**2019 Safe Harbor Guidelines for HIV/AIDS Drugs **

**PPACA Guidance to Insurers:**

At least one form of each drug must be offered if no specific dosage is listed below. Any additional anti-retroviral medications beyond those listed should be tiered according to cost, and not according to the medical diagnosis or condition being treated. Preauthorization should not be required except in cases of suspected fraud. Drug quantities should never be limited to less than a thirty (30) day supply and any refills authorized by the treating physician. Step therapy should not be required for the administration of any of these drugs.

Compliance with the safe harbor guidelines is not mandatory. However, the Office is prohibited from certifying a plan to be included on the Federal Health Insurance Marketplace if the Office knows that the plan employs a drug formulary discriminatory in benefit design, benefit implementation or medical management techniques. Additionally, the Office will disapprove any plan it finds violates Sections 627.429, 641.3007, or 641.31(3)(c)6., Florida Statutes.

**Lowest Generic Tier**

Exclusive of tiers comprised solely of preventive and value based generics

Maximum cost sharing per 30-day supply: $40

* abacavir (300 mg oral tablet)
* abacavir 300 mg/lamivudine 150 mg/zidovudine 300 mg (oral tablet)
* didanosine (125 mg, 200 mg, 250 mg, 400 mg delayed release oral capsule)
* lamivudine (100 mg, 150 mg, 300 mg oral capsule or tablet)
* lamivudine 150 mg/zidovudine 300 mg (oral tablet)
* nevirapine (200 mg oral tablet)
* zidovudine (100 mg, 300 mg oral capsule or tablet and 10 mg/ml oral solution)

**Preferred Brand**  
No generic available  
Maximum cost sharing per 30-day supply: $70

* APTIVUS (tipranavir) (250 mg oral capsule, 100 mg/ml oral solution)
* ATRIPLA (Efavirenz 600 mg/emtricitabine 200 mg/Tenofovir disoproxil fumarate 300 mg oral tablet)
* COMPLERA (emtricitabine 200 mg/rilpivirine 25 mg/tenofovir disoproxil fumarate 300 mg oral tablet)
* CRIXIVAN (indinavir 200 mg oral capsule and 400 mg oral capsule)
* DESCOVY (emtricitabine 200 mg/tenofovir alafendamide 25 mg oral tablet)
* EDURANT (rilpivirine) (25 mg oral tablet)
* EMTRIVA (emtricitabine) (200 mg oral capsule, 10 mg/ml oral solution)
* EPIVIR (lamivudine) (150 mg oral tablet, 10 mg/ml and 5 mg/ml oral solution {HBV})
* EPZICOM (abacavir 600 mg/lamivudine 300 mg oral tablet)
* EVOTAZ (atazanavir 300 mg/cobicistat 150 mg)
* GENOVOYA (elvitegravir 150 mg/cobicistat 150 mg/emtricitabine 200 mg/tenofovir alafendamide 10 mg oral tablet)
* INTELENCE (etravine) (25 mg, 100 mg and 200 mg oral tablet)
* INVIRASE (saquinavir mesylate 200 mg capsule and 500 mg tablet)
* ISENTRESS (raltegravir) (400 mg oral tablet, 25 mg and 100 mg chewable tablets)
* KALETRA (lopinavir/ritonavir)(100 mg/25 mg and 200 mg/50 mg oral tablet and 80 mg/ml, 20 mg/ml oral solution)
* LEXIVA (fosamprenavir) (700 mg oral tablet, 50 mg/ml oral suspension)
* NORVIR (ritonavir) (100 mg oral tablet or capsule and 80 mg /ml oral solution)
* ODEFSEY (entricitabine 200 mg/rilpivirine 25 mg/tenofovir alafenamide 25 mg oral tablet)
* PREZCOBIX (darunavir 800 mg/cobicistat 150 mg oral tablet)
* PREZISTA (darunavir) (75 mg, 150 mg, 400 mg, 600 mg and 800 mg oral tablet)
* REYATAZ (atazanavir) (100 mg, 150 mg, 200 mg, 300 mg oral capsule)
* SELZENTRY (maraviroc) (150 mg, 300 mg oral tablet)
* STRIBILD (elvitegravir 150 mg/cobicistat 150 mg/emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg oral tablet)
* SUSTIVA (efavirenz) (50 mg, 200 mg, 600 mg oral tablet)
* TIVICAY (dolutegravir) (50 mg oral tablet)(beginning 2015)
* TRIUMEC (abacavir 600 mg/dolutegravir 50 mg/lamivudine 300 mg)
* TRIZIVIR (retrovir 300 mg/epivir 150 mg/abacavir 300 mg oral tablet)
* TRUVADA (emtricitabine 200 mg/tenofovir disproxil fumarate 300 mg oral tablet)
* TYBOST (cobicistat 150 mg oral tablet)
* VIDEX (didanosine) (20 mg/ml oral solution)
* VIRACEPT (nelfinavir 250 mg oral tablet)
* VIRAMUNE (nevirapine) (100 mg extended release oral tablet, 400 mg extended release oral tablet, 10 mg /ml oral solution)
* VIREAD (Tenofovir disoproxil fumarate) (150 mg, 200 mg, 250 mg, 300 mg oral tablet, 40 mg/G oral powder)
* ZIAGEN (abacavir) (20 mg /ml oral solution)

**Standard Brand**  
For use only when generic is available  
Maximum cost sharing per 30-day supply: $150

* COMBIVIR (lamivudine 150 mg/zidovudine 300 mg oral tablet)
* EPIVIR (lamivudine) (100 mg oral Tablet {HPV}, 300 mg oral tablet)
* PREZISTA (darunavir) (100 mg/ml oral solution)
* RETROVIR (zidovudine) (10 mg/ml oral solution, 100 mg and 300 mg oral tablet)
* VIDEX (didanosine) (125 mg, 200 mg, 250 mg, 400 mg delayed release oral capsule)
* VIRAMUNE (nevirapine) (200 mg oral tablet)
* ZIAGEN (abacavir) (300 mg oral tablet)

**Specialty Drugs**  
Maximum cost sharing per 30-day supply: $200

* FUZEON (enfuvirtide) (90 mg Injectable Solution)

**Florida Office of Insurance Regulation**

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