

# Covered California's 2016 Formularies

An analysis of the drugs per tier in all 12 health plans that are available for treating and preventing HIV (pp 1–24) and for treating hepatitis B (pp 26–37) and hepatitis C (pp 39–50)

*This analysis is a snapshot of the CC formularies as of November 19, 2015. Plans can change their formularies at any time, so make sure you review the most current version before making final decisions.*



## CONTRIBUTORS:

Project Inform, APLA Health & Wellness, San Francisco AIDS Foundation, Los Angeles LGBT Center, Access Support Network, San Francisco City Clinic

updated December 2, 2015

## Covered California's 2016 Formularies:

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Prescriptions for medications related to treating HIV infection and to preventing HIV (PrEP)

NOTE: Remember to consider co-pay costs for medical visits, prescriptions, blood work and co-insurance. Calculate the expected number and cost of each of these throughout your chosen plan's year.

# ANTHEM BLUE CROSS

LATEST DATE: November 2015; FORMULARY CONTACT: (855) 634-3381  
www.anthem.com/ca/pharmacyinformation

**General notes: most meds are tier 1 or 2; few PAs are needed; omission of several DHHS single tablet regimen meds.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HIV MEDICATIONS</b>								
generic	abacavir (Ziagen)	XX						
generic	didanosine (Videx)	XX						
generic	lamivudine (Epivir)	XX						
generic	lamivudine+zidovudine (Combivir)	XX						
generic	lamivudine+zidovudine+abacavir (Trizivir)	XX						
generic	nevirapine (Viramune)	XX						
generic	stavudine (Zerit)	XX						
generic	zidovudine (Retrovir)	XX						
Aptivus	tipranavir		XX					
Atripla	tenofovir+emtricitabine+efavirenz		XX					
Combivir	zidovudine+lamivudine						XX	available as generic
Complera	rilpivirine+tenofovir+emtricitabine						XX	request exception if needed; FDA approved 2011; April 2015 DHHS "alternative" option
Crixivan	Invirase		XX					
Edurant	rilpivirine		XX					
Egrifta	tesamorelin						XX	request exception if needed; FDA approved 2010; Rx for reducing central obesity
Emtriva	emtricitabine		XX					
Epivir	lamivudine		XX			PA		
Epzicom	abacavir+lamivudine		XX					
Evotaz	Reyataz_Tybost						XX	request exception if needed; FDA approved Jan 2015
Fulyzaq	crofelemer						XX	request exception if needed; FDA approved 2013; Rx for HIV med-related diarrhea
Fuzeon	enfuvirtide		XX					
Genvoya	elvitegravir+cobi+TAF+emtricitabine						XX	just FDA approved Oct 2015; newer version of Stribild
Intelence	etravirine		XX					
Invirase	saquinavir		XX					
Isentress	raltegravir		XX					
Kaletra	lopinavir+ritonavir		XX					
Lexiva	fosamprenavir		XX					

# ANTHEM BLUE CROSS, *continued*

LATEST DATE: November 2015; FORMULARY CONTACT: (855) 634-3381  
www.anthem.com/ca/pharmacyinformation

**General notes: most meds are tier 1 or 2; few PAs are needed; omission of several DHHS single tablet regimen meds.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
Norvir	ritonavir		XX					
Prezcobix	Prezista+Tybost						XX	request exception if needed; FDA approved 2015
Prezista	darunavir		XX					
Rescriptor	delavirdine		XX					
Retrovir	zidovudine						XX	available as generic
Reyataz	atazanavir		XX					
Selzentry	maraviroc		XX					
Serostim	somatropin						XX	request exception if needed; FDA approved 1996; Rx for HIV-related wasting
Stribild	elvitegravir+cobi+TDF+emtricitabine						XX	request exception if needed; FDA approved 2012; DHHS "recommended" option
Sustiva	efavirenz		XX					
Tivicay	dolutegravir						XX	request exception if needed; FDA approved 2013; DHHS "recommended" option
Triumeq	dolutegravir+abacavir+lamivudine						XX	request exception if needed; FDA approved 2014; DHHS "recommended" option
Trizivir	abacavir+lamivudine+zidovudine						XX	available as generic
Truvada	tenofovir+emtricitabine		XX					
Tybost	cobicistat (boosting drug)						XX	request exception if needed; FDA approved 2014; taken with Vitekta
Videx DR	didanosine DR (Videx)						XX	available as generic
Viracept	nelfinavir		XX					
Viramune XR	nevirapine (extended release)						XX	available as generic
Viread	tenofovir		XX			PA		PA may be needed due to multiple indications for using tenofovir
Vitekta	elvitegravir						XX	request exception if needed; FDA approved 2014; taken with Tybost
Zerit	stavudine						XX	available as generic
Ziagen	abacavir						XX	available as generic

## PREP MEDICATIONS

Truvada	Emtriva + Viread		XX					Rx for PrEP not stated but is available on formulary, may require prior auth
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## NOTES

- For some patients under certain plans, they may have to get prescriptions for individual drugs rather than combination pills, thereby increasing their daily pill count.
- Remember to consider what tier the drugs you need are placed on, the cost sharing associated with them, and whether or not your drugs are covered by the plan you are considering.

LATEST DATE: November 2015; FORMULARY CONTACT: (855) 836-9705,  
<https://www.blueshieldca.com/bsca/pharmacy/formulary/home.sp#ifp>

**General notes: most meds are tier 1 or 2; few PAs are needed; omission of several DHHS single tablet regimen meds.**

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HIV MEDICATIONS</b>								
generic	abacavir (Ziagen)	XX						
generic	didanosine (Videx)	XX						
generic	lamivudine (Epivir)	XX				PA		QL: 1 tablet/day
generic	lamivudine+zidovudine (Combivir)	XX						
generic	lamivudine+zidovudine+abacavir (Trizivir)	XX						
generic	nevirapine (Viramune)	XX						
generic	stavudine (Zerit)	XX						
generic	zidovudine (Retrovir)	XX						
Aptivus	tipranavir		XX					step therapy (use with other HIV therapy); unknown why designated as such
Atripla	tenofovir+emtricitabine+efavirenz						XX	request exception if needed; FDA approved 2006; April 2015 DHHS "alternative" option
Combivir	zidovudine+lamivudine						XX	available as generic
Complera	rilpivirine+tenofovir+emtricitabine						XX	request exception if needed; FDA approved 2011; DHHS "alternative" option
Crixivan	Invirase		XX					
Edurant	rilpivirine		XX					
Egrifta	tesamorelin				XX			quantity limit; Rx for reducing central obesity
Emtriva	emtricitabine		XX					
Epivir	lamivudine		XX			PA		QL: 3 bottles/month
Epzicom	abacavir+lamivudine		XX					
Evotaz	Reyataz+Tybost						XX	request exception if needed: FDA approved 2015
Fulyzaq	crofelemer						XX	request exception if needed; FDA approved 2013; Rx for HIV med-related diarrhea
Fuzeon	enfuvirtide					PA		QL: 1 kit/month
Genvoya	elvitegravir+cobi+TAF+emtricitabine						XX	just FDA approved Oct 2015; newer version of Stribild
Intelence	etravirine		XX					step therapy (use with other HIV therapy); unknown why designated as such
Invirase	saquinavir		XX					
Isentress	raltegravir		XX					
Kaletra	lopinavir+ritonavir		XX					
Lexiva	fosamprenavir		XX					

# BLUE SHIELD OF CALIFORNIA, *continued*

LATEST DATE: November 2015; FORMULARY CONTACT: (855) 836-9705,  
<https://www.blueshieldca.com/bsca/pharmacy/formulary/home.sp#ifp>

**General notes: most meds are tier 1 or 2; few PAs are needed; omission of several DHHS single tablet regimen meds.**

NC = not covered  
NL = not listed  
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QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
Norvir	ritonavir		XX					
Prezcobix	Prezista+Tybost						XX	request exception if needed: FDA approved 2015
Prezista	darunavir		XX					
Rescriptor	delavirdine		XX					
Retrovir	zidovudine						XX	available as generic
Reyataz	atazanavir		XX					QL: 5 packs/day
Selzentry	maraviroc		XX			PA		
Serostim	somatropin						XX	request exception if needed; FDA approved 1996; Rx for HIV-related wasting
Stribild	elvitegravir+cobi+TDF+emtricitabine						XX	request exception if needed; FDA approved 2012; DHHS "recommended" option
Sustiva	efavirenz		XX					
Tivicay	dolutegravir						XX	request exception if needed; FDA approved 2013; DHHS "recommended" option
Triumeq	dolutegravir+abacavir+lamivudine						XX	request exception if needed; FDA approved 2014; DHHS "recommended" option
Trizivir	abacavir+lamivudine+zidovudine						XX	available as generic
Truvada	tenofovir+emtricitabine		XX					
Tybost	cobicistat (boosting drug)						XX	request exception if needed; FDA approved 2014; taken with Vitekta
Videx EC	didanosine EC						XX	available as generic
Viracept	nelfinavir		XX					
Viramune XR	nevirapine (extended release)						XX	available as generic
Viread	tenofovir		XX					QL: oral powder, 3 bottles/month or oral tablet, 1 tab/day
Vitekta	elvitegravir						XX	request exception if needed; FDA approved 2014; taken with Tybost
Zerit	stavudine						XX	available as generic
Ziagen	abacavir						XX	available as generic

## PREP MEDICATIONS

Truvada	Emtriva + Viread		XX					
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## NOTES

- For some patients under certain plans, they may have to get prescriptions for individual drugs rather than combination pills, thereby increasing their daily pill count.
- Remember to consider what tier the drugs you need are placed on, the cost sharing associated with them, and whether or not your drugs are covered by the plan you are considering.

# CHINESE COMMUNITY HEALTH PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: (888) 775-7888  
[https://www.cchphealthplan.com/sites/default/files/pdfs/4\\_Tier\\_Exchange\\_Formulary.pdf](https://www.cchphealthplan.com/sites/default/files/pdfs/4_Tier_Exchange_Formulary.pdf)

**General notes: all meds Tier 4; great majority of meds only available through mandatory specialty pharmacy.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HIV MEDICATIONS</b>								
generic	abacavir sulfate (Ziagen)	XX						specialty pharmacy
generic	didanosine (Videx)	XX						specialty pharmacy
generic	lamivudine (Epivir)	XX				PA		specialty pharmacy; prior auth likely to distinguish from HBV treatment
generic	lamivudine+zidovudine (Combivir)	XX						specialty pharmacy
generic	lamivudine+zidovudine+abacavir (Trizivir)	XX						specialty pharmacy
generic	nevirapine (Viramune)	XX						specialty pharmacy
generic	stavudine (Zerit)	XX						specialty pharmacy
generic	zidovudine (Retrovir)	XX						specialty pharmacy
Aptivus	tipranavir				XX			specialty pharmacy
Atripla	tenofovir+emtricitabine+efavirenz		XX					specialty pharmacy
Combivir	zidovudine+lamivudine				XX			specialty pharmacy
Complera	rilpivirine+tenofovir+emtricitabine				XX			specialty pharmacy
Crixivan	Invirase				XX			specialty pharmacy
Edurant	rilpivirine				XX			specialty pharmacy
Egrifta	tesamorelin						XX	request exception if needed; FDA approved 2010; Rx for reducing central obesity
Emtriva	emtricitabine				XX			specialty pharmacy
Epivir	lamivudine				XX	PA		specialty pharmacy
Epzicom	abacavir+lamivudine				XX			specialty pharmacy
Evotaz	Reyataz+Tybost				XX			specialty pharmacy
Fulyzaq	crofelemer						XX	request exception if needed; FDA approved 2013; Rx for HIV med-related diarrhea
Fuzeon	enfuvirtide				XX			specialty pharmacy
Genvoya	elvitegravir+cobi+TAF+emtricitabine						XX	just FDA approved Oct 2015; newer version of Stribild
Intence	etravirine				XX			specialty pharmacy
Invirase	saquinavir				XX			specialty pharmacy
Isentress	raltegravir			XX				specialty pharmacy
Kaletra	lopinavir+ritonavir				XX			specialty pharmacy
Lexiva	fosamprenavir				XX			specialty pharmacy

# CHINESE COMMUNITY HEALTH PLAN, *continued*

LATEST DATE: November 2015; FORMULARY CONTACT: (888) 775-7888  
[https://www.cchphealthplan.com/sites/default/files/pdfs/4\\_Tier\\_Exchange\\_Formulary.pdf](https://www.cchphealthplan.com/sites/default/files/pdfs/4_Tier_Exchange_Formulary.pdf)

**General notes: all meds Tier 4; great majority of meds only available through mandatory specialty pharmacy.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
Norvir	ritonavir			XX				specialty pharmacy
Prezcobix	Prezista+Tybost				XX			specialty pharmacy
Prezista	darunavir				XX			specialty pharmacy
Rescriptor	delavirdine				XX			specialty pharmacy
Retrovir	zidovudine				XX			specialty pharmacy
Reyataz	atazanavir				XX			specialty pharmacy
Selzentry	maraviroc				XX			specialty pharmacy
Serostim	somatropin						XX	request exception if needed; FDA approved 1996; Rx for HIV-related wasting
Stribild	elvitegravir+cobi+TDF+emtricitabine		XX					QL: 1 tab/day; specialty pharmacy
Sustiva	efavirenz				XX			specialty pharmacy
Tivicay	dolutegravir				XX			QL: 2 tabs/day; specialty pharmacy
Triumeq	dolutegravir+abacavir+lamivudine				XX			QL: 1 tab/day; specialty pharmacy
Trizivir	abacavir+lamivudine+zidovudine				XX			specialty pharmacy; available as generic
Truvada	tenofovir+emtricitabine		XX			PA		specialty pharmacy; PA likely needed to distinguish treatment from PrEP
Tybost	cobicistat (boosting drug)						XX	request exception if needed; FDA approved 2014; taken with Vitekta
Videx	didanosine				XX			specialty pharmacy; available as generic
Viracept	nelfinavir				XX			specialty pharmacy
Viramune XR	nevirapine (extended release)				XX			specialty pharmacy; available as generic
Viread	tenofovir				XX			specialty pharmacy
Vitekta	elvitegravir			XX				must taken with Tybost; specialty pharmacy
Zerit	stavudine				XX			specialty pharmacy ; available as generic
Ziagen	abacavir				XX			specialty pharmacy ; available as generic

## PREP MEDICATIONS

Truvada	Emtriva + Viread				XX	XX		specialty pharmacy; PA likely needed to distinguish treatment from PrEP
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## NOTES

- For some patients under certain plans, they may have to get prescriptions for individual drugs rather than combination pills, thereby increasing their daily pill count.
- Remember to consider what tier the drugs you need are placed on, the cost sharing associated with them, and whether or not your drugs are covered by the plan you are considering.



LATEST DATE: November 2015; FORMULARY CONTACT: 888-926-5133,  
[https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health\\_plan/content/drug\\_list\\_ifp.action](https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_ifp.action)

**General notes: most meds are Tiers 1 & 2; must use generics.**

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HIV MEDICATIONS</b>								
generic	abacavir sulfate (Ziagen)	XX						
generic	didanosine (Videx)	XX						
generic	lamivudine (EpiVir)	XX						
generic	lamivudine+zidovudine (Combivir)	XX						
generic	lamivudine+zidovudine+abacavir (Trizivir)	XX						
generic	nevirapine (Viramune)	XX						
generic	stavudine (Zerit)	XX						
generic	zidovudine (Retrovir)	XX						
Aptivus	tipranavir		XX					
Atripla	tenofovir+emtricitabine+efavirenz		XX					
Combivir	zidovudine+lamivudine						XX	available as generic
Complera	rilpivirine+tenofovir+emtricitabine		XX					
Crixivan	Invirase		XX					
Edurant	rilpivirine		XX					
Egrifta	tesamorelin						XX	request exception if needed; FDA appr 2010; Rx for reducing central obesity
Emtriva	emtricitabine		XX					
EpiVir	lamivudine						XX	available as generic
Epzicom	abacavir+lamivudine		XX					
Evotaz	Reyataz+Tybost							
Fulyzaq	crofelemer			XX		PA		QL: 2 tabs/day; FDA appr 2013; Rx for HIV med-related diarrhea
Fuzeon	enfuvirtide		XX					specialty drug; injected HIV drug
Genvoya	elvitegravir+cobi+TAF+emtricitabine						XX	just FDA approved Oct 2015; newer version of Stribild
Intelence	etravirine		XX					
Invirase	saquinavir		XX					
Isentress	raltegravir		XX					
Kaletra	lopinavir+ritonavir		XX					
Lexiva	fosamprenavir		XX					

# HEALTH NET, *continued*

LATEST DATE: November 2015; FORMULARY CONTACT: 888-926-5133,

[https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health\\_plan/content/drug\\_list\\_ifp.action](https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_ifp.action)

**General notes: most meds are Tiers 1 & 2; must use generics.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
Norvir	ritonavir		XX					
Prezcobix	Prezista+Tybost							
Prezista	darunavir		XX	XX				Tier 3: 100mg/ml oral suspension; Tier 2: 75, 100, 400, 600, and 800 mg tablets
Rescriptor	delavirdine		XX					
Retrovir	zidovudine						XX	available as generic
Reyataz	atazanavir		XX					
Selzentry	maraviroc		XX					
Serostim	somatropin					PA		specialty drug; FDA approved 1996; Rx for HIV-related wasting
Stribild	elvitegravir+cobi+TDF+emtricitabine		XX					
Sustiva	efavirenz		XX					
Tivicay	dolutegravir		XX					
Triumeq	dolutegravir+abacavir+lamivudine		XX					
Trizivir	abacavir+lamivudine+zidovudine						XX	available as generic
Truvada	tenofovir+emtricitabine		XX					
Tybost	cobicistat (boosting drug)		XX					must be taken with Vitekta
Videx EC	didanosine EC						XX	available as generic
Viracept	nelfinavir		XX					
Viramune XR	nevirapine (extended release)				XX			Tier 3: 100mg XR; 400mg XR must use generic
Viread	tenofovir		XX					
Vitekta	elvitegravir						XX	request exception if needed; FDA approved 2014; must be taken with Tybost
Zerit	stavudine						XX	available as generic
Ziagen	abacavir						XX	available as generic

## PREP MEDICATIONS

Truvada	Emtriva + Viread		XX					Rx for PrEP not specified but med is available on formulary
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## NOTES

- For some patients under certain plans, they may have to get prescriptions for individual drugs rather than combination pills, thereby increasing their daily pill count.
- Remember to consider what tier the drugs you need are placed on, the cost sharing associated with them, and whether or not your drugs are covered by the plan you are considering.

LATEST DATE: November 2015; FORMULARY CONTACT: 800-464-4000, [https://healthy.kaiserpermanente.org/health/care/!ut/p/a0/HYrNCslwDlCfxQcoQUSQ3nbRi8q2y2xvoY21sCQjzoFv7-bx-4EID4iCSy04VxUcVw6JZCbzSRcyyo4p1\\_Tpb\\_dU48-l9oUBIsTJsDBCEHUJ04s2Z1TWfCktv28omqlmCEPben\\_tm-PlvI8dTMynAze7H8rRFFA!/](https://healthy.kaiserpermanente.org/health/care/!ut/p/a0/HYrNCslwDlCfxQcoQUSQ3nbRi8q2y2xvoY21sCQjzoFv7-bx-4EID4iCSy04VxUcVw6JZCbzSRcyyo4p1_Tpb_dU48-l9oUBIsTJsDBCEHUJ04s2Z1TWfCktv28omqlmCEPben_tm-PlvI8dTMynAze7H8rRFFA!/)

**General notes: Kaiser only uses 3 tiers ... either generics (Tier 1) or brand (Tier 2) or specialty (Tier 3).**

NC = not covered  
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PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	PA	NC/NL	NOTES
<b>HIV MEDICATIONS</b>							
generic	abacavir sulfate (Ziagen)	XX	XX				not known why listed in 2 tiers
generic	didanosine (Videx)	XX	XX				not known why listed in 2 tiers
generic	lamivudine (Epivir)	XX	XX				not known why listed in 2 tiers
generic	lamivudine+zidovudine (Combivir)	XX					
generic	lamivudine+zidovudine+abacavir (Trizivir)	XX					
generic	nevirapine (Viramune)	XX	XX				not known why listed in 2 tiers
generic	stavudine (Zerit)	XX					
generic	zidovudine (Retrovir)	XX	XX				not known why listed in 2 tiers
Aptivus	tipranavir		XX				
Atripla	tenofovir+emtricitabine+efavirenz		XX				
Combivir	zidovudine+lamivudine					XX	available as generic
Complera	rilpivirine+tenofovir+emtricitabine		XX				
Crixivan	Invirase		XX				
Edurant	rilpivirine		XX				
Egrifta	tesamorelin					XX	request exception if needed; FDA appr 2010; Rx for reducing central obesity
Emtriva	emtricitabine		XX				
Epivir	lamivudine					XX	available as generic
Epzicom	abacavir+lamivudine		XX				
Evotaz	Reyataz+Tybost					XX	request exception if needed; FDA appr Jan 2015
Fulyzaq	crofelemer					XX	request exception if needed; FDA appr 2013; Rx for HIV med-related diarrhea
Fuzeon	enfuvirtide		XX				quantity limit
Genvoya	elvitegravir+cobi+TAF+emtricitabine					XX	just FDA approved Oct 2015; newer version of Stribild
Intelence	etravirine		XX				
Invirase	saquinavir		XX				
Isentress	raltegravir		XX				
Kaletra	lopinavir+ritonavir		XX				
Lexiva	fosamprenavir		XX				

# KAISER PERMANENTE, *continued*

LATEST DATE: November 2015; FORMULARY CONTACT: 800-464-4000, [https://healthy.kaiserpermanente.org/health/care/!ut/p/a0/HYrNCslwDlCfxQcoQUSQ3nbRi8q2y2xvoY21sCQjzoFv7-bx-4EID4iCSy04VxUcVw6JZCbzSRcyyo4p1\\_Tpb\\_dU48-l9oUBIsTJsDBCEHUJ04s2Z1TWFcKtv28omqlmCEPben\\_tm-Plvl8dTMynAze7H8rRFFA!/](https://healthy.kaiserpermanente.org/health/care/!ut/p/a0/HYrNCslwDlCfxQcoQUSQ3nbRi8q2y2xvoY21sCQjzoFv7-bx-4EID4iCSy04VxUcVw6JZCbzSRcyyo4p1_Tpb_dU48-l9oUBIsTJsDBCEHUJ04s2Z1TWFcKtv28omqlmCEPben_tm-Plvl8dTMynAze7H8rRFFA!/)

**General notes: Kaiser only uses 3 tiers ... either generics (Tier 1) or brand (Tier 2) or specialty (Tier 3).**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER	PA	NC/NL	NOTES
Norvir	ritonavir		XX				
Prezcobix	Prezista+Tybost		XX				
Prezista	darunavir		XX				
Rescriptor	delavirdine		XX				
Retrovir	zidovudine					XX	available as generic
Reyataz	atazanavir		XX				
Selzentry	maraviroc		XX				
Serostim	somatropin			XX			quantity limit; FDA appr 1996; Rx for HIV-related wasting
Stribild	elvitegravir+cobi+tenofovir+emtricitabine		XX				
Sustiva	efavirenz		XX				
Tivicay	dolutegravir		XX				
Triumeq	dolutegravir+abacavir+lamivudine		XX				
Trizivir	abacavir+lamivudine+zidovudine					XX	available as generic
Truvada	tenofovir+emtricitabine		XX				
Tybost	cobicistat (boosting drug)					XX	request exception if needed; FDA approved 2014; must be taken with Vitekta
Videx EC	didanosine EC					XX	available as generic
Viracept	nelfinavir		XX				
Viramune XR	nevirapine (extended release)					XX	available as generic
Viread	tenofovir		XX				
Vitekta	elvitegravir					XX	request exception if needed; FDA approved 2014; must be taken with Tybost
Zerit	stavudine					XX	available as generic
Ziagen	abacavir					XX	available as generic

## PREP MEDICATIONS

Truvada	Emtriva + Viread		XX				Rx for PrEP not specified but med is available on formulary
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## NOTES

- For some patients under certain plans, they may have to get prescriptions for individual drugs rather than combination pills, thereby increasing their daily pill count.
- Remember to consider what tier the drugs you need are placed on, the cost sharing associated with them, and whether or not your drugs are covered by the plan you are considering.

# L.A. CARE HEALTH PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: 800-788-2949  
<https://www.lacare.org/members/member-services/pharmacy-center>

**General notes: all HIV meds on Tier 4 including generics.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HIV MEDICATIONS</b>								
generic	abacavir sulfate (Ziagen)				XX			specialty pharmacy
generic	didanosine (Videx EC)				XX			specialty pharmacy
generic	lamivudine (EpiVir)				XX			specialty pharmacy
generic	lamivudine+zidovudine (Combivir)				XX			specialty pharmacy
generic	lamivudine+zidovudine+abacavir (Trizivir)				XX			specialty pharmacy
generic	nevirapine (Viramune)				XX			specialty pharmacy
generic	stavudine (Zerit)				XX			specialty pharmacy
generic	zidovudine (Retrovir)				XX			specialty pharmacy
Aptivus	tipranavir				XX			specialty pharmacy
Atripla	tenofovir+emtricitabine+efavirenz				XX			specialty pharmacy
Combivir	zidovudine+lamivudine						XX	available as generic
Complera	rilpivirine+tenofovir+emtricitabine				XX			specialty pharmacy
Crixivan	Invirase				XX			specialty pharmacy
Edurant	rilpivirine				XX			specialty pharmacy
Egrifta	tesamorelin						XX	request exception if needed; FDA appr 2010; Rx for reducing central obesity
Emtriva	emtricitabine				XX			specialty pharmacy
EpiVir	lamivudine				XX			specialty pharmacy
Epzicom	abacavir+lamivudine				XX			specialty pharmacy
Evotaz	Reyataz+Tybost				XX			specialty pharmacy
Fulyzaq	crofelemer						XX	request exception if needed; FDA appr 2013; Rx for HIV med-related diarrhea
Fuzeon	enfuvirtide				XX			specialty pharmacy
Genvoya	elvitegravir+cobi+TAF+emtricitabine						XX	just FDA approved Oct 2015; newer version of Stribild
Intelence	etravirine				XX			specialty pharmacy
Invirase	saquinavir				XX			specialty pharmacy
Isentress	raltegravir				XX			specialty pharmacy
Kaletra	lopinavir+ritonavir				XX			specialty pharmacy
Lexiva	fosamprenavir				XX			specialty pharmacy

# L.A. CARE HEALTH PLAN, *continued*

LATEST DATE: November 2015; FORMULARY CONTACT: 800-788-2949  
<https://www.lacare.org/members/member-services/pharmacy-center>

**General notes: all HIV meds on Tier 4 including generics.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
Norvir	ritonavir				XX			specialty pharmacy
Prezcobix	Prezista+Tybost				XX			specialty pharmacy
Prezista	darunavir				XX			specialty pharmacy
Rescriptor	delavirdine				XX			specialty pharmacy
Retrovir	zidovudine						XX	available as generic
Reyataz	atazanavir				XX			specialty pharmacy
Selzentry	maraviroc				XX			specialty pharmacy
Serostim	somatropin						XX	request exception if needed; FDA appr 1996; Rx for HIV-related wasting
Stribild	elvitegravir+cobi+TDF+emtricitabine				XX			QL: 1 tab/day; specialty pharmacy
Sustiva	efavirenz				XX			specialty pharmacy
Tivicay	dolutegravir				XX			QL: 2 tabs/day; specialty pharmacy
Triumeq	dolutegravir+abacavir+lamivudine				XX			QL: 1 tab/day; specialty pharmacy
Trizivir	abacavir+lamivudine+zidovudine						XX	available as generic
Truvada	tenofovir+emtricitabine				XX	PA		specialty pharmacy; PA likely needed to distinguish treatment from PrEP
Tybost	cobicistat (boosting drug)						XX	request exception if needed; FDA appr 2014; must be taken with Vitekta
Videx EC	didanosine EC				XX			specialty pharmacy
Viracept	nelfinavir				XX			specialty pharmacy
Viramune XR	nevirapine (extended release)				XX			specialty pharmacy
Viread	tenofovir				XX			specialty pharmacy
Vitekta	elvitegravir				XX			specialty pharmacy; must be taken with Tybost
Zerit	stavudine				XX			specialty pharmacy
Ziagen	abacavir				XX			specialty pharmacy

## PREP MEDICATIONS

Truvada	Emtriva + Viread				XX	PA		specialty pharmacy; PA likely needed to distinguish PrEP from treatment
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## NOTES

- For some patients under certain plans, they may have to get prescriptions for individual drugs rather than combination pills, thereby increasing their daily pill count.
- Remember to consider what tier the drugs you need are placed on, the cost sharing associated with them, and whether or not your drugs are covered by the plan you are considering.

LATEST DATE: November 2015; FORMULARY CONTACT: 888-858-2150  
<http://www.molinahealthcare.com/members/ca/en-US/PDF/Marketplace/formulary-2016.pdf>

**General notes: generics on Tier 1; other meds mostly on Tier 2; mostly use generics; two DHHS “recommended” meds not listed.**

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HIV MEDICATIONS</b>								
generic	abacavir sulfate (Ziagen)	XX						
generic	didanosine (Videx)	XX						
generic	lamivudine (EpiVir)	XX						
generic	lamivudine+zidovudine (Combivir)	XX						
generic	lamivudine+zidovudine+abacavir (Trizivir)	XX						
generic	nevirapine (Viramune)	XX						
generic	stavudine (Zerit)	XX						
generic	zidovudine (Retrovir)	XX						
Aptivus	tipranavir		XX					
Atripla	tenofovir+emtricitabine+efavirenz		XX					
Combivir	lamivudine+zidovudine						XX	available as generic
Complera	rilpivirine+tenofovir+emtricitabine		XX					
Crixivan	Invirase		XX					
Edurant	rilpivirine		XX					
Egrifta	tesamorelin						XX	request exception if needed; FDA approved 2011; Rx for reducing central obesity
Emtriva	emtricitabine		XX					
EpiVir	lamivudine		XX					
Epzicom	abacavir+lamivudine		XX					
Evotaz	Reyataz+Tybost		XX					
Fulyzaq	crofelemer						XX	request exception if needed; FDA approved 2013; Rx for HIV med-related diarrhea
Fuzeon	enfuvirtide				XX	PA		injected HIV med
Genvoya	elvitegravir+cobi+TAF+emtricitabine						XX	just FDA approved Oct 2015; newer version of Stribild
Intelence	etravirine				XX	PA		
Invirase	saquinavir		XX					
Isentress	raltegravir		XX					
Kaletra	lopinavir+ritonavir		XX					
Lexiva	fosamprenavir		XX					

# MOLINA HEALTHCARE, *continued*

LATEST DATE: November 2015; FORMULARY CONTACT: 888-858-2150  
<http://www.molinahealthcare.com/members/ca/en-US/PDF/Marketplace/formulary-2016.pdf>

**General notes: most meds on Tiers 1 & 2; mostly use generics; two DHHS “recommended” meds not listed.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
Norvir	ritonavir		XX					
Prezcobix	Prezista+Tybost		XX					
Prezista	darunavir		XX					
Rescriptor	delavirdine		XX					
Retrovir	zidovudine						XX	approved
Reyataz	atazanavir		XX					
Selzentry	maraviroc		XX					
Serostim	somatropin						XX	request exception if needed; FDA approved 1996; Rx for HIV-related wasting
Stribild	elvitegravir+cobi+TDF+emtricitabine		XX					
Sustiva	efavirenz		XX					
Tivicay	dolutegravir		XX					
Triumeq	dolutegravir+abacavir+lamivudine		XX					
Trizivir	abacavir+lamivudine+zidovudine						XX	approved
Truvada	tenofovir+emtricitabine		XX					
Tybost	cobicistat (boosting drug)		XX			PA		must be taken with Vitekta
Videx EC	didanosine EC						XX	approved
Viracept	nelfinavir		XX					
Viramune XR	nevirapine (extended release)						XX	approved
Viread	tenofovir		XX					
Vitekta	elvitegravir						XX	request exception if needed; FDA approved 2014; must be taken with Tybost
Zerit	stavudine						XX	approved
Ziagen	abacavir		XX					

## PREP MEDICATIONS

Truvada	Emtriva + Viread		XX					Rx for PrEP not specified but med is available on formulary
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## NOTES

- For some patients under certain plans, they may have to get prescriptions for individual drugs rather than combination pills, thereby increasing their daily pill count.
- Remember to consider what tier the drugs you need are placed on, the cost sharing associated with them, and whether or not your drugs are covered by the plan you are considering.



# OSCAR PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: 855-672-2755 x1, x2  
<https://www.hioscar.com/search/CA/drugs>

**General notes: generics on Tier 1; most brand names on Tier 2 with a few exceptions.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HIV MEDICATIONS</b>								
generic	abacavir sulfate (Ziagen)	XX						
generic	didanosine (Videx)	XX						
generic	lamivudine (EpiVir)	XX						
generic	lamivudine+zidovudine (Combivir)	XX						
generic	lamivudine+zidovudine+abacavir (Trizivir)	XX						
generic	nevirapine (Viramune)	XX						
generic	stavudine (Zerit)	XX						
generic	zidovudine (Retrovir)	XX						
Aptivus	tipranavir		XX					
Atripla	tenofovir+emtricitabine+efavirenz		XX					
Combivir	zidovudine+lamivudine						XX	available as generic
Complera	rilpivirine+tenofovir+emtricitabine		XX					
Crixivan	Invirase		XX					
Edurant	rilpivirine		XX					
Egrifta	tesamorelin						XX	request exception if needed; FDA approved 2011; Rx for reducing central obesity
Emtriva	emtricitabine		XX					
EpiVir	lamivudine						XX	available as generic
Epzicom	abacavir+lamivudine		XX					
Evotaz	Reyataz+Tybost		XX					
Fulyzaq	crofelemer						XX	request exception if needed; FDA approved 2013; Rx for HIV med-related diarrhea
Fuzeon	enfuvirtide				XX	PA		injected med
Genvoya	elvitegravir+cobi+TAF+emtricitabine						XX	just FDA approved Oct 2015; newer version of Stribild
Intelence	etravirine		XX					
Invirase	saquinavir		XX					
Isentress	raltegravir		XX					
Kaletra	lopinavir+ritonavir		XX					
Lexiva	fosamprenavir		XX					

# OSCAR PLAN, *continued*

LATEST DATE: November 2015; FORMULARY CONTACT: 855-672-2755 x1, x2  
<https://www.hioscar.com/search/CA/drugs>

**General notes: generics on Tier 1; most brand names on Tier 2 with a few exceptions.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
Norvir	ritonavir		XX					
Prezcobix	Prezista+Tybost		XX					
Prezista	darunavir		XX					
Rescriptor	delavirdine		XX					
Retrovir	zidovudine		XX					
Reyataz	atazanavir		XX					
Selzentry	maraviroc		XX					
Serostim	somatropin				XX	PA		
Stribild	elvitegravir+cobi+TDF+emtricitabine		XX					
Sustiva	efavirenz		XX					
Tivicay	dolutegravir		XX					
Triumeq	dolutegravir+abacavir+lamivudine		XX					
Trizivir	abacavir+lamivudine+zidovudine						XX	available as generic
Truvada	tenofovir+emtricitabine		XX					
Tybost	cobicistat (boosting drug)		XX					
Videx EC	didanosine EC		XX					
Viracept	nelfinavir		XX					
Viramune XR	nevirapine (extended release)		XX					
Viread	tenofovir		XX					
Vitekta	elvitegravir						XX	request exception if needed; FDA approved 2014; must be taken with Tybost
Zerit	stavudine						XX	available as generic
Ziagen	abacavir		XX					

## PREP MEDICATIONS

Truvada	Emtriva + Viread							
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## NOTES

- For some patients under certain plans, they may have to get prescriptions for individual drugs rather than combination pills, thereby increasing their daily pill count.
- Remember to consider what tier the drugs you need are placed on, the cost sharing associated with them, and whether or not your drugs are covered by the plan you are considering.

# SHARP HEALTH PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: 800-359-2002  
<https://www.sharphealthplan.com/index.php/pharmacy/>

**General notes: almost all meds require PA; generics on Tier 1; other meds mostly Tiers 2 & 3 with a few exceptions.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HIV MEDICATIONS</b>								
generic	abacavir sulfate (Ziagen)	XX				PA		
generic	didanosine (Videx)	XX				PA		
generic	lamivudine (Epivir)	XX						
generic	lamivudine+zidovudine (Combivir)	XX				PA		
generic	lamivudine+zidovudine+abacavir (Trizivir)	XX				PA		
generic	nevirapine (Viramune)	XX				PA		400mg tab not covered
generic	stavudine (Zerit)	XX						
generic	zidovudine (Retrovir)	XX						
Aptivus	tipranavir			XX		PA		
Atripla	tenofovir+emtricitabine+efavirenz		XX			PA		
Combivir	zidovudine+lamivudine		XX			PA		
Complera	rilpivirine+tenofovir+emtricitabine		XX			PA		
Crixivan	Invirase		XX					
Edurant	rilpivirine		XX			PA		
Egrifta	tesamorelin						XX	request exception if needed; FDA approved 2010; Rx for reducing central obesity
Emtriva	emtricitabine			XX		PA		
Epivir	lamivudine		XX					
Epzicom	abacavir+lamivudine		XX			PA		
Evotaz	Reyataz+Tybost						XX	request exception if needed; FDA approved Jan 2015
Fulyzaq	crofelemer						XX	request exception if needed; FDA approved 2013; Rx for HIV med-related diarrhea
Fuzeon	enfuvirtide			XX		PA		
Genvoya	elvitegravir+cobi+TAF+emtricitabine						XX	just FDA approved Oct 2015; newer version of Stribild
Intelence	etravirine			XX		PA		
Invirase	saquinavir		XX			PA		
Isentress	raltegravir		XX			PA		
Kaletra	lopinavir+ritonavir		XX	XX		PA		Tier 2: 100-25mg tablet; Tier 3: all others
Lexiva	fosamprenavir		XX			PA		

# SHARP HEALTH PLAN, *continued*

LATEST DATE: November 2015; FORMULARY CONTACT: 800-359-2002  
<https://www.sharphealthplan.com/index.php/pharmacy/>

**General notes: almost all meds require PA; generics on Tier 1; other meds mostly Tiers 2 & 3 with a few exceptions.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
Norvir	ritonavir		XX					
Prezcobix	Prezista+Tybost						XX	request exception if needed; FDA approved 2015
Prezista	darunavir		XX			PA		
Rescriptor	delavirdine						XX	available as generic
Retrovir	zidovudine		XX					
Reyataz	atazanavir		XX			PA		
Selzentry	maraviroc		XX			PA		QL: 4 tabs/day
Serostim	somatropin						XX	request exception if needed; FDA approved 1996; Rx for HIV-related wasting
Stribild	elvitegravir+cobi+TDF+emtricitabine		XX			PA		
Sustiva	efavirenz		XX			PA		
Tivicay	dolutegravir		XX			PA		
Triumeq	dolutegravir+abacavir+lamivudine		XX			PA		QL: 1 tab/day
Trizivir	abacavir+lamivudine+zidovudine			XX		PA		
Truvada	tenofovir+emtricitabine		XX			PA		
Tybost	cobicistat (boosting drug)		XX			PA		
Videx EC	didanosine EC		XX					
Viracept	nelfinavir		XX			PA		
Viramune XR	nevirapine (extended release)		XX			PA		100mg not covered, see generic
Viread	tenofovir		XX			PA		
Vitekta	elvitegravir						XX	request exception if needed; FDA approved 2014; must be taken with Tybost
Zerit	stavudine		XX			PA		
Ziagen	abacavir		XX			PA		

## PREP MEDICATIONS

Truvada	Emtriva + Viread				XX	PA		specialty pharmacy
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## NOTES

- For some patients under certain plans, they may have to get prescriptions for individual drugs rather than combination pills, thereby increasing their daily pill count.
- Remember to consider what tier the drugs you need are placed on, the cost sharing associated with them, and whether or not your drugs are covered by the plan you are considering.

# UNITED HEALTHCARE PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: 800-260-2773, <https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/displaySearch.do?type=StaticPDFFormulary&id=PMFA4CAIN&st=PMFA4CAIN&State=California&Plan=4%20Tier%20California%20Advantage%20PDL&Phone=1-800-260-2773&Welcome=Guest>

**General notes: Generics on Tier 1; most other drugs on Tier 2; some on Tier 3.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
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HIV MEDICATIONS								
generic	abacavir sulfate (Ziagen)	XX						
generic	didanosine (Videx)	XX						
generic	lamivudine (EpiVir)	XX						
generic	lamivudine+zidovudine (Combivir)	XX						
generic	lamivudine+zidovudine+abacavir (Trizivir)	XX						
generic	nevirapine (Viramune)	XX						
generic	stavudine (Zerit)	XX						
generic	zidovudine (Retrovir)	XX						
Aptivus	tipranavir		XX	XX				Tier 2: 250mg; Tier 2: 100mg
Atripla	tenofovir+emtricitabine+efavirenz		XX					
Combivir	zidovudine+lamivudine			XX				
Complera	rilpivirine+tenofovir+emtricitabine		XX					
Crixivan	Invirase		XX					
Edurant	rilpivirine		XX					
Egrifta	tesamorelin			XX	XX	PA		Tier 3: 2mg; Tier 4: 1mg
Emtriva	emtricitabine		XX					
EpiVir	lamivudine			XX				
Epzicom	abacavir+lamivudine		XX					
Evotaz	Reyataz+Tybost		XX					
Fulyzaq	crofelemer			XX		PA		quantity limit
Fuzeon	enfuvirtide		XX					
Genvoya	elvitegravir+cobi+TAF+emtricitabine						XX	just FDA approved Oct 2015; newer version of Stribild
Intelence	etravirine		XX					
Invirase	saquinavir		XX					
Isentress	raltegravir		XX					
Kaletra	lopinavir+ritonavir		XX					
Lexiva	fosamprenavir		XX					

# UNITED HEALTHCARE PLAN, *continued*

LATEST DATE: November 2015; FORMULARY CONTACT: 800-260-2773, <https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/displaySearch.do?type=StaticPDFFormulary&id=PMFA4CAIN&st=PMFA4CAIN&State=California&Plan=4%20Tier%20California%20Advantage%20PDL&Phone=1-800-260-2773&Welcome=Guest>

**General notes: Generics on Tier 1; most other drugs on Tier 2; some on Tier 3.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
Norvir	ritonavir		XX					
Prezcobix	Prezista+Tybost		XX					
Prezista	darunavir		XX					
Rescriptor	delavirdine		XX					
Retrovir	zidovudine			XX				
Reyataz	atazanavir		XX					
Selzentry	maraviroc		XX			PA		PA likely due to required CCR5 blood test
Serostim	somatropin				XX	PA		quantity limit
Stribild	elvitegravir+cobi+TDF+emtricitabine			XX				step therapy; not known why this is designated as such
Sustiva	efavirenz		XX					
Tivicay	dolutegravir			XX				
Triumeq	dolutegravir+abacavir+lamivudine		XX					
Trizivir	abacavir+lamivudine+zidovudine			XX				
Truvada	tenofovir+emtricitabine		XX					
Tybost	cobicistat (boosting drug)		XX					
Videx EC	didanosine EC		XX					
Viracept	nelfinavir		XX					
Viramune XR	nevirapine (extended release)		XX					
Viread	tenofovir		XX					
Vitekta	elvitegravir						XX	request exception if needed; FDA approved 2014; must be taken with Tybost
Zerit	stavudine			XX				
Ziagen	abacavir		XX	XX				Tier 2: 200mg; Tier 3: 300mg.

## PREP MEDICATIONS

Truvada	Emtriva + Viread		XX					
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## NOTES

- For some patients under certain plans, they may have to get prescriptions for individual drugs rather than combination pills, thereby increasing their daily pill count.
- Remember to consider what tier the drugs you need are placed on, the cost sharing associated with them, and whether or not your drugs are covered by the plan you are considering.

# VALLEY HEALTH PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: 888-421-8444  
<https://www.valleyhealthplan.org/sites/ccp/pn/Pharm/Pages/Pharmacy.aspx>

**General notes: most drugs Tier 4; notable new medications not on formulary.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HIV MEDICATIONS</b>								
generic	abacavir sulfate (Ziagen)				XX			specialty pharmacy
generic	didanosine (Videx)	XX						specialty pharmacy
generic	lamivudine (Epivir)	XX		XX				specialty pharmacy; Tier 1: solution; Tier 3: tablet.
generic	lamivudine+zidovudine (Combivir)				XX			specialty pharmacy
generic	lamivudine+zidovudine+abacavir (Trizivir)				XX			specialty pharmacy
generic	nevirapine (Viramune)	XX						specialty pharmacy
generic	stavudine (Zerit)	XX	XX					specialty pharmacy; Tier 1: solution; Tier 2: capsule.
generic	zidovudine (Retrovir)				XX			specialty pharmacy
Aptivus	tipranavir				XX			specialty pharmacy
Atripla	tenofovir+emtricitabine+efavirenz				XX			specialty pharmacy
Combivir	zidovudine+lamivudine						XX	must use generic
Complera	rilpivirine+tenofovir+emtricitabine						XX	request exception if needed; FDA appr 2011; DHHS "alternative" option
Crixivan	Invirase				XX			specialty pharmacy
Edurant	rilpivirine				XX			specialty pharmacy
Egrifta	tesamorelin						XX	request exception if needed; FDA appr 2010; Rx for reducing central obesity
Emtriva	emtricitabine				XX			specialty pharmacy
Epivir	lamivudine				XX			specialty pharmacy
Epzicom	abacavir+lamivudine				XX			specialty pharmacy
Evotaz	Reyataz+Tybost						XX	request exception if needed; FDA appr Jan 2015
Fulyzaq	crofelemer							request exception if needed; FDA appr 2013; Rx for HIV med-related diarrhea
Fuzeon	enfuvirtide			XX				mandatory specialty pharmacy
Genvoya	elvitegravir+cobi+TAF+emtricitabine						XX	just FDA approved Oct 2015; newer version of Stribild
Intelence	etravirine				XX			specialty pharmacy
Invirase	saquinavir				XX			specialty pharmacy
Isentress	raltegravir				XX			specialty pharmacy
Kaletra	lopinavir+ritonavir				XX			specialty pharmacy
Lexiva	fosamprenavir				XX			specialty pharmacy

# VALLEY HEALTH PLAN, *continued*

LATEST DATE: November 2015; FORMULARY CONTACT: 888-421-8444  
<https://www.valleyhealthplan.org/sites/ccp/pn/Pharm/Pages/Pharmacy.aspx>

**General notes: most drugs Tier 4; notable new medications not on formulary.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
Norvir	ritonavir			XX				specialty pharmacy
Prezcobix	Prezista+Tybost						XX	request exception if needed; FDA appr Jan 2015
Prezista	darunavir				XX			specialty pharmacy
Rescriptor	delavirdine				XX			specialty pharmacy
Retrovir	zidovudine						XX	must use generic
Reyataz	atazanavir				XX			specialty pharmacy
Selzentry	maraviroc				XX			specialty pharmacy
Serostim	somatropin						XX	request exception if needed; FDA appr 1996; Rx for HIV-related wasting
Stribild	elvitegravir+cob+TDF+emtricitabine				XX			QL: 1 tab/day; specialty pharmacy
Sustiva	efavirenz				XX			specialty pharmacy
Tivicay	dolutegravir				XX			QL: 2 tabs/day; specialty pharmacy
Triumeq	dolutegravir+abacavir+lamivudine				XX			QL: 1 tab/day; specialty pharmacy
Trizivir	abacavir+lamivudine+zidovudine						XX	must use generic
Truvada	tenofovir+emtricitabine				XX	PA		specialty pharmacy; PA likely needed to distinguish treatment from PrEP
Tybost	cobicistat (boosting drug)						XX	request exception if needed; FDA appr 2014; taken with Vitekta
Videx EC	didanosine EC				XX			specialty pharmacy
Viracept	nelfinavir				XX			specialty pharmacy
Viramune XR	nevirapine (extended release)						XX	must use generic
Viread	tenofovir				XX			specialty pharmacy
Vitekta	elvitegravir						XX	request exception if needed; FDA appr 2014; taken with Tybost
Zerit	stavudine						XX	must use generic
Ziagen	abacavir						XX	must use generic

## PREP MEDICATIONS

Truvada	Emtriva + Viread				XX	XX		specialty pharmacy; PA likely needed to distinguish PrEP from treatment
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## NOTES

- For some patients under certain plans, they may have to get prescriptions for individual drugs rather than combination pills, thereby increasing their daily pill count.
- Remember to consider what tier the drugs you need are placed on, the cost sharing associated with them, and whether or not your drugs are covered by the plan you are considering.



# WESTERN HEALTH ADVANTAGE

LATEST DATE: November 2015; FORMULARY CONTACT: 888-563-2250  
<https://www.westernhealth.com/pharmacy-information/>

**General notes: most drugs either Tier 1 or 2; notable new medications not on formulary.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HIV MEDICATIONS</b>								
generic	abacavir sulfate (Ziagen)	XX						
generic	didanosine (Videx)	XX						
generic	lamivudine (EpiVir)	XX						
generic	lamivudine+zidovudine (Combivir)	XX						
generic	lamivudine+zidovudine+abacavir (Trizivir)	XX						
generic	nevirapine (Viramune)	XX						
generic	stavudine (Zerit)						XX	request exception if needed; much older drug
generic	zidovudine (Retrovir)	XX						
Aptivus	tipranavir		XX					
Atripla	tenofovir+emtricitabine+efavirenz		XX					
Combivir	zidovudine+lamivudine			XX				
Complera	rilpivirine+tenofovir+emtricitabine		XX					
Crixivan	Invirase		XX					
Edurant	rilpivirine		XX					
Egrifta	tesamorelin				XX	PA		FDA appr 2010; Rx for reducing central obesity
Emtriva	emtricitabine		XX					
EpiVir	lamivudine		XX					
Epzicom	abacavir+lamivudine		XX					
Evotaz	Reyataz+Tybost						XX	request exception if needed; FDA approved Jan 2015
Fulyzaq	crofelemer			XX		PA		Rx for HIV med-related diarrhea
Fuzeon	enfuvirtide				XX	PA		injected HIV med
Genvoya	elvitegravir+cobi+TAF+emtricitabine						XX	just FDA approved Oct 2015; newer version of Stribild
Intelence	etravirine		XX					
Invirase	saquinavir		XX					
Isentress	raltegravir		XX					
Kaletra	lopinavir+ritonavir		XX					
Lexiva	fosamprenavir		XX					

# WESTERN HEALTH ADVANTAGE, *continued*

LATEST DATE: November 2015; FORMULARY CONTACT: 888-563-2250  
<https://www.westernhealth.com/pharmacy-information/>

**General notes: most drugs either Tier 1 or 2; notable new medications not on formulary.**

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
Norvir	ritonavir		XX					
Prezcobix	Prezista+Tybost						XX	request exception if needed; FDA approved Jan 2015
Prezista	darunavir		XX					
Rescriptor	delavirdine						XX	request exception if needed; much older drug
Retrovir	zidovudine			XX				
Reyataz	atazanavir		XX					
Selzentry	maraviroc		XX					
Serostim	somatropin						XX	request exception if needed; FDA approved 1996; Rx for HIV-related wasting
Stribild	elvitegravir+cobi+TDF+emtricitabine		XX					
Sustiva	efavirenz		XX					
Tivicay	dolutegravir		XX					
Triumeq	dolutegravir+abacavir+lamivudine						XX	request exception if needed; FDA approved 2014; DHHS "recommended" option
Trizivir	abacavir+lamivudine+zidovudine		XX					
Truvada	tenofovir+emtricitabine		XX					
Tybost	cobicistat (boosting drug)		XX					taken with Vitekta
Videx EC	didanosine EC						XX	available as generic
Viracept	nelfinavir						XX	available as generic
Viramune XR	nevirapine (extended release)			XX				
Viread	tenofovir		XX					
Vitekta	elvitegravir						XX	request exception if needed; FDA approved 2014; must be taken with Tybost
Zerit	stavudine						XX	available as generic
Ziagen	abacavir			XX				

## PREP MEDICATIONS

Truvada	Emtriva + Viread		XX					Rx for PrEP not specified but med is available on formulary
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## NOTES

- For some patients under certain plans, they may have to get prescriptions for individual drugs rather than combination pills, thereby increasing their daily pill count.
- Remember to consider what tier the drugs you need are placed on, the cost sharing associated with them, and whether or not your drugs are covered by the plan you are considering.

## **Covered California's 2016 Formularies:**

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# Prescriptions for medications related to treating hepatitis B infection

NOTE: Remember to consider co-pay costs for medical visits, prescriptions and blood work. Calculate the expected number and cost of each of these throughout your chosen plan's year.

# ANTHEM BLUE CROSS

LATEST DATE: November 2015; FORMULARY CONTACT: (855) 634-3381  
 www.anthem.com/ca/pharmacyinformation

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS B MEDICATIONS: chronic infection</b>								
Baraclude	entecavir				XX	PA		
Epivir	lamivudine		XX			PA		
Hepsera	adefovir						XX	request exception if needed
Tyzeka	telbivudine				XX	PA		
Viread	tenofovir		XX			PA		

<b>HEPATITIS B MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX	PA		
Pegasys	peg-interferon alfa-2a				XX	PA		quantity limit
PegIntron	peg-interferon alfa-2b				XX	PA		
Roferon A	interferon alfa-2b						XX	request exception if needed

**NOTES**

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis B infection.
- Drug regimens will vary depending upon a patient's medical need.

# BLUE SHIELD OF CALIFORNIA

LATEST DATE: November 2015; FORMULARY CONTACT: (855) 836-9705,  
<https://www.blueshieldca.com/bsca/pharmacy/formulary/home.sp#ifp>

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS B MEDICATIONS: chronic infection</b>								
Baraclude	entecavir				XX			QL: 3 bottles/month
Epivir	lamivudine		XX			PA		QL: 3 bottles/month
Hepsera	adefovir						XX	request exception if needed
Tyzeka	telbivudine				XX	PA		QL: 1 tab/day
Viread	tenofovir		XX					quantity limit

<b>HEPATITIS B MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX	PA		
Pegasys	peg-interferon alfa-2a				XX	PA		quantity limit
PegIntron	peg-interferon alfa-2b				XX	PA		
Roferon A	interferon alfa-2b						XX	request exception if needed

**NOTES**

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis B infection.
- Drug regimens will vary depending upon a patient's medical need.

# CHINESE COMMUNITY HEALTH PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: (888) 775-7888  
[https://www.cchphealthplan.com/sites/default/files/pdfs/4\\_Tier\\_Exchange\\_Formulary.pdf](https://www.cchphealthplan.com/sites/default/files/pdfs/4_Tier_Exchange_Formulary.pdf)

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS B MEDICATIONS: chronic infection</b>								
Baraclude	entecavir				XX	PA		specialty pharmacy; quantity limits
Epivir	lamivudine				XX	PA		specialty pharmacy
Hepsera	adefovir				XX	PA		mandatory specialty pharmacy
Tyzeka	telbivudine				XX	PA		mandatory specialty pharmacy
Viread	tenofovir				XX			specialty pharmacy
<b>HEPATITIS B MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX			mandatory specialty pharmacy
Pegasys	peg-interferon alfa-2a				XX	PA		mandatory specialty pharmacy
PegIntron	peg-interferon alfa-2b				XX	PA		mandatory specialty pharmacy
Roferon A	interferon alfa-2b						XX	request exception if needed

**NOTES**

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis B infection.
- Drug regimens will vary depending upon a patient's medical need.

LATEST DATE: November 2015; FORMULARY CONTACT: 888-926-5133,

[https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health\\_plan/content/drug\\_list\\_ifp.action](https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_ifp.action)

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS B MEDICATIONS: chronic infection</b>								
Baraclude	entecavir						XX	request exception if needed
Epivir	lamivudine						XX	request exception if needed
Hepsera	adefovir						XX	request exception if needed
Tyzeka	telbivudine						XX	specialty drug; step therapy
Viread	tenofovir		XX					

<b>HEPATITIS B MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX			specialty drug
Pegasys	peg-interferon alfa-2a				XX			specialty drug
PegIntron	peg-interferon alfa-2b				XX			specialty drug
Roferon A	interferon alfa-2b						XX	request exception if needed

**NOTES**

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis B infection.
- Drug regimens will vary depending upon a patient's medical need.

LATEST DATE: November 2015; FORMULARY CONTACT: 800-464-4000, [https://healthy.kaiserpermanente.org/health/care/!ut/p/a0/HYrNCslwDlCfxQcoQUSQ3nbRi8q2y2xvoY21sCQjzoFv7-bx-4EID4iCSy04VxUcVw6JZCbzSRcyyo4p1\\_Tpb\\_dU48-l9oUBIsTJsDBCEHUJ04s2Z1TWFcKtv28omqlmCEPben\\_tm-Plvl8dTMynAze7H8rRFFA!/](https://healthy.kaiserpermanente.org/health/care/!ut/p/a0/HYrNCslwDlCfxQcoQUSQ3nbRi8q2y2xvoY21sCQjzoFv7-bx-4EID4iCSy04VxUcVw6JZCbzSRcyyo4p1_Tpb_dU48-l9oUBIsTJsDBCEHUJ04s2Z1TWFcKtv28omqlmCEPben_tm-Plvl8dTMynAze7H8rRFFA!/)

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	PA	NC/NL	NOTES
<b>HEPATITIS B MEDICATIONS: chronic infection</b>							
Baraclude	entecavir					PA	request exception if needed
Epivir	lamivudine					PA	request exception if needed
Hepsera	adefovir					PA	request exception if needed
Tyzeka	telbivudine					PA	request exception if needed
Viread	tenofovir		XX				

<b>HEPATITIS B MEDICATIONS: interferons</b>							
Intron A	interferon alfa-2b			XX			quantity limit
Pegasys	peg-interferon alfa-2a			XX			quantity limit
PegIntron	peg-interferon alfa-2b			XX			quantity limit
Roferon A	interferon alfa-2b					PA	request exception if needed

**NOTES**

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis B infection.
- Drug regimens will vary depending upon a patient's medical need.



# L.A. CARE HEALTH PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: 800-788-2949  
<https://www.lacare.org/members/member-services/pharmacy-center>

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS B MEDICATIONS: chronic infection</b>								
Baraclude	entecavir						XX	must use generic
Epivir	lamivudine				XX			specialty pharmacy
Hepsera	adefovir				XX			specialty pharmacy
Tyzeka	telbivudine				XX	PA		specialty pharmacy
Viread	tenofovir				XX			specialty pharmacy

<b>HEPATITIS B MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX			mandatory specialty pharmacy
Pegasys	peg-interferon alfa-2a				XX			mandatory specialty pharmacy
PegIntron	peg-interferon alfa-2b				XX			mandatory specialty pharmacy
Roferon A	interferon alfa-2b						XX	request exception if needed

**NOTES**

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis B infection.
- Drug regimens will vary depending upon a patient's medical need.

LATEST DATE: November 2015; FORMULARY CONTACT: 888-858-2150  
<http://www.molinahealthcare.com/members/ca/en-US/PDF/Marketplace/formulary-2016.pdf>

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS B MEDICATIONS: chronic infection</b>								
Baraclude	entecavir		XX					
Epivir	lamivudine		XX					
Hepsera	adefovir						XX	request exception if needed
Tyzeka	telbivudine			XX				
Viread	tenofovir		XX					

<b>HEPATITIS B MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX	PA		
Pegasys	peg-interferon alfa-2a				XX	PA		
PegIntron	peg-interferon alfa-2b				XX	PA		
Roferon A	interferon alfa-2b						XX	request exception if needed

**NOTES**

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis B infection.
- Drug regimens will vary depending upon a patient's medical need.

# OSCAR PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: 855-672-2755 x1, x2  
<https://www.hioscar.com/search/CA/drugs>

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS B MEDICATIONS: chronic infection</b>								
Baraclude	entecavir		XX					
Epivir	lamivudine		XX					
Hepsera	adefovir						XX	request exception if needed
Tyzeka	telbivudine				XX	PA		
Viread	tenofovir		XX					

<b>HEPATITIS B MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX	PA		
Pegasys	peg-interferon alfa-2a				XX	PA		
PegIntron	peg-interferon alfa-2b				XX	PA		
Roferon A	interferon alfa-2b						XX	request exception if needed

**NOTES**

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis B infection.
- Drug regimens will vary depending upon a patient's medical need.

# SHARP HEALTH PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: 800-359-2002  
<https://www.sharphealthplan.com/index.php/pharmacy/>

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS B MEDICATIONS: chronic infection</b>								
Baraclude	entecavir			XX		PA		
Epivir	lamivudine		XX					
Hepsera	adefovir			XX		PA		
Tyzeka	telbivudine		XX			PA		
Viread	tenofovir			XX		PA		

<b>HEPATITIS B MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b						XX	request exception if needed
Pegasys	peg-interferon alfa-2a			XX		PA		
PegIntron	peg-interferon alfa-2b			XX		PA		
Roferon A	interferon alfa-2b						XX	request exception if needed

<b>NOTES</b>								
<ul style="list-style-type: none"> <li>It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis B infection.</li> <li>Drug regimens will vary depending upon a patient's medical need.</li> </ul>								

# UNITED HEALTHCARE PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: 800-260-2773, <https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/displaySearch.do?type=StaticPDFFormulary&id=PMFA4CAIN&st=PMFA4CAIN&State=California&Plan=4%20Tier%20California%20Advantage%20PDL&Phone=1-800-260-2773&Welcome=Guest>

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS B MEDICATIONS: chronic infection</b>								
Baraclude	entecavir			XX				
Epivir	lamivudine			XX				
Hepsera	adefovir			XX				
Tyzeka	telbivudine			XX				
Viread	tenofovir		XX					

<b>HEPATITIS B MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX	PA		
Pegasys	peg-interferon alfa-2a		XX			PA		QL: 4/21 days
PegIntron	peg-interferon alfa-2b				XX	PA		QL: 4/30 days; step therapy
Roferon A	interferon alfa-2b						XX	request exception if needed

**NOTES**

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis B infection.
- Drug regimens will vary depending upon a patient's medical need.

# VALLEY HEALTH PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: 888-421-8444  
<https://www.valleyhealthplan.org/sites/ccp/pn/Pharm/Pages/Pharmacy.aspx>

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS B MEDICATIONS: chronic infection</b>								
Baraclude	entecavir						XX	available as generic
Epivir	lamivudine				XX			specialty pharmacy
Hepsera	adefovir						XX	available as generic
Tyzeka	telbivudine						XX	request exception if needed
Viread	tenofovir				XX			specialty pharmacy

<b>HEPATITIS B MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX			mandatory specialty pharmacy
Pegasys	peg-interferon alfa-2a						XX	request exception if needed
PegIntron	peg-interferon alfa-2b				XX			mandatory specialty pharmacy
Roferon A	interferon alfa-2b						XX	request exception if needed

**NOTES**

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis B infection.
- Drug regimens will vary depending upon a patient's medical need.

# WESTERN HEALTH ADVANTAGE

LATEST DATE: November 2015; FORMULARY CONTACT: 888-563-2250  
<https://www.westernhealth.com/pharmacy-information/>

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS B MEDICATIONS: chronic infection</b>								
Baraclude	entecavir			XX				
Epivir	lamivudine		XX					
Hepsera	adefovir		XX					
Tyzeka	telbivudine		XX					
Viread	tenofovir		XX					

<b>HEPATITIS B MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX	PA		
Pegasys	peg-interferon alfa-2a				XX	PA		
PegIntron	peg-interferon alfa-2b				XX	PA		
Roferon A	interferon alfa-2b						XX	request exception if needed

**NOTES**

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis B infection.
- Drug regimens will vary depending upon a patient's medical need.

## **Covered California's 2016 Formularies:**

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# Prescriptions for medications related to treating hepatitis C infection

NOTE: Remember to consider co-pay costs for medical visits, prescriptions and blood work. Calculate the expected number and cost of each of these throughout your chosen plan's year.



LATEST DATE: November 2015; FORMULARY CONTACT: (855) 634-3381  
 www.anthem.com/ca/pharmacyinformation

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS C MEDICATIONS: direct acting antivirals (DAAs)</b>								
Daklinza	daclatasvir						XX	request exception if needed; FDA approved July 2015
Harvoni	ledipasvir+sofosbuvir				XX	PA		quantity limit
Olysio	simeprevir						XX	request exception if needed; FDA approved 2013
Sovaldi	sofosbuvir						XX	request exception if needed; FDA approved 2013
Technivie	ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved July 2015
Viekira Pak	dasabuvir+ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved Dec 2014

<b>HEPATITIS C MEDICATIONS: ribavirins</b>								
<i>generic</i>	ribavirin			XX		PA		
Copegus	ribavirin						XX	available as generic
Rebetol	ribavirin						XX	available as generic
RibaPak	ribavirin				XX	PA		
Ribasphere	ribavirin				XX	PA		
RibaTab	ribavirin						XX	available as generic

<b>HEPATITIS C MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX	PA		
Pegasys	peg-interferon alfa-2a				XX	PA		quantity limit
PegIntron	peg-interferon alfa-2b				XX	PA		

<b>HEPATITIS C MEDICATIONS: prescriptions for managing severe side effects</b>								
Epogen	epoetin alfa						XX	request exception if needed; med for managing anemia from ribavirin
Leukine	sargramostim						XX	request exception if needed; med for increasing low white blood count
Neupogen	filgrastim						XX	request exception if needed; med for increasing low white blood count
Procrit	epoetin alfa						XX	request exception if needed; med for managing anemia from ribavirin

## NOTES

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis C infection.
- New treatments for hepatitis C (DAAs, or direct acting antivirals) may become available throughout 2016.
- Drug regimens will vary depending upon a patient's HCV genotype. Some people will also take ribavirin while others will also take ribavirin and interferon.
- Regimens that include ribavirin or interferon can cause side effects which may require additional medications, which are listed above.

LATEST DATE: November 2015; FORMULARY CONTACT: (855) 836-9705,  
<https://www.blueshieldca.com/bsca/pharmacy/formulary/home.sp#ifp>

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS C MEDICATIONS: direct acting antivirals (DAAs)</b>								
Daklinza	daclatasvir						XX	request exception if needed; FDA approved July 2015
Harvoni	ledipasvir+sofosbuvir						XX	request exception if needed; FDA approved 2014
Olysio	simeprevir						XX	request exception if needed; FDA approved 2013
Sovaldi	sofosbuvir						XX	request exception if needed; FDA approved 2013
Technivie	ombatasvir+paritaprevir+ritonavir				XX	PA		QL: 2 tabs/day
Viekira Pak	dasabuvir+ombatasvir+paritaprevir+ritonavir				XX	PA		

<b>HEPATITIS C MEDICATIONS: ribavirins</b>								
<i>generic</i>	ribavirin	XX						
Copegus	ribavirin						XX	available as generic
Rebetol	ribavirin						XX	available as generic
RibaPak	ribavirin						XX	available as generic
Ribasphere	ribavirin	XX						
RibaTab	ribavirin						XX	available as generic

<b>HEPATITIS C MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX	PA		
Pegasys	peg-interferon alfa-2a				XX	PA		quantity limits
PegIntron	peg-interferon alfa-2b				XX	PA		

<b>HEPATITIS C MEDICATIONS: prescriptions for managing severe side effects</b>								
Epogen	epoetin alfa						XX	request exception if needed; med for managing anemia from ribavirin
Leukine	sargramostim						XX	request exception if needed; med for increasing low white blood count
Neupogen	filgrastim				XX	PA		med for increasing low white blood count
Procrit	epoetin alfa				XX	PA		med for managing anemia from ribavirin

## NOTES

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis C infection.
- New treatments for hepatitis C (DAAs, or direct acting antivirals) may become available throughout 2016.
- Drug regimens will vary depending upon a patient's HCV genotype. Some people will also take ribavirin while others will also take ribavirin and interferon.
- Regimens that include ribavirin or interferon can cause side effects which may require additional medications, which are listed above.

# CHINESE COMMUNITY HEALTH PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: (888) 775-7888

[https://www.cchphealthplan.com/sites/default/files/pdfs/4\\_Tier\\_Exchange\\_Formulary.pdf](https://www.cchphealthplan.com/sites/default/files/pdfs/4_Tier_Exchange_Formulary.pdf)

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS C MEDICATIONS: direct acting antivirals (DAAs)</b>								
Daklinza	daclatasvir						XX	request exception if needed; FDA approved July 2015
Harvoni	ledipasvir+sofosbuvir				XX	PA		quantity limit; mandatory specialty pharmacy
Olysio	simeprevir						XX	request exception if needed; FDA approved 2013
Sovaldi	sofosbuvir				XX	PA		quantity limit; mandatory specialty pharmacy
Technivie	ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved July 2015
Viekira Pak	dasabuvir+ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved Dec 2014

<b>HEPATITIS C MEDICATIONS: ribavirins</b>								
<i>generic</i>	ribavirin	XX						mandatory specialty pharmacy
Copegus	ribavirin				XX			mandatory specialty pharmacy
Rebetol	ribavirin				XX			mandatory specialty pharmacy
RibaPak	ribavirin						XX	mandatory specialty pharmacy
Ribasphere	ribavirin	XX						mandatory specialty pharmacy
RibaTab	ribavirin				XX			mandatory specialty pharmacy

<b>HEPATITIS C MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX			mandatory specialty pharmacy
Pegasys	peg-interferon alfa-2a				XX	PA		mandatory specialty pharmacy
PegIntron	peg-interferon alfa-2b				XX	PA		mandatory specialty pharmacy

<b>HEPATITIS C MEDICATIONS: prescriptions for managing severe side effects</b>								
Epogen	epoetin alfa				XX	PA		med for managing anemia from ribavirin
Leukine	sargramostim				XX			med for increasing low white blood count
Neupogen	filgrastim				XX			med for increasing low white blood count
Procrit	epoetin alfa				XX	PA		med for managing anemia from ribavirin

## NOTES

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis C infection.
- New treatments for hepatitis C (DAAs, or direct acting antivirals) may become available throughout 2016.
- Drug regimens will vary depending upon a patient's HCV genotype. Some people will also take ribavirin while others will also take ribavirin and interferon.
- Regimens that include ribavirin or interferon can cause side effects which may require additional medications, which are listed above.

LATEST DATE: November 2015; FORMULARY CONTACT: 888-926-5133,

[https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health\\_plan/content/drug\\_list\\_ifp.action](https://www.healthnet.com/portal/member/content/iwc/member/unprotected/health_plan/content/drug_list_ifp.action)

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS C MEDICATIONS: direct acting antivirals (DAAs)</b>								
Daklinza	daclatasvir					PA		specialty drug
Harvoni	ledipasvir+sofosbuvir					PA		specialty drug
Olysio	simeprevir					PA		specialty drug
Sovaldi	sofosbuvir					PA		specialty drug
Technivie	ombatasvir+paritaprevir+ritonavir					PA		specialty drug
Viekira Pak	dasabuvir+ombatasvir+paritaprevir+ritonavir					PA		specialty drug

<b>HEPATITIS C MEDICATIONS: ribavirins</b>								
<i>generic</i>	ribavirin	XX						
Copegus	ribavirin					PA		request exception if needed
Rebetol	ribavirin					PA		request exception if needed
RibaPak	ribavirin			XX				
Ribasphere	ribavirin						XX	available as generic
RibaTab	ribavirin			XX				

<b>HEPATITIS C MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b					PA		specialty drug
Pegasys	peg-interferon alfa-2a					PA		specialty drug
PegIntron	peg-interferon alfa-2b					PA		specialty drug

<b>HEPATITIS C MEDICATIONS: prescriptions for managing severe side effects</b>								
Epogen	epoetin alfa					PA		specialty drug; med for managing anemia from ribavirin
Leukine	sargramostim					PA		specialty drug; med for increasing low white blood count
Neupogen	filgrastim					PA		specialty drug; med for increasing low white blood count
Procrit	epoetin alfa					PA		specialty drug; med for managing anemia from ribavirin

## NOTES

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis C infection.
- New treatments for hepatitis C (DAAs, or direct acting antivirals) may become available throughout 2016.
- Drug regimens will vary depending upon a patient's HCV genotype. Some people will also take ribavirin while others will also take ribavirin and interferon.
- Regimens that include ribavirin or interferon can cause side effects which may require additional medications, which are listed above.

LATEST DATE: November 2015; FORMULARY CONTACT: 800-464-4000, [https://healthy.kaiserpermanente.org/health/care/!ut/p/a0/HYrNCslwDICfxQcoQUSQ3nbRi8q2y2xvoY21sCQjzoFv7-bx-4EID4iCSy04VxUcVw6JZCbzSRcyyo4p1\\_TPb\\_dU48-l9oUBIsTJsDBCEHUJ04s2Z1TWFcKtv28omqlmCEPben\\_tm-PlvI8dTMynAze7H8rRFFA/](https://healthy.kaiserpermanente.org/health/care/!ut/p/a0/HYrNCslwDICfxQcoQUSQ3nbRi8q2y2xvoY21sCQjzoFv7-bx-4EID4iCSy04VxUcVw6JZCbzSRcyyo4p1_TPb_dU48-l9oUBIsTJsDBCEHUJ04s2Z1TWFcKtv28omqlmCEPben_tm-PlvI8dTMynAze7H8rRFFA/)

BRAND NAME	GENERIC NAME(S)	TIER 1	TIER 2	TIER 3	PA	NC/NL	NOTES
<b>HEPATITIS C MEDICATIONS: direct acting antivirals (DAAs)</b>							
Daklinza	daclatasvir					XX	request exception if needed; FDA approved July 2015
Harvoni	ledipasvir+sofosbuvir			XX			quantity limit
Olysio	simeprevir					XX	request exception if needed; FDA approved 2013
Sovaldi	sofosbuvir			XX			quantity limit
Technivie	ombatasvir+paritaprevir+ritonavir					XX	request exception if needed; FDA approved July 2015
Viekira Pak	dasabuvir+ombatasvir+paritaprevir+ritonavir					XX	request exception if needed; FDA approved Dec 2014

<b>HEPATITIS C MEDICATIONS: ribavirins</b>							
<i>generic</i>	ribavirin	XX					
Copegus	ribavirin					XX	available as generic
Rebetol	ribavirin					XX	available as generic
RibaPak	ribavirin					XX	available as generic
Ribasphere	ribavirin					XX	available as generic
RibaTab	ribavirin					XX	available as generic

<b>HEPATITIS C MEDICATIONS: interferons</b>							
Intron A	interferon alfa-2b			XX			quantity limit
Pegasys	peg-interferon alfa-2a			XX			quantity limit
PegIntron	peg-interferon alfa-2b			XX			quantity limit

<b>HEPATITIS C MEDICATIONS: prescriptions for managing severe side effects</b>							
Epogen	epoetin alfa					XX	request exception if needed; med for managing anemia from ribavirin
Leukine	sargramostim			XX			quantity limit; med for increasing low white blood count
Neupogen	filgrastim		XX				quantity limit; med for increasing low white blood count
Procrit	epoetin alfa		XX				quantity limit; med for managing anemia from ribavirin

## NOTES

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis C infection.
- New treatments for hepatitis C (DAAs, or direct acting antivirals) may become available throughout 2016.
- Drug regimens will vary depending upon a patient's HCV genotype. Some people will also take ribavirin while others will also take ribavirin and interferon.
- Regimens that include ribavirin or interferon can cause side effects which may require additional medications, which are listed above.

LATEST DATE: November 2015; FORMULARY CONTACT: 800-788-2949  
<https://www.lacare.org/members/member-services/pharmacy-center>

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS C MEDICATIONS: direct acting antivirals (DAAs)</b>								
Daklinza	daclatasvir						XX	request exception if needed; FDA approved July 2015
Harvoni	ledipasvir+sofosbuvir				XX	XX		quantity limit
Olysio	simeprevir						XX	request exception if needed; FDA approved 2013
Sovaldi	sofosbuvir				XX	XX		quantity limit
Technivie	ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved July 2015
Viekira Pak	dasabuvir+ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved Dec 2014

<b>HEPATITIS C MEDICATIONS: ribavirins</b>								
<i>generic</i>	ribavirin				XX			mandatory specialty pharmacy
Copegus	ribavirin				XX			mandatory specialty pharmacy
Rebetol	ribavirin				XX			mandatory specialty pharmacy
RibaPak	ribavirin						XX	available as generic
Ribasphere	ribavirin				XX			mandatory specialty pharmacy
RibaTab	ribavirin				XX			mandatory specialty pharmacy

<b>HEPATITIS C MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX			mandatory specialty pharmacy
Pegasys	peg-interferon alfa-2a				XX			mandatory specialty pharmacy
PegIntron	peg-interferon alfa-2b				XX			mandatory specialty pharmacy

<b>HEPATITIS C MEDICATIONS: prescriptions for managing severe side effects</b>								
Epogen	epoetin alfa				XX			mandatory specialty pharmacy; med for managing anemia from ribavirin
Leukine	sargramostim				XX			mandatory specialty pharmacy; med for increasing low white blood count
Neupogen	filgrastim				XX			mandatory specialty pharmacy; med for increasing low white blood count
Procrit	epoetin alfa				XX			mandatory specialty pharmacy; med for managing anemia from ribavirin

## NOTES

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis C infection.
- New treatments for hepatitis C (DAAs, or direct acting antivirals) may become available throughout 2016.
- Drug regimens will vary depending upon a patient's HCV genotype. Some people will also take ribavirin while others will also take ribavirin and interferon.
- Regimens that include ribavirin or interferon can cause side effects which may require additional medications, which are listed above.

LATEST DATE: November 2015; FORMULARY CONTACT: 888-858-2150  
<http://www.molinahealthcare.com/members/ca/en-US/PDF/Marketplace/formulary-2016.pdf>

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS C MEDICATIONS: direct acting antivirals (DAAs)</b>								
Daklinza	daclatasvir						XX	request exception if needed; FDA approved July 2015
Harvoni	ledipasvir+sofosbuvir				XX	XX		
Olysio	simeprevir					XX	XX	request exception if needed; FDA approved 2013
Sovaldi	sofosbuvir				XX	XX		
Technivie	ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved July 2015
Viekira Pak	dasabuvir+ombatasvir+paritaprevir+ritonavir				XX	XX		

<b>HEPATITIS C MEDICATIONS: ribavirins</b>								
<i>generic</i>	ribavirin				XX	PA		
Copegus	ribavirin						XX	available as generic
Rebetol	ribavirin						XX	available as generic
RibaPak	ribavirin						XX	available as generic
Ribasphere	ribavirin						XX	available as generic
RibaTab	ribavirin						XX	available as generic

<b>HEPATITIS C MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX	PA		
Pegasys	peg-interferon alfa-2a				XX	PA		
PegIntron	peg-interferon alfa-2b				XX	PA		

<b>HEPATITIS C MEDICATIONS: prescriptions for managing severe side effects</b>								
Epogen	epoetin alfa				XX	PA		med for managing anemia from ribavirin
Leukine	sargramostim			XX		PA		med for increasing low white blood count
Neupogen	filgrastim				XX	PA		med for increasing low white blood count
Procrit	epoetin alfa				XX	PA		med for managing anemia from ribavirin

## NOTES

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis C infection.
- New treatments for hepatitis C (DAAs, or direct acting antivirals) may become available throughout 2016.
- Drug regimens will vary depending upon a patient's HCV genotype. Some people will also take ribavirin while others will also take ribavirin and interferon.
- Regimens that include ribavirin or interferon can cause side effects which may require additional medications, which are listed above.

# OSCAR PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: 855-672-2755 x1, x2  
<https://www.hioscar.com/search/CA/drugs>

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS C MEDICATIONS: direct acting antivirals (DAAs)</b>								
Daklinza	daclatasvir						XX	request exception if needed; FDA approved July 2015
Harvoni	ledipasvir+sofosbuvir				XX	PA		
Olysio	simeprevir						XX	request exception if needed; FDA approved 2013
Sovaldi	sofosbuvir				XX	PA		
Technivie	ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved July 2015
Viekira Pak	dasabuvir+ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved Dec 2014

<b>HEPATITIS C MEDICATIONS: ribavirins</b>								
generic	ribavirin	XX				PA		
Copegus	ribavirin						XX	available as generic
Rebetol	ribavirin				XX	PA		
RibaPak	ribavirin						XX	available as generic
Ribasphere	ribavirin	XX				PA		
RibaTab	ribavirin						XX	available as generic

<b>HEPATITIS C MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX	PA		
Pegasys	peg-interferon alfa-2a				XX	PA		
PegIntron	peg-interferon alfa-2b						XX	request exception if needed; other versions available

<b>HEPATITIS C MEDICATIONS: prescriptions for managing severe side effects</b>								
Epogen	epoetin alfa						XX	request exception if needed; med for managing anemia from ribavirin
Leukine	sargramostim				XX	PA		med for increasing low white blood count
Neupogen	filgrastim				XX	PA		med for increasing low white blood count
Procrit	epoetin alfa				XX	PA		med for managing anemia from ribavirin

## NOTES

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis C infection.
- New treatments for hepatitis C (DAAs, or direct acting antivirals) may become available throughout 2016.
- Drug regimens will vary depending upon a patient's HCV genotype. Some people will also take ribavirin while others will also take ribavirin and interferon.
- Regimens that include ribavirin or interferon can cause side effects which may require additional medications, which are listed above.



# SHARP HEALTH PLAN

LATEST DATE: November 2015; FORMULARY CONTACT: 800-359-2002  
<https://www.sharphealthplan.com/index.php/pharmacy/>

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS C MEDICATIONS: direct acting antivirals (DAAs)</b>								
Daklinza	daclatasvir			XX				
Harvoni	ledipasvir+sofosbuvir			XX		PA		
Olysio	simeprevir			XX		PA		
Sovaldi	sofosbuvir						XX	request exception if needed; FDA approved 2013
Technivie	ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved July 2015
Viekira Pak	dasabuvir+ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved Dec 2014

<b>HEPATITIS C MEDICATIONS: ribavirins</b>								
generic	ribavirin	XX				PA		
Copegus	ribavirin			XX		PA		quantity limit
Rebetol	ribavirin		XX			PA		quantity limit
RibaPak	ribavirin						XX	available as generic
Ribasphere	ribavirin			XX		PA		quantity limit
RibaTab	ribavirin			XX		PA		quantity limit

<b>HEPATITIS C MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b						XX	request exception if needed; other versions available
Pegasys	peg-interferon alfa-2a			XX		PA		
PegIntron	peg-interferon alfa-2b			XX		PA		

<b>HEPATITIS C MEDICATIONS: prescriptions for managing severe side effects</b>								
Epogen	epoetin alfa						XX	request exception if needed; med for managing anemia from ribavirin
Leukine	sargramostim						XX	request exception if needed; med for increasing low white blood count
Neupogen	filgrastim						XX	request exception if needed; med for increasing low white blood count
Procrit	epoetin alfa						XX	request exception if needed; med for managing anemia from ribavirin

## NOTES

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis C infection.
- New treatments for hepatitis C (DAAs, or direct acting antivirals) may become available throughout 2016.
- Drug regimens will vary depending upon a patient's HCV genotype. Some people will also take ribavirin while others will also take ribavirin and interferon.
- Regimens that include ribavirin or interferon can cause side effects which may require additional medications, which are listed above.

LATEST DATE: November 2015; FORMULARY CONTACT: 800-260-2773, <https://www.optumrx.com/RxSolWeb/mvc/rxExternalFormularySearch/displaySearch.do?type=StaticPDFFormulary&id=PMFA4CAIN&st=PMFA4CAIN&State=California&Plan=4%20Tier%20California%20Advantage%20PDL&Phone=1-800-260-2773&Welcome=Guest>

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
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NC = not covered  
NL = not listed  
PA = prior authorization = quantity limit

HEPATITIS C MEDICATIONS: direct acting antivirals (DAAs)								
Daklinza	daclatasvir				XX			quantity limit
Harvoni	ledipasvir+sofosbuvir		XX			PA		quantity limit
Olysio	simeprevir				XX	PA		quantity limit
Sovaldi	sofosbuvir		XX			PA		quantity limit; step therapy
Technivie	ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved July 2015
Viekira Pak	dasabuvir+ombatasvir+paritaprevir+ritonavir				XX	PA		quantity limit; step therapy

HEPATITIS C MEDICATIONS: ribavirins								
generic	ribavirin	XX						
Copegus	ribavirin				XX			
Rebetol	ribavirin			XX	XX			different doses different tiers
RibaPak	ribavirin						XX	consider other versions
Ribasphere	ribavirin	XX			XX			different doses different tiers
RibaTab	ribavirin				XX			

HEPATITIS C MEDICATIONS: interferons								
Intron A	interferon alfa-2b				XX	PA		
Pegasys	peg-interferon alfa-2a		XX			PA		quantity limit
PegIntron	peg-interferon alfa-2b				XX	PA		quantity limit; step therapy

HEPATITIS C MEDICATIONS: prescriptions for managing severe side effects								
Epogen	epoetin alfa		XX					quantity limit; med for managing anemia from ribavirin
Leukine	sargramostim		XX					med for increasing low white blood count
Neupogen	filgrastim		XX					med for increasing low white blood count
Procrit	epoetin alfa		XX					quantity limit; med for managing anemia from ribavirin

## NOTES

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis C infection.
- New treatments for hepatitis C (DAAs, or direct acting antivirals) may become available throughout 2016.
- Drug regimens will vary depending upon a patient's HCV genotype. Some people will also take ribavirin while others will also take ribavirin and interferon.
- Regimens that include ribavirin or interferon can cause side effects which may require additional medications, which are listed above.

LATEST DATE: November 2015; FORMULARY CONTACT: 888-421-8444  
<https://www.valleyhealthplan.org/sites/ccp/pn/Pharm/Pages/Pharmacy.aspx>

NC = not covered  
 NL = not listed  
 PA = prior authorization  
 QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS C MEDICATIONS: direct acting antivirals (DAAs)</b>								
Daklinza	daclatasvir						XX	request exception if needed; FDA approved July 2015
Harvoni	ledipasvir+sofosbuvir				XX	XX		quantity limit; mandatory specialty pharmacy
Olysio	simeprevir				XX	XX		quantity limit; mandatory specialty pharmacy
Sovaldi	sofosbuvir				XX	XX		quantity limit; mandatory specialty pharmacy
Technivie	ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved July 2015
Viekira Pak	dasabuvir+ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved Dec 2014

<b>HEPATITIS C MEDICATIONS: ribavirins</b>								
<i>generic</i>	ribavirin			XX				mandatory specialty pharmacy
Copegus	ribavirin						XX	available as generic
Rebetol	ribavirin				XX			mandatory specialty pharmacy
RibaPak	ribavirin						XX	available as generic
Ribasphere	ribavirin		XX					mandatory specialty pharmacy
RibaTab	ribavirin						XX	available as generic

<b>HEPATITIS C MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX			mandatory specialty pharmacy
Pegasys	peg-interferon alfa-2a						XX	request exception if needed; other versions available
PegIntron	peg-interferon alfa-2b				XX			mandatory specialty pharmacy

<b>HEPATITIS C MEDICATIONS: prescriptions for managing severe side effects</b>								
Epogen	epoetin alfa			XX				mandatory specialty pharmacy; med for managing anemia from ribavirin
Leukine	sargramostim				XX			mandatory specialty pharmacy; med for increasing low white blood count
Neupogen	filgrastim				XX			mandatory specialty pharmacy; med for increasing low white blood count
Procrit	epoetin alfa			XX				mandatory specialty pharmacy; med for managing anemia from ribavirin

## NOTES

- It's very important to know all the drugs a patient may potentially need to take for treating their hepatitis C infection.
- New treatments for hepatitis C (DAAs, or direct acting antivirals) may become available throughout 2016.
- Drug regimens will vary depending upon a patient's HCV genotype. Some people will also take ribavirin while others will also take ribavirin and interferon.
- Regimens that include ribavirin or interferon can cause side effects which may require additional medications, which are listed above.

# WESTERN HEALTH ADVANTAGE

LATEST DATE: November 2015; FORMULARY CONTACT: 888-563-2250  
<https://www.westernhealth.com/pharmacy-information/>

NC = not covered  
NL = not listed  
PA = prior authorization  
QL = quantity limit

BRAND NAME	GENERIC NAME(S)	TIER1	TIER2	TIER3	TIER4	PA	NC/NL	NOTES
<b>HEPATITIS C MEDICATIONS: direct acting antivirals (DAAs)</b>								
Daklinza	daclatasvir						XX	request exception if needed; FDA approved July 2015
Harvoni	ledipasvir+sofosbuvir				XX	PA		
Olysio	simeprevir				XX	PA		
Sovaldi	sofosbuvir						XX	request exception if needed; FDA approved 2013
Technivie	ombatasvir+paritaprevir+ritonavir						XX	request exception if needed; FDA approved July 2015
Viekira Pak	dasabuvir+ombatasvir+paritaprevir+ritonavir				XX	PA		

<b>HEPATITIS C MEDICATIONS: ribavirins</b>								
generic	ribavirin				XX	PA		
Copegus	ribavirin				XX	PA		
Rebetol	ribavirin				XX	PA		
RibaPak	ribavirin				XX	PA		
Ribasphere	ribavirin				XX	PA		
RibaTab	ribavirin						XX	available as generic

<b>HEPATITIS C MEDICATIONS: interferons</b>								
Intron A	interferon alfa-2b				XX	PA		
Pegasys	peg-interferon alfa-2a				XX	PA		
PegIntron	peg-interferon alfa-2b				XX	PA		

<b>HEPATITIS C MEDICATIONS: prescriptions for managing severe side effects</b>								
Epogen	epoetin alfa				XX			med for managing anemia from ribavirin
Leukine	sargramostim						XX	request exception if needed; med for increasing low white blood count
Neupogen	filgrastim				XX			med for increasing low white blood count
Procrit	epoetin alfa				XX	PA		med for managing anemia from ribavirin

## NOTES

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**The following organizations have contributed to the production of this publication.**



If you would like to suggest changes or report errors in this publication, please email [support@projectinform.org](mailto:support@projectinform.org).