)	4, DSL, QL (60 tablets per 30 days)	50 % coinsurance	\$699.63
Darunavir/Cobicistat (Prezcobix)	4, DSL, QL (60 tablets per 30 days)	50 % coinsurance	\$931.07
Delavirdine (Rescriptor)	4, DSL, QL (180 tablets per 30 days)	50 % coinsurance	\$216.33
Didanosine (VIDEX EC*, VIDEX soln)	4, DSL, QL (60 capsules per 30 days)	50 % coinsurance	\$257.92
Dolutegravir (Tivicay)	4, DSL, QL (120 tablets per 30 days)	50 % coinsurance	\$739.80
Efavirenz (Sustiva)	4, DSL, QL (30 capsules per 30 days)	50 % coinsurance	\$555.06
Efavirenz/emtricitabine/tenofovir (Atripla)	4, DSL, QL (30 capsules per 30 days)	50 % coinsurance	\$1,293.01
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	4, DSL, QL (30 tablets per 30 days)	50 % coinsurance	\$1,622.39
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Genvoya)	Not covered on formulary	N/A	N/A
Emtricitabine (Emtriva)	4, DSL, QL (680 ML per 23 days)	50 % coinsurance	\$322.22
Emtricitabine/tenofovir (Truvada)	4, DSL, QL (30 tablets per 30 days)	50 % coinsurance	\$880.68
Emtricitabine/rilpivirine/tenofovir (Complera)	Not covered on formulary	N/A	N/A
Enfuvirtide (Fuzeon)	4, PA, DSL	50 % coinsurance	\$2,048.90

Etravirine (Intelece)	4, DSL	50 % coinsurance	\$561.76
Fosamprenavir (Lexiva)	4, DSL, QL (1800 ML per 30 days)	50 % coinsurance	\$563.35
Indinavir (Crixivan)	4, DSL, QL (180 capsules per 30 days)	50 % coinsurance	\$274.06
Lamivudine (Epivir)	4, DSL	50 % coinsurance	\$238.96
Lamivudine/zidovudine (Combivir)	4, DSL, QL (60 tablets per 30 days)	50 % coinsurance	\$540.85
Maraviroc (Selzentry)	4, DSL, QL (60 tablets per 30 days)	50 % coinsurance	\$726.86
Nelfinavir (Viracept)	4, DSL, QL (120 tablets per 30 days)	50 % coinsurance	\$546.88
Nevirapine (Viramune)	4, DSL, QL (480 ML per 30 days)	50 % coinsurance	\$399.37
Raltegravir (Isentress)	4, DSL, QL (60 tablets per 30 days)	50 % coinsurance	\$769.58
Rilpivirine (Edurant)	4, DSL, QL (60 tablets per 30 days)	50 % coinsurance	\$461.74
Rilpivirine, Emtricitabine, Tenofovir (Odefsey)	Not covered on formulary	N/A	N/A
Ritonavir (Norvir)	4, DSL, QL (60 tablets per 30 days)	50 % coinsurance	\$154.30
Saquinavir (Invirase)	4, DSL, QL (120 tablets per 30 days)	50 % coinsurance	\$630.01
Stavudine (Zerit)	4, DSL, QL (60 capsules per 30 days)	50 % coinsurance	\$276.56
Tenofovir (Viread)	4, DSL	50 % coinsurance	\$554.82
Tipranavir (Aptivus)	4, DSL	50 % coinsurance	\$795.09
Zidovudine (Retrovir)	4, DSL, QL (60 capsules per 30 days)	50 % coinsurance	\$291.47

Health Alliance Plan Drug Formulary Key:

Tier 1: Generic

Tier 2: Preferred brand drugs

Tier 3: Non-preferred brand drugs

Tier 4: Specialty drugs

PA: Prior Authorization needed

QL: Quantity Limits

DSL: Drug is limited to a 30 day supply or less

Insurance Carrier: Blue Care Network

HIV Medication	Tier Level	Copay/Co-insurance	Estimated Out-of-Pocket Cost per month
Abacavir (Ziagen)	1	\$4 after deductible	\$4 after deductible
Abacavir/dolutegravir/lamivudine (Triumeq)	2, QL	25% after deductible	\$688.36
Abacavir/lamivudine (Epzicom)	2	25% after deductible	\$331.23
Abacavir/lamivudine/zidovudine (Trizivir)	1	\$4 after deductible	\$4 after deductible
Atazanavir (Reyataz)	2	25% after deductible	\$352.35
Atazanavir/Cobicistat (Evotaz)	2, QL	25% after deductible	\$454.38
Cobicistat (Tybost)	2	25% after deductible	\$57.73
Darunavir (Prezista)	2	25% after deductible	\$349.81
Darunavir/Cobicistat (Prezcobix)	2, QL	25% after deductible	\$465.53
Delavirdine (Rescriptor)	2	25% after deductible	\$108.17
Didanosine (VIDEX EC*, VIDEX soln)	2	25% after deductible	\$128.96
Dolutegravir (Tivicay)	2	25% after deductible	\$369.90
Efavirenz (Sustiva)	2	25% after deductible	\$277.53
Efavirenz/emtricitabine/tenofovir (Atripla)	2	25% after deductible	\$646.50
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	2, QL	25% after deductible	\$811.20
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Genvoya)	2, QL	25% after deductible	\$811.20
Emtricitabine (Emtriva)	2	25% after deductible	\$161.11
Emtricitabine/tenofovir (Truvada)	2	25% after deductible	\$440.34
Emtricitabine/rilpivirine/tenofovir (Complera)	2, QL	25% after deductible	\$703.77
Enfuvirtide (Fuzeon)	2	25% after deductible	\$1,024.45
Etravirine (Intelence)	2	25% after deductible	\$280.88

Fosamprenavir (Lexiva)	2	25% after deductible	\$281.67
Indinavir (Crixivan)	2	25% after deductible	\$137.03
Lamivudine (Epivir)	1	\$4 after deductible	\$4 after deductible
Lamivudine/zidovudine (Combivir)	1	\$4 after deductible	\$4 after deductible
Maraviroc (Selzentry)	2	25% after deductible	\$363.43
Nelfinavir (Viracept)	2	25% after deductible	\$273.44
Nevirapine (Viramune)	1	\$4 after deductible	\$4 after deductible
Raltegravir (Isentress)	2	25% after deductible	\$384.79
Rilpiviring (Edurant)	2, QL	25% after deductible	\$230.87
Rilpivirine, Emtricitabine, Tenofovir (Odefsey)	2, QL	25% after deductible	\$703.76
Ritonavir (Norvir)	2	25% after deductible	\$77.15
Saquinavir (Invirase)	2	25% after deductible	\$315.00
Stavudine (Zerit)	1	\$4 after deductible	\$4 after deductible
Tenofovir (Viread)	2, QL	25% after deductible	\$277.41
Tipranavir (Aptivus)	2	25% after deductible	\$397.55
Zidovudine (Retrovir)	1	\$4 after deductible	\$4 after deductible

Blue Care Network Drug Formulary Key:

- Tier 1: Generic
- Tier 2: Preferred brand drugs
- Tier 3: Non-preferred brand drugs
- Tier 4: Specialty drugs
- PA: Prior Authorization needed
- QL: Quantity Limits

Insurance Carrier: Blue Cross Blue Shield

HIV Medication	Tier Level	Copay/Co-insurance	Estimated Out-of-Pocket Cost per month
Abacavir (Ziagen)	1	\$15	\$15
Abacavir/dolutegravir/lamivudine (Triumeq)	2	25% after deductible	\$688.36
Abacavir/lamivudine (Epzicom)	2	25% after deductible	\$331.23
Abacavir/lamivudine/zidovudine (Trizivir)	1	\$15	\$15
Atazanavir (Reyataz)	2	25% after deductible	\$352.35
Atazanavir/Cobicistat (Evotaz)	2	25% after deductible	\$454.38
Cobicistat (Tybost)	2	25% after deductible	\$57.73
Darunavir (Prezista)	2	25% after deductible	\$349.81
Darunavir/Cobicistat (Prezcobix)	2	25% after deductible	\$465.53
Delavirdine (Rescriptor)	2	25% after deductible	\$108.17
Didanosine (VIDEX EC*, VIDEX soln)	2	25% after deductible	\$128.96
Dolutegravir (Tivicay)	2	25% after deductible	\$369.90
Efavirenz (Sustiva)	2	25% after deductible	\$277.53
Efavirenz/emtricitabine/tenofovir (Atripla)	2	25% after deductible	\$646.50
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	2	25% after deductible	\$811.20
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Genvoya)	2	25% after deductible	\$811.20
Emtricitabine (Emtriva)	2	25% after deductible	\$161.11
Emtricitabine/tenofovir (Truvada)	2	25% after deductible	\$440.34
Emtricitabine/rilpivirine/tenofovir (Complera)	2	25% after deductible	\$703.77
Enfuvirtide (Fuzeon)	2	25% after deductible	\$1,024.45
Etravirine (Intelence)	2	25% after deductible	\$280.88
Fosamprenavir (Lexiva)	2	25% after deductible	\$281.67

Indinavir (Crixivan)	2	25% after deductible	\$137.03
Lamivudine (Epivir)	1	\$15	\$15
Lamivudine/zidovudine (Combivir)	1	\$15	\$15
Maraviroc (Selzentry)	2	25% after deductible	\$363.43
Nelfinavir (Viracept)	2	25% after deductible	\$273.44
Nevirapine (Viramune)	1	\$15	\$15
Raltegravir (Isentress)	2	25% after deductible	\$384.79
Rilpivirine (Edurant)	2	25% after deductible	\$230.87
Rilpivirine, Emtricitabine, Tenofovir (Odefsey)	2	25% after deductible	\$703.76
Ritonavir (Norvir)	2	25% after deductible	\$77.15
Saquinavir (Invirase)	2	25% after deductible	\$315.00
Stavudine (Zerit)	1	\$15	\$15
Tenofovir (Viread)	2	25% after deductible	\$277.41
Tipranavir (Aptivus)	2	25% after deductible	\$397.55
Zidovudine (Retrovir)	1	\$15	\$15

BCBS Drug Formulary Key:
Tier 1: Generic
Tier 2: Preferred brand drugs
Tier 3: Non-preferred brand drugs
Tier 4: Specialty drugs

Insurance Carrier: McLaren

HIV Medication	Tier Level	Copay/Co-insurance	Estimated Out-of-Pocket Cost per month
Abacavir (Ziagen)	1, QL (60/30 days)	\$3	\$3
Abacavir/dolutegravir/lamivudine (Triumeq)	Not covered on formulary	N/A	N/A
Abacavir/lamivudine (Epzicom)	2	\$5	\$5
Abacavir/lamivudine/zidovudine (Trizivir)	1, QL (60/30 days)	\$3	\$3
Atazanavir (Reyataz)	2, QL (2/day)	\$5	\$5
Atazanavir/Cobicistat (Evotaz)	Not covered on formulary	N/A	N/A
Cobicistat (Tybost)	Not covered on formulary	N/A	N/A
Darunavir (Prezista)	2, QL (60/20 days)	\$5	\$5
Darunavir/Cobicistat (Prezcobix)	Not covered on formulary	N/A	N/A
Delavirdine (Rescriptor)	2, PA	\$5	\$5
Didanosine (VIDEX EC*, VIDEX soln)	1	\$3	\$3
Dolutegravir (Tivicay)	3	\$10	\$10
Efavirenz (Sustiva)	2	\$5	\$5
Efavirenz/emtricitabine/tenofovir (Atripla)	2	\$5	\$5
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	2, QL (30/30 days)	\$5	\$5
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Genvoya)	Not covered on formulary	N/A	N/A
Emtricitabine (Emtriva)	2	\$5	\$5
Emtricitabine/tenofovir (Truvada)	2	\$5	\$5
Emtricitabine/rilpivirine/tenofovir (Complera)	2	\$5	\$5
Enfuvirtide (Fuzeon)	2, PA	\$5	\$5
Etravirine (Intelence)	2	\$5	\$5
Fosamprenavir (Lexiva)	2	\$5	\$5
Indinavir (Crixivan)	2	\$5	\$5
Lamivudine (Epivir)	2	\$5	\$5
Lamivudine/zidovudine (Combivir)	1	\$3	\$3
Maraviroc (Selzentry)	2	\$5	\$5
Nelfinavir (Viracept)	2	\$5	\$5
Nevirapine (Viramune)	3	\$10	\$10
Raltegravir (Isentress)	2	\$5	\$5
Rilpivirine (Edurant)	2	\$5	\$5

Rilpivirine, Emtricitabine, Tenofovir (Odefsey)	Not covered on formulary	N/A	N/A
Ritonavir (Norvir)	2	\$5	\$5
Saquinavir (Invirase)	2	\$5	\$5
Stavudine (Zerit)	1	\$3	\$3
Tenofovir (Viread)	2	\$5	\$5
Tipranavir (Aptivus)	2	\$5	\$5
Zidovudine (Retrovir)	1	\$3	\$3

McLaren Drug Formulary Key:

- Tier 1: Preferred Generics
- Tier 2: Preferred Brand
- Tier 3: Non-preferred brand drugs
- Tier 4: Specialty drugs
- Tier 5: Preventative
- PA: Prior Authorization needed
- QL: Quantity Limits

Insurance Carrier: Meridian

HIV Medication	Tier Level	Copay/Co-insurance	Estimated Out-of-Pocket Cost per month
Abacavir (Ziagen)	3, S	\$15	\$15
Abacavir/dolutegravir/lamivudine (Triumeq)	Not covered on Formulary	N/A	N/A
Abacavir/lamivudine (Epzicom)	4, S	30% coinsurance	\$397.48
Abacavir/lamivudine/zidovudine (Trizivir)	4, S	30% coinsurance	\$579.49
Atazanavir (Reyataz)	3, S	\$15	\$15
Atazanavir/Cobicistat (Evotaz)	Not covered on Formulary	N/A	N/A
Cobicistat (Tybost)	Not covered on Formulary	N/A	N/A
Darunavir (Prezista)	5, S	30% coinsurance	\$419.78
Darunavir/Cobicistat (Prezcobix)	Not covered on Formulary	N/A	N/A
Delavirdine (Rescriptor)	3, S	\$15	\$15
Didanosine (VIDEX EC*, VIDEX soln)	2, S	\$4-\$15	\$4-\$15
Dolutegravir (Tivicay)	Not covered on Formulary	N/A	N/A
Efavirenz (Sustiva)	3, S	\$15	\$15
Efavirenz/emtricitabine/tenofovir (Atripla)	Not covered on Formulary	N/A	N/A
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	Not covered on Formulary	N/A	N/A
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Genvoya)	Not covered on Formulary	N/A	N/A
Emtricitabine (Emtriva)	3, S	\$15	\$15
Emtricitabine/tenofovir (Truvada)	5, S	30% coinsurance	\$528.41
Emtricitabine/rilpivirine/tenofovir (Complera)	Not covered on Formulary	N/A	N/A
Enfuvirtide (Fuzeon)	5	30% coinsurance	\$1,229.34
Etravirine (Intelence)	5, S	30% coinsurance	\$337.06
Fosamprenavir (Lexiva)	5, S	30% coinsurance	\$338.01
Indinavir (Crixivan)	3, S	\$15	\$15
Lamivudine (Epivir)	3, S	\$15	\$15

Lamivudine/zidovudine (Combivir)	5, S	30% coinsurance	\$324.51
Maraviroc (Selzentry)	5, S	30% coinsurance	\$436.11
Nelfinavir (Viracept)	5, S	30% coinsurance	\$328.13
Nevirapine (Viramune)	3, S	\$15	\$15
Raltegravir (Isentress)	5, S	30% coinsurance	\$461.75
Rilpivirine (Edurant)	5, PA	30% coinsurance	\$277.04
Rilpivirine, Emtricitabine, Tenofovir (Odefsey)	Not covered on Formulary	N/A	N/A
Ritonavir (Norvir)	3, S	\$15	\$15
Saquinavir (Invirase)	3, S	\$15	\$15
Stavudine (Zerit)	4, S	30% coinsurance	\$165.94
Tenofovir (Viread)	5, PA, S	30% coinsurance	\$332.89
Tipranavir (Aptivus)	5	30% coinsurance	\$477.05
Zidovudine (Retrovir)	3, S	\$15	\$15

Meridian Drug Formulary Key:

- Tier 1: Preferred Generics
- Tier 2: Non-Preferred Generics
- Tier 3: Preferred Brand drugs
- Tier 4: Non-Preferred Brand
- Tier 5: Specialty Drugs
- PA: Prior Authorization needed
- QL: Quantity Limits
- S: Specialty Drug

Insurance Carrier: Molina

HIV Medication	Tier Level	Copay/Co-insurance	Estimated Out-of-Pocket Cost per month
Abacavir (Ziagen)	2, Mail	\$15	\$15
Abacavir/dolutegravir/lamivudine (Triumeq)	2, Mail	\$15	\$15
Abacavir/lamivudine (Epzicom)	2, Mail	\$15	\$15
Abacavir/lamivudine/zidovudine (Trizivir)	Not covered on formulary	N/A	N/A
Atazanavir (Reyataz)	2, Mail	\$15	\$15
Atazanavir/Cobicistat (Evotaz)	2, Mail	\$15	\$15
Cobicistat (Tybost)	2, PA, Mail	\$15	\$15
Darunavir (Prezista)	2, Mail	\$15	\$15
Darunavir/Cobicistat (Prezcobix)	2, Mail	\$15	\$15
Delavirdine (Rescriptor)	2, Mail	\$15	\$15
Didanosine (VIDEX EC*,VIDEX soln)	1, Mail	\$2	\$2
Dolutegravir (Tivicay)	2, Mail	\$15	\$15
Efavirenz (Sustiva)	2, Mail	\$15	\$15
Efavirenz/emtricitabine/tenofovir (Atripla)	2, Mail	\$15	\$15
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	2, Mail	\$15	\$15
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Genvoya)	2, Mail	\$15	\$15
Emtricitabine (Emtriva)	2, Mail	\$15	\$15
Emtricitabine/tenofovir (Truvada)	2, Mail	\$15	\$15
Emtricitabine/rilpivirine/tenofovir (Complera)	2, Mail	\$15	\$15
Enfuvirtide (Fuzeon)	4, PA	20% coinsurance	\$819.56
Etravirine (Intelence)	4, PA	20% coinsurance	\$224.70
Fosamprenavir (Lexiva)	2, Mail	\$15	\$15
Indinavir (Crixivan)	2, Mail	\$15	\$15
Lamivudine (Epivir)	3	20% coinsurance	\$95.58
Lamivudine/zidovudine (Combivir)	1, Mail	\$2	\$2
Maraviroc (Selzentry)	2, Mail	\$15	\$15
Nelfinavir (Viracept)	2, Mail	\$15	\$15
Nevirapine (Viramune)	1, Mail	\$2	\$2
Raltegravir (Isentress)	2, Mail	\$15	\$15
Rilpivirine (Edurant)	2, Mail	\$15	\$15

Rilpivirine, Emtricitabine, Tenofovir (Odefsey)	Not covered on formulary	N/A	N/A
Ritonavir (Norvir)	2, Mail	\$15	\$15
Saquinavir (Invirase)	2, Mail	\$15	\$15
Stavudine (Zerit)	1, Mail	\$2	\$2
Tenofovir (Viread)	2, Mail	\$15	\$15
Tipranavir (Aptivus)	2, Mail	\$15	\$15
Zidovudine (Retrovir)	1, Mail	\$2	\$2

Molina Drug Formulary Key:

Tier 1: Most generics and low cost preferred brands

Tier 2: Non-preferred generic drugs and preferred brand name drugs

Tier 3: Non-preferred brand name drugs

Tier 4: Specialty drugs

Mail: Mail order available

PA: Prior Authorization

Insurance Carrier: Priority Health

HIV Medication	Tier Level	Copay/Co-insurance	Estimated Out-of-Pocket Cost per month
Abacavir (Ziagen)	Generic	\$5	\$5
Abacavir/dolutegravir/lamivudine (Triumeq)	Preferred Specialty, QL	20% coinsurance	\$550.69
Abacavir/lamivudine (Epzicom)	Preferred Specialty, QL	20% coinsurance	\$264.99
Abacavir/lamivudine/zidovudine (Trizivir)	Non-preferred specialty, QL	\$80 after deductible	\$80.00
Atazanavir (Reyataz)	Preferred Specialty, QL	20% coinsurance	\$281.88
Atazanavir/Cobicistat (Evotaz)	Preferred Specialty, QL	20% coinsurance	\$363.50
Cobicistat (Tybost)	Preferred Brand, QL	\$60 after deductible	\$60.00
Darunavir (Prezista)	Preferred Specialty, QL	20% coinsurance	\$279.85
Darunavir/Cobicistat (Prezcobix)	Preferred Specialty, QL	20% coinsurance	\$372.43
Delavirdine (Rescriptor)	Preferred Brand	\$60 after deductible	\$60.00
Didanosine (VIDEX EC*, VIDEX soln)	Generic	\$5	\$5.00
Dolutegravir (Tivicay)	Preferred Specialty, QL	20% coinsurance	\$295.92
Efavirenz (Sustiva)	Preferred Brand	\$60 after deductible	\$60.00
Efavirenz/emtricitabine/tenofovir (Atripla)	Preferred Specialty, QL	20% coinsurance	\$517.20
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	Preferred Specialty, QL	20% coinsurance	\$648.96
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Genvoya)	Preferred Specialty, QL	20% coinsurance	\$648.96
Emtricitabine (Emtriva)	Preferred Brand	\$60 after deductible	\$60.00
Emtricitabine/tenofovir (Truvada)	Preferred Specialty, QL	20% coinsurance	\$352.27
Emtricitabine/rilpivirine/tenofovir (Complera)	Preferred Specialty, QL	20% coinsurance	\$563.01
Enfuvirtide (Fuzeon)	Non-Preferred Specialty	\$80 after deductible	\$80.00
Etravirine (Intelence)	Preferred Specialty, QL	20% coinsurance	\$224.70

Fosamprenavir (Lexiva)	Preferred Specialty, QL	20% coinsurance	\$225.34
Indinavir (Crixivan)	Preferred Brand	\$60 after deductible	\$60.00
Lamivudine (Epivir)	Non-preferred brand	\$80 after deductible	\$80.00
Lamivudine/zidovudine (Combivir)	Non-preferred specialty, QL	20% coinsurance	\$216.34
Maraviroc (Selzentry)	Preferred Specialty, QL	20% coinsurance	\$290.74
Nelfinavir (Viracept)	Preferred Specialty, QL	20% coinsurance	\$218.75
Nevirapine (Viramune)	Non-preferred specialty, QL	20% coinsurance	\$159.75
Raltegravir (Isentress)	Preferred Specialty, QL	20% coinsurance	\$307.83
Rilpivirine (Edurant)	Preferred Brand	\$60 after deductible	\$60.00
Rilpivirine, Emtricitabine, Tenofovir (Odefsey)	Preferred Specialty, QL	20% coinsurance	\$563.01
Ritonavir (Norvir)	Preferred Brand	\$60 after deductible	\$60.00
Saquinavir (Invirase)	Preferred Specialty, QL	20% coinsurance	\$252.00
Stavudine (Zerit)	Non-preferred brand	\$80 after deductible	\$80.00
Tenofovir (Viread)	Preferred Specialty, QL	20% coinsurance	\$221.93
Tipranavir (Aptivus)	Preferred Specialty, ST, QL	20% coinsurance	\$318.04
Zidovudine (Retrovir)	Non-preferred brand	\$80 after deductible	\$80.00

Priority Health Formulary Key:

- Tier 1: Preferred generic and generic
- Tier 2: Preferred Brand
- Tier 3: Non-preferred Brand
- Tier 4: Preferred Specialty
- Tier 5: Non-Preferred Specialty
- ST: Step Therapy
- QL: Quantity Limits
- PA: Prior Authorization

Insurance Carrier: Total Health Care

HIV Medication	Tier Level	Copay/Co-insurance	Estimated Out-of-Pocket Cost per month
Abacavir (Ziagen)	T3 QL (60 EA per 30 days)	5% coinsurance after deductible	\$33.52
Abacavir/dolutegravir/lamivudine (Triumeq)	T3 QL (30 EA per 30 days)	5% coinsurance after deductible	\$137.67
Abacavir/lamivudine (Epzicom)	T2 QL (30 EA per 30 days)	5% coinsurance after deductible	\$66.25
Abacavir/lamivudine/zidovudine (Trizivir)	Not covered on formulary	N/A	N/A
Atazanavir (Reyataz)	T2 QL (30 EA per 30 days)	5% coinsurance after deductible	\$70.47
Atazanavir/Cobicistat (Evotaz)	T3 QL (30 EA per 30 days)	5% coinsurance after deductible	\$90.88
Cobicistat (Tybost)	Not covered on formulary	N/A	N/A
Darunavir (Prezista)	T2 QL (240 EA per 30 days)	5% coinsurance after deductible	\$69.96
Darunavir/Cobicistat (Prezcobix)	T3 QL (30 EA per 30 days)	5% coinsurance after deductible	\$93.11
Delavirdine (Rescriptor)	T2 QL (180 EA per 30 days)	5% coinsurance after deductible	\$21.63
Didanosine (VIDEX EC*, VIDEX soln)	T3 QL (30 EA per 30 days)	5% coinsurance after deductible	\$25.79
Dolutegravir (Tivicay)	T3 QL (30 EA per 30 days)	5% coinsurance after deductible	\$73.98
Efavirenz (Sustiva)	T2 QL (90 EA per 30 days)	5% coinsurance after deductible	\$55.51
Efavirenz/emtricitabine/tenofovir (Atripla)	T2 QL (30 EA per 30 days)	5% coinsurance after deductible	\$129.30
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Stribild)	T2 QL (30 EA per 30 days)	5% coinsurance after deductible	\$162.24
Elvitegravir/Cobicistat/Emtricitabine/Tenofovir (Genvoya)	Not covered on formulary	5% coinsurance after deductible	\$162.24
Emtricitabine (Emtriva)	T2	5% coinsurance after deductible	\$32.22
Emtricitabine/tenofovir (Truvada)	T2 QL (30 EA per 30 days)	5% coinsurance after deductible	\$88.07
Emtricitabine/rilpivirine/tenofovir (Complera)	T2 QL (30 EA per 30 days)	5% coinsurance after deductible	\$140.75
Enfuvirtide (Fuzeon)	Not covered on formulary	5% coinsurance after deductible	\$204.89

Etravirine (Intelence)	T3 QL (60 EA per 30 days)	5% coinsurance after deductible	\$56.18
Fosamprenavir (Lexiva)	T2 QL (120 EA per 30 days)	5% coinsurance after deductible	\$56.33
Indinavir (Crixivan)	T2, QL (180 EA per 30 days)	5% coinsurance after deductible	\$27.41
Lamivudine (Epivir)	T2, QL (90 EA per 30 days)	5% coinsurance after deductible	\$23.90
Lamivudine/zidovudine (Combivir)	T3, QL (60 EA per 30 days)	5% coinsurance after deductible	\$54.09
Maraviroc (Selzentry)	T3, QL (120 EA per 30 days)	5% coinsurance after deductible	\$72.69
Nelfinavir (Viracept)	T2, QL (120 EA per 30 days)	5% coinsurance after deductible	\$54.69
Nevirapine (Viramune)	T2, QL (1200 ML per 30 days)	5% coinsurance after deductible	\$39.94
Raltegravir (Isentress)	T2, QL (60 EA per 30 days)	5% coinsurance after deductible	\$76.96
Rilpivirine (Edurant)	T2, QL (30 EA per 30 days)	5% coinsurance after deductible	\$46.17
Rilpivirine, Emtricitabine, Tenofovir (Odefsey)	Not covered on formulary	5% coinsurance after deductible	\$140.75
Ritonavir (Norvir)	T2, QL (360 EA per 30 days)	5% coinsurance after deductible	\$15.43
Saquinavir (Invirase)	T2, QL (120 EA per 30 days)	5% coinsurance after deductible	\$63.00
Stavudine (Zerit)	T1, QL (1200 ML per 30 days)	No Copay	No Copay
Tenofovir (Viread)	T2, QL (30 EA per 30 days)	5% coinsurance after deductible	\$55.48
Tipranavir (Aptivus)	T3, QL (120 EA per 30 days)	5% coinsurance after deductible	\$79.51
Zidovudine (Retrovir)	T1, QL (180 EA per 30 days)	No Copay	No Copay

Total Health Care Formulary Key:

- Tier 1: Generic
- Tier 2: Preferred Brand
- Tier 3: Non-preferred Brand, Non-Preferred Generic
- Tier 4: Specialty
- Tier 5: Preventive
- QL: Quantity Limits

For further assistance in selecting a plan please see the following resources:

1. Certified Application Counselors and Navigators
 - [Enroll Michigan](#)
 - [Certified Application Counselor Program](#)
2. Case Management Agencies
 - [I Will Survive HIV](#)
3. The Marketplace
 - 1-800-318-2596
 - TTY: 1-855-889-4325
4. State of Michigan
 - [MI Bridges](#)
 - 1-855-789-5610
 - County Department of Human Services office
5. Michigan Drug Assistance and Premium Assistance Program
 - 1-888-826-6565
 - www.michigan.gov/dap
6. Case Management Agencies in Michigan:

AGENCY	CONTACT INFORMATION
Central Michigan District Health Dept.	Mt Pleasant: (989) 773-5921 ext 1464
CARES	Kalamazoo: (269) 381-2437 Benton Harbor: (269) 927-2437
Community Health Awareness Group	Detroit: (313) 963-3434
Deaf Community Advocacy Network	Sylvan Lake: (248) 332-3331
Health Delivery, Inc.	Saginaw: (989) 907-2719
Health Emergency Lifeline Program	Detroit: (313) 832-3300 OR 1-888-435-5655
Ingham County Health Department	Lansing: (517) 887-4302
LAAN	Lansing: (517) 394-3560
Marquette County Health Department	Negaunee: (906) 475-7651
Matrix Human Services	Detroit: (877) 931-3248
Mercy Health—McClees Clinic	Muskegon: (231) 728-5775
Mercy Health—McAuley Program	Grand Rapids: (616) 685-8200
Thomas Judd Care Center	Traverse City: (231) 935-7548
Sacred Heart Rehabilitation Center	Saginaw: (989) 776-6000
The Grand Rapids Red Project	Grand Rapids: (616) 456-9063
Unified	Detroit: (313) 446-9800 Ypsilanti: (734) 572-9355 Jackson: (517) 780-3262
Wellness Services	Flint: (810) 232-0888 OR (810) 257-3131

MIDAP Medication Matrix Glossary

*Definitions for the following terms were derived directly from HealthCare.gov

- **Affordable Care Act (ACA):** The comprehensive health care reform law enacted in March 2010. The law was enacted in two parts: The Patient Protection and Affordable Care Act was signed into law on March 23, 2010 and was amended by the Health Care and Education Reconciliation Act on March 30, 2010. The name “Affordable Care Act” is used to refer to the final, amended version of the law.
- **Copayment:** A fixed amount (for example, \$15) you pay for a covered health care service, usually when you get the service. The amount can vary by the type of covered health care service.
- **Coinsurance:** Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You pay coinsurance after you’ve met your deductible. For example, if the health insurance plan’s allowed amount for an office visit is \$100 and you’ve met your deductible, your 20% coinsurance payment would be \$20. The health insurance plan pays the rest.
- **Deductible:** The amount you owe for covered health care services before your health insurance plan begins to pay. For example, if your deductible is \$1,000, your plan won’t pay anything until you’ve paid \$1,000 for covered services. Some plans pay for certain health care services before you’ve met your deductible.
- **Formulary:** A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.
- **Open Enrollment:** The yearly period when people can enroll in a health insurance plan. For 2016 coverage, the Open Enrollment Period is November 1, 2015 – January 31, 2016. People may qualify for Special Enrollment Periods allowing them to enroll outside of Open Enrollment if they have certain life events, like getting married, having a baby, or losing other coverage.
- **Out-of-Pocket Estimate:** An estimate of the amount that you may have to pay on your own for health care or prescription drug costs. The estimate is made before your health plan has processed a claim for that service.
- **Qualified Health Plan (QHP):** Under the Affordable Care Act, starting in 2014, an insurance plan that is certified by the Health Insurance Marketplace, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements. A qualified health plan will have a certification by each Marketplace in which it is sold.