

# **New Private Insurance Requirements For PreP: No Patient Cost-sharing**

*National Coalition for LGBT Health  
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**HIV + HEP**  

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# What is Pre-Exposure Prophylaxis (PrEP)?

- Approved by FDA in 2012 and recommended by CDC in 2014 for HIV prevention
- Once daily medication regimen (three drugs now approved - Truvada, Descovy & Generic Truvada)
- Requires office visits, HIV & hepatitis B tests & other periodic lab tests monitoring liver and kidney function
- PrEP reduces the risk of contracting HIV by approx. 99%

# PrEP Coverage Requirements

- **Affordable Care Act** requires non-grandfathered individual and small group plans to cover ten Essential Health Benefits (EHB), including preventive services with no cost-sharing
- **June 2019: U.S. Preventive Services Task Force (USPSTF)** [issues "A" rating](#) for PrEP for certain at-risk populations
- **January 2021:** All EHB plans must cover PrEP w/o cost-sharing

# State Actions

**NY:**

Required Plan  
Compliance beginning  
January 2020

Further Guidance  
requiring coverage  
of ancillary services  
w/o cost-sharing

**CA:**

Guidance to cover *all*  
PrEP Rx w/o prior  
authorization (state  
law)

Includes  
ancillary services  
w/o cost-sharing

**CO:**

Regulation requiring  
coverage of *clinically*  
*appropriate* PrEP w/o  
cost-sharing

Further Bulletin  
*encouraging*  
coverage of  
ancillary services  
w/o cost-sharing

# Federal Actions

- Not included on [healthcare.gov list of preventive services](#)
  - Some plans link to this list
- PrEP ancillary services should also be covered w/o cost-sharing – example - colonoscopies
  - Interim Final Rule issued in December 2020 reiterates this
- FAQ on PrEP Pending

# 2021 Plan Review

- **Spot check of formularies during Open Enrollment Period (Nov. 2020)**
  - Many plans in compliance
    - Offering at least 1 PrEP Rx w/o cost-sharing
  - But several not & transparency issues
- **Redid Spot Check (March 2021)**
  - Greater compliance, some transparency improvements, but still some violations

# CareSource-Georgia

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRUVADA	2	
DESCOVY	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	

# Oscar 2021 Formulary

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUVADA TAB 200-300 ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	2	QL (30 tabs / 30 days); \$0 copay for pre-exposure prophylaxis
DESCOVY TAB 200/25MG ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	2	QL (30 tabs / 30 days); Exception process available for \$0 copay when medically necessary for pre-exposure prophylaxis



# Examples of Plan Violations

	Medical Mutual (OH)	ConnectiCare (CT)	Kaiser Permanente (GA)
<b>Truvada:</b>	Tier 4	Tier 4 (notes Generic Available)	Not listed
<b>Descovy:</b>	Tier 4	Tier 4	Tier 5
<b>Generic:</b>	Not listed		Tier 2 (Preferred Generic)
<b>Preventive Drugs:</b>	Tier 5	Tier 0 <i>Separate Document listing all ACA Rx, PrEP not included</i>	ACA
<b>Formulary Updated:</b>	3/1/2021	3/1/2021	3/10/2021

# Transparency Issues

- **Kaiser Permanente (WA & DC):** Tier 4 for all 3 Rx, but should be Tier P
  - Separate Document Listing Preventive Drugs, PrEP included
- **Many plans place on high tiers,** but then if you click for additional information, \$0 cost sharing
- **Lack of Consistency for Preventive Rx:** Tier 0, Tier 1, Tier 5, Tier 7, Tier P, \$0, “Prev”, or “ACA”

# Anthem Drug Formulary

## Alphabetical Search

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#) [O](#) [P](#) [Q](#) [R](#) [S](#) [T](#) [U](#) [V](#) [W](#) [X](#) [Y](#) [Z](#)

## Brand & Generic Name Search








## Start Over

Please select a drug from the list below to continue.

- <sup>1</sup><sub>4</sub> [emtricitabine oral capsule 200 mg](#)
- <sup>NF</sup> [emtricitabine-tenofovir df oral tablet 100-150 mg](#)
- <sup>NF</sup> [emtricitabine-tenofovir df oral tablet 133-200 mg](#)
- <sup>NF</sup> [emtricitabine-tenofovir df oral tablet 167-250 mg](#)
- <sup>1</sup><sub>3</sub> [emtricitabine-tenofovir df oral tablet 200-300 mg](#)

## Results

Brand Name <small>generic name</small>	Therapeutic Class <small>Sub-Class</small>	Dose/Strength	Status	Notes & Restrictions
 emtricitabine-tenofovir df oral tablet 200-300 mg	*Antivirals* *ANTIRETROVIRAL COMBINATIONS**	Tablet 200-300 MG	TIER 3	 <a href="#">more info</a>  <a href="#">more info</a>  <a href="#">more info</a> 

# Next Steps for Compliance

- Review plans to ensure at least 1 PrEP Rx \$0 cost-sharing
  - And for others, if medically necessary
- Ensure coverage of ancillary services w/o cost-sharing
- Track beneficiary complaints
- File complaints with Plans & State Insurance Regulators
- Prepare for new PrEP Rx's in the future
  - Long-acting injectable, oral, & implants

# Thank you!

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