



## **AFC IL HIV Med coverage for Integrated Care Program Medicaid, Medicaid-Medicare Alignment Initiative (MMAI), and Family Health HMO Plans**

To help people with HIV choose Medicaid and MMAI HMO plans, the AIDS Foundation of Chicago (AFC) has collected information on HIV medication coverage for each plan. These plans are available for people on Medicaid because they are disabled, on Medicaid and Medicare ('dual eligible'), or who enrolled through the Affordable Care Act.

This document gives examples of what a person with HIV might pay for HIV medications.

### **Keep in mind:**

Do not rely on the information in this document to choose a plan – it's only a guide. Consult a trained enrollment assister for help in selecting a plan. You can reach AFC's navigators at 312-784-9060. You can also speak with an HFS enrollment broker by calling 1-877-912-8880. Additionally, can you visit [www.EnrollHFS.Illinois.gov](http://www.EnrollHFS.Illinois.gov) for more information.

Always verify medication coverage directly with a plan before enrolling. Insurance companies can change their coverage without telling consumers.

We only looked at the cost and coverage of a few HIV medications. Contact the plans directly if you take medications that are not listed here.

Lastly, please note that we have not provided information for the Coordinated Care Entity (CCE) plans or Accountable Care Entity (ACE) plans as they use the standard Medicaid fee-for-service formulary. CCE plans include: Be Well Partners in Health, Together 4 Health, Entire Care, My Healthcare Coordination, NextLevel Health, and Precedence. ACE plans include: Advocate Accountable Care, Better Health Network, HealthCura, UI Health Plus, Loyola Family Care, Community Care Partners, Illinois Partnership for Health, MyCare Chicago and SmartPlan Choice,

Please contact Megan Neubauer with any questions related to this document.

Megan Neubauer  
Program Manager, AIDS Foundation of Chicago  
[mneubauer@aidschicago.org](mailto:mneubauer@aidschicago.org)  
312-784-9075

## Integrated Care Program Medicaid HMO Plans

Medication	ADAP	Fee-For-Service (FFS) Medicaid (IL Health Connect, CCEs and ACEs)	Aetna Better Health of Illinois	Blue Cross Community ICP Plan	Cigna Health Spring SpecialCare of Illinois	Community Care Alliance of Illinois	County Care	Health Alliance Connect	Humana Integrated Care Program of Illinois	IlliniCare Health	Meridian Health Plan of Illinois*	Molina Healthcare
Atripla	Covered	Covered - no PA 12 yrs and over. PA required all other ages	Covered	Covered, QL	Covered	Covered	Covered	Covered	Covered - QL Copay \$0-\$3.90	Covered	Covered, SP	Covered
Truvada	Covered	Covered	Covered	Covered, QL	Covered	Covered	Covered	Covered	Covered - QL Copay \$0-\$3.90	Covered	Covered, SP	Covered
Reyataz	Covered	Covered	Covered	Covered, QL	Covered	Covered	Covered	Covered	Covered - QL Copay \$0-\$3.90	Covered	Covered, SP	Covered
Prezista	Covered	Covered (PA may be required for children or 100 MG/ML Suspension)	Covered	Covered, QL	Covered	Covered	Covered	Covered	Covered - QL Copay \$0-\$3.90	Covered	Covered, SP	Covered
Isentress	Covered	Covered - no PA for 12 yrs and over. PA required for all other ages	Covered	Covered, QL	Covered	Covered	Covered	Covered	Covered - QL Copay \$0-\$3.90	Covered	Covered, SP	Covered
Norvir	Covered	Covered	Covered	Covered, QL	Covered	Covered	Covered	Covered	Covered - QL Copay \$0-\$3.90	Covered	Covered, SP	Covered
Stribild	Covered	Covered – PA	Covered	Covered, QL	Covered	Covered	Covered	Covered	Covered - QL Copay \$0-\$3.90	Covered	Covered	Covered - PA
Tivicay	Covered	Covered – PA	Covered	Not Covered	Covered	Not Covered	Not Covered	Covered	Covered - QL Copay \$0-\$3.90	Covered	Covered, SP	Not Covered
Epzicom	Covered	Covered	Covered	Covered, QL	Covered	Covered	Covered	Covered	Covered - QL Copay \$0-\$3.90	Covered	Covered, SP	Covered
Complera	Covered	Covered	Covered	Covered, QL	Covered	Covered	Covered	Covered	Covered - QL Copay \$0-\$3.90	Covered	Covered, SP	Covered

\*Information based on conversations with Meridian representative and may not reflect what is currently shown in formularies.

**Always verify medication coverage directly with a plan before enrolling. Insurance companies can change their coverage without telling consumers.**

**Some plans have no prescription copays while others may range between \$0 and \$3.90**

Note: All Coordinated Care Entity (CCE) and Accountable Care Entity (ACE) plans, listed on the first page of this document, use the fee-for-service drug list and copay schedule. The IL Medicaid Preferred Drug List can be found [here \(http://www2.illinois.gov/hfs/SiteCollectionDocuments/pdl.pdf\)](http://www2.illinois.gov/hfs/SiteCollectionDocuments/pdl.pdf). There are no HIV medications found on this list. Use the search function, linked [here \(http://ilpriorauth.com/\)](http://ilpriorauth.com/), to find drug coverage.

Glossary: of Terms QL - Quantity Limit, PA- Prior Approval, MO- Mail order available, SP- Specialty Medication

## Medicaid-Medicare Alignment Initiative (MMAI) HMO Plans

	Aetna Better Health Premier Plan (Medicaid/Medicare)	Blue Cross Community MMAI	Cigna-HealthSpring	Health Alliance Connect, Medicare-Medicaid Plan	Humana Gold Plus Integrated	IlliniCare Medicare-Medicaid Plan	Meridian Complete	Molina Dual Options Plan
Atripla	Covered	Covered, QL	Covered, MO	Covered, \$0-\$6.60 co-pay	Covered, QL	Covered, \$0-\$6.60 co-pay	Covered, SP	Covered, \$0-\$6.60 co-pay
Truvada	Covered	Covered, QL	Covered, MO	Covered, \$0-\$6.60 co-pay	Covered, QL	Covered, \$0-\$6.60 co-pay	Covered, SP	Covered, QL \$0-\$6.60 co-pay
Reyataz	Covered	Covered, QL	Covered, MO	Covered, \$0-\$6.60 co-pay	Covered, QL	Covered, \$0-\$6.60 co-pay	Covered, SP	Covered, \$0-\$6.60 co-pay
Prezista	Covered	Covered, QL	Covered, QL, MO	Covered, \$0-\$6.60 co-pay	Covered, QL	Covered, \$0-\$6.60 co-pay	Covered, SP	Covered, \$0-\$6.60 co-pay
Isentress	Covered	Covered, QL	Covered, QL, MO (Tabs)	Covered, \$0-\$6.60 co-pay	Covered, QL	Covered, MO, \$0-\$6.60 co-pay	Covered, PA	Covered, \$0-\$6.60 co-pay
Norvir	Covered	Covered, QL	Covered, MO	Covered, \$0-\$6.60 co-pay	Covered, QL	Covered, \$0-\$6.60 co-pay	Covered, SP	Covered, \$0-\$6.60 co-pay
Stribild	Covered	Covered, QL	Covered, MO	Covered, \$0-\$6.60 co-pay	Covered, QL	Covered, \$0-\$6.60 co-pay	Covered, PA	Covered, \$0-\$6.60 co-pay
Tivicay	Covered	Covered, QL	Covered, QL	Covered, \$0-\$6.60 co-pay	Covered, QL	Covered, MO, \$0-\$6.60 co-pay	Covered, PA, SP	Covered, \$0-\$6.60 co-pay
Epzicom	Covered	Covered, QL	Covered, MO	Covered, \$0-\$6.60 co-pay	Covered, QL	Covered, \$0-\$6.60 co-pay	Covered, SP	Covered, \$0-\$6.60 co-pay
Complera	Covered	Covered, QL	Covered, MO	Covered, \$0-\$6.60 co-pay	Covered, QL	Covered, \$0-\$6.60 co-pay	Covered, SP	Covered, \$0-\$6.60 co-pay

**Always verify medication coverage directly with a plan before enrolling. Insurance companies can change their coverage without telling consumers. Prescription copays depend on individual's level of Medicaid eligibility.**

Glossary: QL - Quantity Limit, PA- Prior Approval, MO- Mail order available, SP- Specialty Medication

## Family Health Plans

Medication	Aetna Health Family Health Plan	Blue Cross Community Family Health Plan	CountyCare	Family Health Network	Health Alliance Connect	Harmony Health Plan	*IlliniCare Family Health Plan	Meridian Health Plan	Molina HealthCare Family Health Plan
Atripla	Covered	Covered, QL	Covered	Covered	Covered	Covered Copay-\$0-\$3.90		Covered, SP, PA	Covered
Truvada	Covered	Covered, QL	Covered	Covered	Covered	Covered QL-Copay \$0-\$3.90		Covered, SP	Covered
Reyataz	Covered	Covered, QL	Covered	Covered	Covered	Covered QL-Copay \$0-\$3.90		Covered, SP	Covered
Prezista	Covered	Covered, QL	Covered	Covered	Covered	Covered- Copay \$0-\$3.90		Covered, SP	Covered
Isentress	Covered	Covered, QL	Covered	Covered	Covered	Covered Copay \$0-\$3.90		Covered, PA	Covered
Norvir	Covered	Covered, QL	Covered	Covered	Covered	Covered Copay \$0-\$3.90		Covered, SP	Covered
Stribild	Covered	Covered, QL	Covered	Covered	Covered	Covered QL Copay \$0-\$3.90		Covered, PA	Covered, PA
Tivicay	Covered	Covered, QL	Not Covered	Not Covered	Covered	Covered QL Copay \$0-\$3.90		Covered, PA, SP	Not Covered
Epzicom	Covered	Covered, QL	Covered	Covered	Covered	Covered QL Copay \$0-\$3.90		Covered, SP	Covered
Complera	Covered	Covered, QL	Covered	Covered	Covered	Covered Copay \$0-\$3.90		Covered, SP	Covered

\*Plan Details for Illinicare Family Health Plan not yet available.

**Always verify medication coverage directly with a plan before enrolling. Insurance companies can change their coverage without telling consumers. Some plans offer no prescription copays while others may range up to \$3.90**

Note: All Coordinated Care Entity (CCE) and Accountable Care Entity (ACE) plans, listed on the first page of this document, use the fee-for-service drug list and copay schedule. The IL Medicaid Preferred Drug List can be found [here \(http://www2.illinois.gov/hfs/SiteCollectionDocuments/pdl.pdf\)](http://www2.illinois.gov/hfs/SiteCollectionDocuments/pdl.pdf). There are no HIV medications found on this list. Use the search function, linked [here \(http://ilpriorauth.com/\)](http://ilpriorauth.com/), to find drug coverage.

Glossary: QL - Quantity Limit, PA- Prior Approval, MO- Mail order available, SP- Specialty Medication