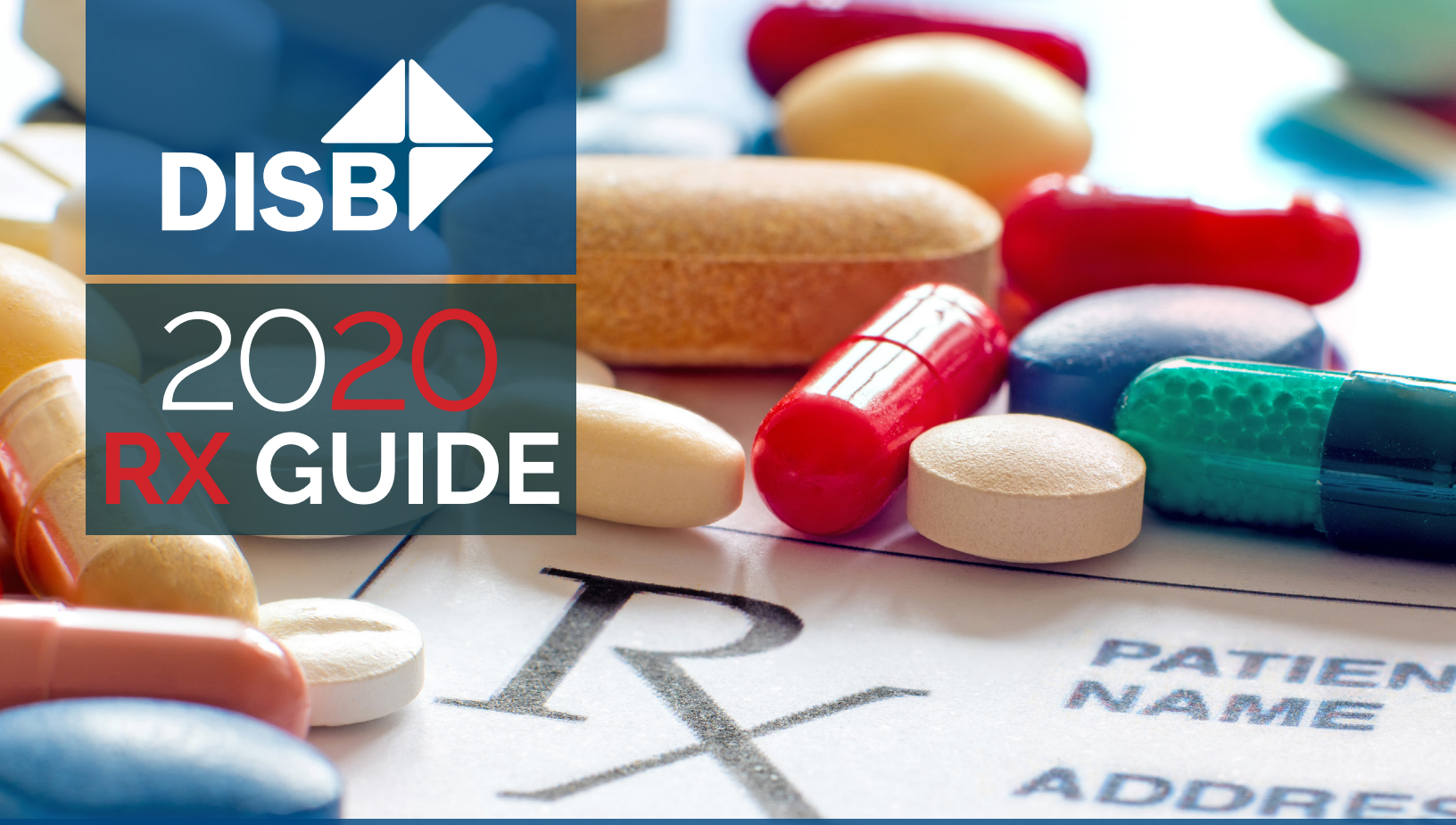
DISB

2020 RX GUIDE



RHEUMATOID ARTHRITIS

Are you, or a family member covered under your health plan, living with rheumatoid arthritis? Knowing the cost of medications may help you decide which health plan to choose.

This guide, developed by the District of Columbia Department of Insurance, Securities and Banking, provides an overview of several commonly prescribed drugs used to treat rheumatoid arthritis. The Rx chart shows the generic and brand names of each drug, and the restrictions and copay or coinsurance indicated by carriers offering plans on DC Health Link in 2020. Use it to compare costs and benefits. If you have questions about prescription drug pricing, contact the carrier.

Each insurance carrier uses different language to explain drug cost-sharing. You can obtain a Summary of Benefits and Coverage (SBC) for your plan from your carrier. Review the SBC to determine whether cost-sharing for prescription drugs applies before or after the annual deductible is met.

If you believe an insurance company is administering your benefits in a manner that is not in compliance with District and federal law, you can file a complaint by using an online form available at https://dcforms.dc.gov/webform/consumer-complaint-form-disb-01. For additional questions or concerns, please contact the Department's Consumer Services Division at disbcomplaints@dc.gov or 202-727-8000.

DISB GOVERNMENT OF THE DISTRICT OF COLUMBIA
DC MURIEL BOWSER, MAYOR

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2020 Rx Guide: Rheumatoid Arthritis

		Aetna		CareFirst		Kaiser		United Healthcare	
		Restrictions	Copay/ Co-insurance	Restrictions	Copay/ Co-insurance	Restrictions	Copay/ Co-insurance	Restrictions	Copay/ Co-insurance
Name (Generic)	Name (Brand)	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand	Generic/Brand
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)									
Auranofin	Ridaura	NA/NR	NA / $95-$100	NA/NA	NA/NA	NA/NR	NA / $25-100	NA/NR	NA/$50-75
Azathioprine	Imuran	NR/NC	$12-$15/NC	NR/NC	$0-25/ NC	NR/NR	$5-30/$25-100	NR/NC	$5-15/NC
Cyclosporine	Sandimmune	NR/NC	$12-$15 / NC	NR/NR	$0-25/$70 after ded*	NR/NR	$5-30/$15-$75	NR/NC	$5-15/NC
	Neoral	NR/NC	$12-$15 / NC	NR/NC	$0-25 / NC	NR/NR	$5-30/$25-100	NR/NC	$5-15/NC
Hydroxychloroquine	Plaquenil	NR/NC	$12-$15 / NC	NR/NC	$0-25 / NC	NR/NR	$5-30/$25-100	NR/NR	$5-15/$50-75
Methotrexate	Rheumatrex	NR/NR	$12-15 / $95-100	NR/NC	$0 / NC	NR/NR	$5-30/$25-100	NR/NC	$5-15/NC
	Trexall	NR/NR	$12-15/$95-100	NR/NC	$0 / NC	NR/NR	$5-30/$25-100	NA/NR	NA/$25-50
Sulfasalazine	Azulfidine	NR/NC	$12-15 / NC	NR/NC	$0-25 / NC	NR/NR	$5-30/$25-100	NR/NR	$5-15/$50-75
BIOLOGIC RESPONSE MODIFIERS (A TYPE OF DMARD)									
Tumor Necrosis Factor (TNF) Inhibitors Apresoline									
Etanercept	Enbrel	NA/PA-ST	NA/40%	NA/PA	NC/$150 after ded*	NA/NR	NA/$15-100	NA/PA-ST	NA/$75-150
Adalimumab	Humira	NA/PA-ST	NA/40%	NA/NC	NA/NC	NA/NR	NA/$15-100	NA/PA	NA/$40-120
Infliximab	Remicade	Covered under the plan's medical benefit; consumers cannot fill this prescription at a drug store.							
Golimumab	Simponi	NA/PA-ST	NA/40%	NA/NC	NA/NC	NA/NR	NA/$100-150	NA/PA	NA/$40-120
	Simponi Aria	Covered under the plan's medical benefit; consumers cannot fill this prescription at a drug store.							
OTHER									
Anakinra	Kineret	NA/NC	NA/NC	NA/NC	NA/NC	NA/NR	NA/$25-100	NA/PA	NA/$75-150
Abatacept	Orencia	NA/NC	NA/NC	NA/NC	NA/NC	NA/NR	NA/$100-150	NA/PA-ST	NA/$75-150
Rituximab	Rituxan	Covered under the plan's medical benefit; consumers cannot fill this prescription at a drug store.							
Tocilizumab	Actemra	NA/PA-ST	NA/50%	NA/PA-ST	NA/$150 after ded*	NA/NR	NA/$100-150	NA/PA-ST	NA/$75-150
Tofacitinib	Xeljanz	NA/PA-ST	NA/40%	NA/PA	NA/$150 after ded*	NA/NR	NA/$100-150	NA/PA-ST	NA/$75-150

Note: Formularies are subject to change during the plan year. Please contact your insurance company for the most up to date information.

KEY	
PA	Pre-Authorization
ST	Step Therapy
Ded.	Deductible
NC	Not Covered
NA	Not Available
NR	No Restriction

* The cost share for this drug could be a co-payment or coinsurance depending on the plan. Co-insurance is 20% after deductible ($150 max).
[1] The cost share for this drug could be a co-payment or coinsurance depending on the plan. Co-insurance ranges between 0%-50%.