2016 HIV Pre-Exposure Prophylaxis (PrEP) Health Insurance Assessment

December 2015

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HIV Pre-Exposure Prophylaxis (PrEP) Insurance Coverage in Pima County, AZ

Truvada, the drug commonly used for Pre-Exposure Prophylaxis (PrEP), is included on the medication formulary of all insurance plans in Arizona: private, commercial, public (Medicare and Medicaid), and Federally Facilitated Marketplace (FFM) plans. Some of the plans will require a prior authorization (PA) for Truvada to be used as PrEP, as opposed to treatment for HIV, and/or authorization for a patient to receive PrEP clinical management by a specialty provider instead of a primary care provider. While PrEP is covered by insurance, coverage varies widely by plan. This document will review Federally Facilitated Marketplace (FFM) insurance plans and provide examples of the initial and yearly out-of-pocket maximum costs an individual can expect to pay for PrEP under each of these plans in Pima County, Arizona. In addition, this document will review PrEP coverage under private, commercial and public insurers.

The total out-of-pocket cost for PrEP can be broken down into three categories: medical visits, lab work, and medication. Although the majority of PrEP costs is often associated with medication co-pays, patient assistance options can greatly reduce, or even eliminate out-of-pocket costs for copays, deductibles and cost shares.

Medical Visit Cost
Patients who are prescribed PrEP will be required to complete routine laboratory screenings and attend outpatient visits as directed by a physician. On average, a patient should expect a minimum of four lab and outpatient visits per year and such services, depending on the insurance plan, may be accompanied by out-of-pocket costs.

The copay for a medical appointment varies, but typically ranges from $15 to $100 per visit. If the patient’s plan has an out-of-pocket maximum, the patient will be responsible for copays only until this amount is met. Similarly, deductibles vary from plan to plan and may need to be met prior to the initiation of copay benefits.

Receiving PrEP medical care from a primary care physician is often more affordable than receiving it from a specialty provider, such as an Infectious Disease physician. Additionally, if you access PrEP with a specialist, you might need a referral from your PCP, depending on your insurance. The average cost of a specialty visit is $185 compared to $95 for a visit with a primary care physician.
Lab Work Cost
Another contributing factor to evaluating the price of PrEP is the cost associated with lab work. Some insurance plans do not charge for lab work, while others do. This guide will help estimate the cost of lab work based on insurance plan. The out-of-pocket cost for lab work varies. You might be asked to pay a co-insurance until your yearly max. out-of-pocket cost is met. Once it is met, there is no more out-of-pocket cost.

Medication Cost
Often times the medication cost presents the highest out-of-pocket expense for individuals on PrEP. Again, patient expense for the medication will depend on insurance coverage and, although co-pays can range from $25 to $800 per month and deductibles may need to be met prior to coverage activation, there are a variety of patient assistance programs available to help offset the cost of PrEP.

Useful Terms
The following terms will be useful when trying to understand insurance coverage.

Types of Insurance
- **Private** - insurance plans typically purchased by an individual directly from a health insurance company.
- **Commercial** - insurance plans typically purchased by employers directly from a health insurance company. Plans vary widely because employers, often times, negotiate rates with the insuring company.
- **Public/Government** - insurance funded by federal or state government such as Medicare, Medicaid, VA, Tricare and Federal Employee health plans.
- **Federally Facilitated Marketplace (FFM)** - also known as Health Exchange plans, are insurance plans purchased through [www.healthcare.gov](http://www.healthcare.gov), a government regulated online insurance exchange with different levels of coverage. These plans have been categorized as Bronze, Silver, Gold and Platinum. Bronze plans cover 60% of services, while patient is responsible for 40%. Silver plans cover 70%, while patients pay 30%. Gold plans cover 80%, and Platinum plans cover 90%. While Bronze plans have lower monthly premiums, they have the most out-of-pocket costs.
  - Individuals who earn less than 250% below Federal Poverty Level ($29,425/year) will have lower deductibles and out-of-pocket costs only if they select Silver plans. Silver plans often offer premium tax credits; although monthly premiums are slightly higher than Bronze plans, the coverage will be much better and more affordable in the long run.
**Prior Authorization (PA)**
A process sometimes required by insurance companies in order to provide certain, often higher cost, services such as outpatient visits with a specialty provider and/or expensive medications. If necessary, the medical provider’s office will complete processes associated with medical and medication prior authorizations and submit required information directly to the patient’s insurance company for approval. PA process varies from plan to plan and determination can take up to 72 hours.

For additional support, GILEAD’s Advancing Access program can assist with PAs. See application in appendix or visit [www.gileadadvancingaccess.com](http://www.gileadadvancingaccess.com).

**Denials**
PrEP is covered by insurance in Arizona. If a prescription is denied by a medical provider or by insurance company, patients can contact Lambda Legal or My PrEP Experience for support and assistance. They are advocate organizations interested to hear about barriers to PrEP access. They will advocate for you by contacting your insurance company or medical provider. Lambda Legal’s help desk can be reached by phone at 1-866-542-8336 or [www.lambdalegal.org/help](http://www.lambdalegal.org/help). My PrEP Experience’s help is only available via email at [myprepexperience@gmail.com](mailto:myprepexperience@gmail.com)

Please note, that a denial is not the same as a requirement for prior authorization. If a medical provider states that insurance denied medication coverage, a patient should ask for clarification and a copy of the denial in writing. Often times, a denial might just mean that a prior authorization has yet to be completed. If that is the case, the medical provider should be able to complete that process and obtain approval within approximately 72 hours. If initial PA is denied, medical providers can appeal the decision. The correct codes for completing PAs can be found at (p29): [www.cdc.gov/hiv/pdf/PrEPProviderSupplement2014.pdf](http://www.cdc.gov/hiv/pdf/PrEPProviderSupplement2014.pdf)

**Premium**
A premium is the amount of money an individual pays for an insurance plan. Most of the time, premiums are broken down into monthly payments throughout the calendar year.

**Medical Deductible**
A medical deductible is the amount an individual must pay towards their health plan before certain services are covered. Plans determine which services require deductible to be met.
**Drug Deductible**
A drug deductible is similar to the medical deductible but specific to medication. Sometimes it is included in the medical deductible. If there is a drug deductible, the member will have to pay for the full price of medications before insurance benefits can be utilized for coverage.

**Out-of-Pocket Maximum**
The out-of-pocket maximum is the total amount an individual can pay for medical or prescription coverage in a year's time. Once an individual pays the total out-of-pocket maximum, through deductibles, copays and/or coinsurance, all services beyond this point are covered at 100% by the plan. The individual will not be asked to contribute towards out-of-pocket costs for the remainder of the year.

**Copay**
Copay is a set amount that an individual has to pay for medical services or medication.

**Coinsurance**
Coinsurance is often a percentage an individual has to pay for certain services or medication. For example, if a drug has a coinsurance of 30%, that means that the insurance plan will pay 70% of the retail drug cost, and the insured individual will be responsible for 30%.
Truvada Patient Assistance Options

**GILEAD Advancing Access Co-Pay Card**

- Works with commercial insurance plans only and covers co-pays for medication.
- Federal insurance plans, such as Medicare, Medicaid, VA, Tricare or Federal Employee Health Plans are not eligible for this assistance.
- Covers $3,600 maximum per calendar year.
- No income restrictions.
- Yearly enrollment required.
- Covers co-pays, deductible and coinsurance.
- To apply visit [www.gileadcopay.com](http://www.gileadcopay.com) or call 877-505-6986

**GILEAD Advancing Access Medication Assistance**

- Works with commercial insurance plans only.
- Federal insurance plans, such as Medicare, Medicaid, VA, Tricare or Federal Employee Health Plans are not eligible for this assistance.
- Covers the entire amount of medication co-pay.
- Income based program, recipients income must be less than 500% FPL (<$58,850/year).
- Re-apply as needed.
- Covers co-pays only.
- To apply visit [www.gileadadvancingaccess.com](http://www.gileadadvancingaccess.com) or call 800-226-2056.
Patient Advocate Foundation (PAF)

- Works with all insurances
- Covers $5,000 maximum per year.
- Income based programs, recipient’s income must be less than 400% FPL (<$47,080/year).
- Re-apply as needed.
- Covers co-pays only.
- To apply visit [www.copays.org/diseases/hiv-aids-and-prevention](http://www.copays.org/diseases/hiv-aids-and-prevention) or call 800-532-5274.

Patient Access Network Foundation (PANF)

- Works with all insurances.
- Covers up to $4,000 per year, with the option of a second grant (if funds available) for a total of $8,000 per year.
- Income based programs, recipient's income must be less than 500% FPL (<$58,850/year).
- Covers co-pays, deductibles and coinsurance.
- To apply visit [www.panfoundation.org/hiv-treatment-and-prevention](http://www.panfoundation.org/hiv-treatment-and-prevention) or call 866-316-7263.

FFM Plans Cost Example

The figures on the plans below were obtained from [www.healthcare.gov](http://www.healthcare.gov) and show the different FFM plans in Pima County. Premiums based in a thirty-year-old, single individual. Insurance cost and coverage vary depending on age and family size. The information reflected in the charts was collected from December 10-15, 2015 and is based on 2016, calendar year, insurance coverage. Rates are subject to change on a yearly basis and may look different come 2017 and so on.
Actual PrEP cost will vary, depending on insurance plan, coverage details and how the individual has utilized the health plan prior to initiating PrEP (impacts deductible, out-of-pocket max, etc). Individuals interested in PrEP should contact their insurance provider for a more accurate estimate.

**Blue Cross Blue Shield of Arizona**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Plan Marketing Name</th>
<th>Plan Type</th>
<th>Premium (Age 30)</th>
<th>Medical Deductible</th>
<th>Drug Deductible</th>
<th>Medical Out-of-Pocket Maximum</th>
<th>Primary Care Visit</th>
<th>Specialist Visit</th>
<th>Lab Cost</th>
<th>Truvada Cost (Tier 2)</th>
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<tr>
<td>Bronze</td>
<td>BCBS Everyday HMO 6000</td>
<td>HMO</td>
<td>$245.00</td>
<td>$6,000.00</td>
<td>$650 for level 2 and 3 drugs</td>
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<td>Medical Out-of-Pocket Maximum</td>
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<td>Humana Bronze 6450/Tucson HMOx</td>
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<td>$186.00</td>
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<td>No Charge after deductible</td>
<td>No Charge after deductible</td>
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<td>50% Coinsurance</td>
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<td>$20.00</td>
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<td>20% coinsurance, after deductible</td>
<td>35% Coinsurance</td>
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<td>Medical Deductible</td>
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<td>$500 for level 3 and 4 drugs</td>
<td>$6,850.00</td>
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<td>30% coinsurance, after deductible</td>
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<td>$500.00</td>
<td>$250 for level 3 and 4 drugs</td>
<td>$6,850.00</td>
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Calculating PrEP Cost

The cost of PrEP will vary depending on medical deductible, drug deductible, maximum out-of-pocket, medical visit cost, lab costs and medication cost.

**Example 1: PrEP cost for 30 year old individual, with BCBS Everyday HMO 4000 Insurance plan, utilizing patient assistance option**

Lab cost: 20% coinsurance. For an initial lab cost totaling $2,000, the insurance company would cover 80% or $1,600. The individual would be responsible for 20% ($400). The total out-of-pocket cost for lab work will be $400.

Medical visit cost: Cost will depend on the type of medical provider. For this scenario, let’s say PrEP was accessed at an Infectious Disease practice. The cost per visit will be $50. The total out-of-pocket cost for medical visit will be $200.

Medication cost: The cost will be $50 copay, after drug deductible is met. The drug deductible for this plan is $400 for tier 2 drugs (Truvada fall in this category), which means the insured individual will have to pay $400 out-of-pocket cost for drugs before he can access them for the flat co-pay amount every month. For this scenario, let’s say the patient had not yet used his medication coverage. In this case, an individual would have to pay $400 the first month for Truvada in order to meet the deductible.

This individual could utilize any of the PrEP patient assistance options and he would eliminate his out-of-pocket cost for medication. This example will utilize GILEAD Advancing Access Co-Pay Card, which is the easiest option. It covers up to $3,600 per year, so it will cover the first month, and then the individual will have a balance of $3,200 for the rest of the year. Because the medication out-of-pocket will be met the first month, the flat monthly copay amount will be $50. The remaining $3,200 on the co-pay card can be utilized to cover the $50 co-pay each month for eleven months. A new card can be obtained each year. The total out-of-pocket cost for medication will be $0.00

The total out-of-pocket cost for lab work $200.00 X 4 (lab work must be done quarterly) = $800.00
The total out-of-pocket cost for medical visit $50.00 X 4 (medical visits must be done quarterly) = $200.00
The total out-of-pocket cost for medication $0.00 + X 11 (monthly refills) = $0.00

Total initiation out-of-pocket PrEP cost $250
Total yearly out-of-pocket PrEP cost $1,000.00

If this individual accessed PrEP in a Primary care setting, his cost per medical visit would be $20, which could reduce PrEP cost to $220.00 quarterly or $880.00 yearly.
**Example 1.2: PrEP cost for 30-year-old individual, with BCBS Everyday HMO 4000 Insurance plan, NOT utilizing patient assistance option**

**Lab cost:**  
20% coinsurance. For an initial lab cost totaling $2,000, the insurance company would cover 80% or $800. The individual would be responsible for 20% ($200). The total out-of-pocket cost for lab work will be $200.00

**Medical visit cost:**  
Cost will depend on the type of medical provider. For this scenario, let’s say PrEP was accessed at an Infectious Disease practice. The cost per visit will be $50.00. The total out-of-pocket cost for medical visit will be $50.00

**Medication cost:**  
The cost will be $50 copay, after drug deductible is met. The drug deductible for this plan is $400 for tier 2 drugs (Truvada fall in this category), which means the insured individual will have to pay $400 out-of-pocket cost for drugs before he can access them for the flat co-pay amount every month. For this scenario, let’s say the patient had not yet used his medication coverage. In this case, an individual would have to pay $400 the first month for Truvada in order to meet the deductible, then pay a $50 copay every month.

The total out-of-pocket cost for lab work $200.00 X 4 (quarterly lab work) = $800.00

The total out-of-pocket cost for medical visit $50.00 X 4 (quarterly Medical visits) = $200.00

The total out-of-pocket cost for medication copays $400.00 for first month + $50.00 X 11 (monthly refills) = $550.00

+$400.00 deductible

**Total initiation out-of-pocket PrEP cost** = $650.00

**Total yearly out-of-pocket PrEP cost** = $1,950
Example 2: PrEP cost for 30-year-old individual, with UHC Silver Compass 2000 plan, utilizing patient assistance option

Lab cost: 30% coinsurance after deductible. This plan will only cover 70% of lab costs, only after the medical deductible is met. The medical deductible for this plan is $2,000.00, which means insured individuals must pay that amount out-of-pocket before the plan starts paying their coinsurance (70%). For an initial lab cost totaling $2,000, the insurance company would not cover any of it; however, after initial lab work is completed, medical deductible will be met.

For the rest of the quarterly screenings, insurance will pay 70% and patient will pay 30%. If the cost of lab work is $2,000, insurance would cover $1,400 and the insured individual will have to pay $600 out-of-pocket. The total out-of-pocket cost for lab work will be $2,000.00

Medical visit cost: Cost will depend on the type of medical provider. For this scenario, let's say PrEP was accessed at an Infectious Disease practice. The cost per visit will be $60.00. The total out-of-pocket cost for medical visit will be $60.00

Medication cost: $50.00 monthly copay. In this plan, Truvada is classified as a tier 2 drug, which means there are no restrictions on medical deductible. Tier 2 drugs have a flat monthly fee on this plan.

This individual could utilize any of the PrEP patient assistance options and he would eliminate his out-of-pocket cost for medication. The total out-of-pocket cost for medication will be $0.00

\[
\begin{align*}
\text{The total out-of-pocket cost for lab work} & \quad $2,000.00 \times 3 \times 600.00 \text{ (quarterly lab work)} = $1,800.00 \\
& \quad + $2,000.00 \text{ deductible} \\
\text{The total out-of-pocket cost for medical visit} & \quad $60.00 \times 4 \text{ (quarterly medical visits)} = $240.00 \\
\text{The total out-of-pocket cost for medication} & \quad $0.00 + \times 11 \text{ (monthly refills)} = $0.00 \\
\text{Total initiation out-of-pocket PrEP cost} & \quad $2,060.00 \\
\text{Total yearly out-of-pocket PrEP cost} & \quad $4,040.00
\end{align*}
\]
Example 2.2: PrEP cost for 30-year-old individual, with UHC Silver Compass 2000 plan, NOT utilizing patient assistance option

Lab cost: 30% coinsurance after deductible. This plan will only cover 70% of lab costs, only after the medical deductible is met. The medical deductible for this plan is $2,000.00, which means insured individuals must pay that amount out-of-pocket before the plan starts paying their coinsurance (70%). For an initial lab cost totaling $2,000, the insurance company would not cover any of it; however, after initial lab work is completed, medical deductible will be met.

For the rest of the quarterly screenings, insurance will pay 70% and patient will pay 30%. If the cost of lab work is $2,000, insurance would cover $1,400 and the insured individual will have to pay $600 out-of-pocket. The total out-of-pocket cost for lab work will be $2,000.00

Medical visit cost: Cost will depend on the type of medical provider. For this scenario, let’s say PrEP was accessed at an Infectious Disease practice. The cost per visit will be $60.00. The total out-of-pocket cost for medical visit will be $60.00

Medication cost: $50.00 monthly copay. In this plan, Truvada is classified as a tier 2 drug, which means there are no restrictions on medical deductible. Tier 2 drugs have a flat monthly fee on this plan. The total out-of-pocket cost for medication will be $50.00 per month.

The total out-of-pocket cost for lab work $2,000.00 × 3 @600.00 (quarterly lab work) = $1,800.00

+$2,000.00 deductible

The total out-of-pocket cost for medical visit $60.00 × 4 (quarterly Medical visits) = $240.00

The total out-of-pocket cost for medication $50.00 + $50.00 × 11 (monthly refills) = $600.00

Total initiation out-of-pocket PrEP cost $2,110.00 Total yearly out-of-pocket PrEP cost $4,640.00
**Medicaid Coverage**

Medicaid plans in Arizona (AHCCCS) are covering PrEP. Unlike other plans, Medicaid coverage for PrEP is quite comprehensive and out-of-pocket costs are minimal ($3-5 for outpatient visits and medication, labs are covered at 100%). The following table reflects insurance coverage for Medicaid. The average cost for PrEP under Medicaid will average less than $10 per month.

<table>
<thead>
<tr>
<th>Plan Marketing Name</th>
<th>Plan (Age 30)</th>
<th>Medical Deductible</th>
<th>Drug Deductible</th>
<th>Medical Max. Out-of-pocket</th>
<th>Primary Care Visit</th>
<th>Specialist Visit</th>
<th>Lab Cost</th>
<th>Truvada Cost (Tier 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona Healthcare Cost Containment System</td>
<td>All</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Nominal: $3.40</td>
<td>Required: $4.00</td>
<td>Childless Adults: $5.00</td>
<td>Covered 100%</td>
</tr>
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</tr>
</tbody>
</table>

Nominal co-pays are low co-pays that most people who receive AHCCCS benefits are asked to pay; however, if an individual is unable to pay, medical providers or pharmacies will not refuse services.

Required co-pays are co-pays that some people who receive AHCCCS benefits must pay in order to receive services. This is based on income and AHCCCS will make this determination.

Childless adults will have different co-pays that must be paid in order to receive services.

Medicare Coverage
Medicare plans in Arizona are covering PrEP. The coverage varies by plan but typically work on coinsurance. Medicare generally pays for 70% of costs associated with medical care and medication, the individual will be charged for the remaining 30%. For specifics, an individual should contact their insurance carrier for an accurate assessment.

Private Coverage
Private plans cover PrEP and coverage mirror FFM plans. For an accurate estimate individuals should contact their insurance provider.

Commercial Coverage
Commercial Plans cover PrEP, but coverage will vary depending on insurance plan. It is hard to create a general assessment because commercial plans are different from employer to employer. If an individual has a commercial plan, it is best for them contact the insurance carrier for an accurate assessment.
Estimating PrEP Cost

The most accurate estimate for PrEP coverage will come directly from insurance plan provider. Individuals seeking PrEP should contact their insurance carrier and inquire about the cost of PrEP. The following questions should be reviewed to obtain an accurate estimate:

• Ask for an estimate cost of PrEP
• Is Prior Authorization needed to see a specialist, such as infectious disease physician? If so, how can this be obtained?
• What is the difference in copay between specialist visit vs. primary care physician visit?
• Is my PrEP provider contracted with my insurance plan? Is my PrEP provider considered “in” or “out” of network? In network providers will have the most affordable out-of-pocket costs.
• What is my deductible for medical care and medications? How much of the deductible(s) have I met to date?
• Does my plan have a maximum amount to be spent annually on out-of-pocket costs for medical care and medications? If so, what is this amount? How much have I met to date?
• Will I have to pay anything out-of-pocket for lab work?
• What is the monthly copay for Truvada? Remember that there are patient assistance options that can greatly reduce, or eliminate, this out-of-pocket cost.
Useful Resources

  • Detailed PrEP guide for providers from CDC.

CDC Basic PrEP Q & A [www.cdc.gov/hiv/basic/prep.html]
  • Frequently asked PrEP questions and answers from CDC.

Federally Facilitated Marketplace [www.healthcare.gov]
  • Online portal where individuals can purchase insurance and review different plans.

Gilead Copay Card [www.gileadcopay.com]
  • Patient assistance option

Gilead Advancing Access Program [www.gileadadvancingaccess.com]
  • Patient assistance option
  • Prior Authorization (PA) assistance.

Advocate Foundation [www.copays.org/diseases/hiv-aids-and-prevention]
  • Patient assistance option.

Patient Access Network Foundation [www.panfoundation.org/hiv-treatment-and-prevention]
  • Patient assistance option.

Lambda Legal [www.lambdalegal.org]
  • PrEP advocate organization.
  • Assist patients who have been denied PrEP access.

My PrEP Experience [www.myprepexperience.org]
  • PrEP advocate organization.
  • Assist patients who have been denied PrEP access.
Appendix

a. Example of Prior Authorization Form, AETNA
b. PrEP Related ICD, CPT and LOINC codes
c. Gilead Advancing Access Copay Card Application
d. Gilead Advancing Access Medication Assistance Application
e. Patient Advocate Foundation, Application Quick Guide for Patients
f. Patient Access Network Foundation, Application Instructions
g. Project Inform PrEP Flow Chart