### Silver Level

\*Based on your income, you might qualify for **costsharing**. If you are interested, please ask for more information or call the insurance plan!

Tier 1 (preferred generic)- copay \$15, no deductible

Tier 2 (preferred brand)- co-pay \$45 once deductible (\$500) paid

insurance plan! Tier 3 (non-preferred brand)- co-pay \$75 once deductible (\$500)

Tier 4 (preferred specialty)- coinsurance 40% once deductible (\$500)

Tier 5 (non-preferred specialty)- coinsurance 50% once deductible (\$500) paid \*If not in network specialty meds not covered

### 2015 Coverage insurant Aetna Silver \$10 Copay OAMC

No medications in Tiers 1, 2, and 3 for this plan	Tier 4		Tier 5
	abacavir		Atripla
	abacavir-lami	vudine-zidovudine	Aptivus
	Didanosine		Crixivan
	lamivudine		Combivir
	lamivudine-zi	dovudine	Complera
	Nevirapine		Edurant
	stavudine		Emtriva
	Tivicay		Epivir
	Trizivir		Epzicom
	zidovudine		Fuzeon
			Intelence
			Invirase
		•	Isentress
Write down the medications you	u are on		Kaletra
and what tier they are i	in!		Lexiva
• (Example) Atripla/Tier 5			nevirapine er
•			Norvir
-			Prezista
			Rescriptor
<u></u>			Reyataz
•			Selzentry
For information and specific cos	· -		Stribild
call the insurance plan or 215-			Sustiva
to speak with an insurance naviga	ator!		Truvada
			Videx
			Viracept
			Viramune
			Viread
l I			

\*Based on your income, you might qualify for **costsharing**. If you are interested, please ask for more information or call the insurance plan!

Tier 1 (preferred generic)- copay \$15, no deductible

Tier 2 (preferred brand)- co-pay \$45 once deductible (\$500) paid

Tier 3 (non-preferred brand)- copay \$75 once deductible (\$500)

Tier 4 (preferred specialty)- coinsurance 40% once deductible (\$500)

Tier 5 (non-preferred specialty)- coinsurance 50% once deductible (\$500) paid \*If not in network, not covered.

### Aetna Silver \$10 Copay HMO

No	No medications in Tiers 1, 2, and 3 for this plan		Tier 4	Tier 5
			Abacavir	Atripla
			abacavir-lamivudine-zidovudine	Aptivus
			Didanosine	Crixivan
			Lamivudine	Combivir
			lamivudine-zidovudine	Complera
			Nevirapine	Edurant
			Stavudine	Emtriva
			Tivicay	Epivir
			Trizivir	Epzicom
			Zidovudine	Fuzeon
				Intelence
				Invirase
Writ	te down the medica		re on	Isentress
	and what tier th	ey are in!		Kaletra
•	(Example) Atripla/Tier	5		Lexiva
•				nevirapine er
				Norvir
				Prezista
•				Rescriptor
•				Reyataz
	nformation and spe	•		Selzentry
	he insurance plan o		'255 to	Stribild
speal	with an insurance	navigator!		Sustiva
				Truvada
				Videx
				Viracept
				Viramune
				Viread
				Ziagen

\*Based on your income, you might qualify for **costsharing**. If you are interested, please ask for more information or call the insurance plan!

Tier 1 (preferred generic)- copay \$15, no deductible

Tier 2 (preferred brand)- co-pay \$40 once deductible (\$500) paid

Tier 3 (non-preferred brand)- copay \$70 once deductible (\$500)

Tier 4 (preferred specialty)- coinsurance 40% once deductible (\$500)

Tier 5 (non-preferred specialty)- coinsurance 50% once deductible (\$500) paid \*If not in network, not covered.

#### Aetna Silver \$10 Copay HMO Savings Plus

	No medications in Tiers 1, 2, and 3 for this plar	Tier 4		Tier 5
		Abacavir		Atripla
		abacavir-l	amivudine-zidovudine	Aptivus
		Didanosin	e	Crixivan
		Lamivudii	ne	Combivir
		lamivudin	e-zidovudine	Complera
		Nevirapin	e	Edurant
		Stavudine		Emtriva
		Tivicay		Epivir
		Trizivir		Epzicom
		Zidovudin	е	Fuzeon
				Intelence
١.	drite deve the modications ver	202 20	1	Invirase
V	Vrite down the medications you and what tier they are in			Isentress
		•		Kaletra
	• (Example) Atripla/Tier 5			Lexiva
	•			nevirapine er
	•			Norvir
	•			Prezista
	•			Rescriptor
F	or information and specific costs	nlease		Reyataz
	all the insurance plan or 215-977-	•		Selzentry
	peak with an insurance navigator!			Stribild
٦٢	reak with an insurance navigator.			Sustiva
				Truvada
				Videx
				Viracept
				Viramune
				Viread
				Ziagen

\*Based on your income, you might qualify for costsharing. If you are interested, please ask for more information or call the insurance plan!

Tier 1 (preferred generic)- copay \$15, no deductible

Tier 2 (preferred brand)- co-pay \$40 once deductible (\$2500) paid

Tier 3 (non-preferred brand)- copay \$75 once deductible (\$2500)

Tier 4 (preferred specialty)- coinsurance 40% once deductible (\$2500)

Tier 5 (non-preferred specialty)- coinsurance 50% once deductible (\$2500) \*If not in network, not covered.

#### Aetna Silver \$5 Copay 2500 HMO Savings Plus

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

No medications in Tiers 1, 2, and 3 for this plan Tier 4 Tier 5 **Abacavir** Atripla abacavir-lamivudine-zidovudine **Aptivus Didanosine** Crixivan Lamivudine Combivir lamivudine-zidovudine Complera **Nevirapine** Edurant **Emtriva** Stavudine **Tivicay Epivir** Trizivir **Epzicom** Zidovudine **Fuzeon** Intelence Invirase Write down the medications you are on Isentress and what tier they are in! Kaletra (Example) Atripla/Tier 5 Lexiva nevirapine er Norvir Prezista Rescriptor Reyataz For information and specific costs, please Selzentry call the insurance plan or 215-977-7255 to Stribild speak with an insurance navigator! Sustiva Truvada Videx Viracept Viramune Viread Ziagen

\*Based on your income, you might qualify for **costsharing**. If you are interested, please ask for more information or call the insurance plan!

Tier 1 (preferred generic)- copay \$15, no deductible

Tier 2 (preferred brand)- co-pay \$45 once deductible (\$2750) paid

Tier 3 (non-preferred brand)- copay \$75 once deductible (\$2750)

Tier 4 (preferred specialty)- coinsurance 40% once deductible (\$2750)

Tier 5 (non-preferred specialty)- coinsurance 50% once deductible (\$2750)

\*If not in network, not covered.

#### Aetna Silver \$5 Copay 2750 HMO

	No medications in Tiers 1, 2, and 3 for this plan	Tier 4		Tier 5
		Abacavir		Atripla
		abacavir-la	amivudine-zidovudine	Aptivus
		Didanosin	е	Crixivan
		Lamivudin	е	Combivir
		lamivudin	e-zidovudine	Complera
		Nevirapine	9	Edurant
		Stavudine		Emtriva
		Tivicay		Epivir
		Trizivir		Epzicom
		Zidovudin	е	Fuzeon
				Intelence
			•	Invirase
W	rite down the medications you a	re on		Isentress
	and what tier they are in!			Kaletra
	• (Example) Atripla/Tier 5			Lexiva
	•			nevirapine er
				Norvir
				Prezista
	•			Rescriptor
	•			Reyataz
	or information and specific costs,	-		Selzentry
	Il the insurance plan or 215-977-7	255 to		Stribild
sp	eak with an insurance navigator!			Sustiva
				Truvada
				Videx
				Viracept
				Viramune
				Viread
				Ziagen

\*Based on your income, you might qualify for **costsharing**. If you are interested, please ask for more information or call the insurance plan! Tier 1 (preferred generic)- copay \$15, no deductible

Tier 2 (preferred brand)- co-pay \$45 once deductible (\$2750) paid

Tier 3 (non-preferred brand)- copay \$75 once deductible (\$2750)

Tier 4 (preferred specialty)- coinsurance 40% once deductible (\$2750)

Tier 5 (non-preferred specialty)- coinsurance 50% once deductible (\$2750) \*If not in network, specialty meds not covered.

#### Aetna Silver \$5 Copay 2750 OAMC

No medications in Tiers 1, 2, and 3 for this plan	Tier 4	Tier 5
	Abacavir	Atripla
	abacavir-lamivudine-zidovudine	Aptivus
	Didanosine	Crixivan
	Lamivudine	Combivir
	lamivudine-zidovudine	Complera
	Nevirapine	Edurant
	Stavudine	Emtriva
	Tivicay	Epivir
	Trizivir	Epzicom
	Zidovudine	Fuzeon
		Intelence
		Invirase
Write down the medications you a	ire on	Isentress
and what tier they are in!		Kaletra
• (Example) Atripla/Tier 5		Lexiva
•		nevirapine er
		Norvir
		Prezista
•		Rescriptor
•		Reyataz
For information and specific costs,	<del>-</del>	Selzentry
call the insurance plan or 215-977-7	7255 to	Stribild
speak with an insurance navigator!		Sustiva
		Truvada
		Videx
		Viracept
		Viramune
		Viread
		Ziagen

\* Cost-sharing reductions available! If you are interested, please ask for more information or call the insurance plan!

Tier 1 (preferred generic)- copay \$4 (no HIV/AIDs drugs)

Tier 2 (generic)- co-pay \$15

Tier 3 (preferred brand)- coinsurance 40% not to exceed \$300 for each medication

Tier 4 (non-formulary/nonpreferred)- co-insurance 50% not to exceed \$300 for each medication

\*If not in network, 70% co-insurance

### **IBC Keystone HMO Silver**

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

Tier 1	Tier 2	Tier 3	Tier 4
	abacavir	Atripla	Aptivus
	abacavir-lamivudine- zidovudine	Complera	Combivir (generic lamivudine-zidovudine- Tier 2)
	didanosine	Crixivan	Epivir (generic lamivudine- Tier 2)
	lamivudine	Edurant	Intelence
	lamivudine- zidovudine	Emtriva	Rescriptor
	nevirapine/nevirapine er	Epzicom	Retrovir (generic <b>zidovudine</b> - Tier 2)
	stavudine	Fuzeon	Tivicay
	zidovudine	Invirase	Trizivir (generic <b>abacavir-lamivudine-zidovudine</b> - Tier 2)
		Isentress	Triumeq
		Kaletra	Videx Ec (generic <b>didanosine</b> - Tier 2)
		Lexiva	Videx Pediatric (generic didanosine- Tier 2)
		Norvir	Viramune (generic <b>nevirapine</b> -Tier 2)
		Prezista	Zerit (generic <b>stavudine</b> - Tier 2)
		Reyataz	Ziagen (generic <b>abacavir</b> - Tier 2)
		Selzentry	Vrite down the medications you are on
		Stribild	and what tier they are in!
		Sustiva	• (Example) Atripla/Tier 3
		Truvada	<u> </u>
		Viracept	•
		Viramune Xr 100mg (generic <b>nevirapine</b> - Tier 2)	•
		Viread	•
		T -	• • • • • • • • • • •

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

\* Cost-sharing reductions available! If you are interested, please ask for more information or call the insurance plan!

Tier 1 (preferred generic)- copay \$4 (no HIV/AIDs drugs)

Tier 2 (generic)- co-pay \$15

Tier 3 (preferred brand)- coinsurance 50% not to exceed \$400 for each medication

Tier 4 (non-formulary/nonpreferred)- co-insurance 50% not to exceed \$500 for each medication

\*If not in network, 70% co-insurance

### **IBC Keystone HMO Silver Proactive**

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

Tier 1	Tier 2	Tier 3	Tier 4
	abacavir	Atripla	Aptivus
	abacavir-lamivudine- zidovudine	Complera	Combivir (generic lamivudine-zidovudine- Tier 2)
	didanosine	Crixivan	Epivir (generic lamivudine- Tier 2)
	lamivudine	Edurant	Intelence
	lamivudine- zidovudine	Emtriva	Rescriptor
	nevirapine/nevirapine er	Epzicom	Retrovir (generic <b>zidovudine</b> - Tier 2)
	stavudine	Fuzeon	Tivicay
	zidovudine	Invirase	Trizivir (generic <b>abacavir-lamivudine-zidovudine</b> - Tier 2)
		Isentress	Triumeq
		Kaletra	Videx Ec (generic <b>didanosine</b> - Tier 2)
		Lexiva	Videx Pediatric (generic <b>didanosine</b> - Tier 2)
		Norvir	Viramune (generic <b>nevirapine</b> -Tier 2)
		Prezista	Zerit (generic <b>stavudine</b> - Tier 2)
		Reyataz	Ziagen (generic <b>abacavir</b> - Tier 2)
		Selzentry	Write down the medications you are on
		Stribild	and what tier they are in!
		Sustiva	• (Example) Atripla/Tier 3
		Truvada	LEAGINGIC TOO OF COOL TOO S
		Viracept	•
		Viramune Xr 100mg (generic <b>nevirapine</b> - Tier 2)	•
		Viread	•

For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!

\* Cost-sharing reductions available! If you are interested, please ask for more information or call the insurance plan!

Tier 1 (preferred generic)- copay \$4 (no HIV/AIDs drugs)

Tier 2 (generic)- co-pay \$15

Tier 3 (preferred brand)- coinsurance 30% not to exceed \$200 for each medication

Tier 4 (non-formulary/nonpreferred)- co-insurance 40% not to exceed \$200 for each medication

\*If not in network, 70% co-insurance

call the insurance plan or 215-977-7255

to speak with an insurance navigator!

#### IBC Personal Choice PPO Silver

Tier 1	Tier 2	Tier 3	Tier 4	
	abacavir	Atripla	Aptivus	
	abacavir-lamivudine- zidovudine	Complera	Combivir (generic lamivudine-zidovudine- Tier 2)	
	didanosine	Crixivan	Epivir (generic lamivudine- Tier 2)	
	lamivudine	Edurant	Intelence	
	lamivudine- zidovudine	Emtriva	Rescriptor	
	nevirapine/nevirapine er	Epzicom	Retrovir (generic <b>zidovudine</b> - Tier 2)	
	stavudine	Fuzeon	Tivicay	
	zidovudine	Invirase	Trizivir (generic abacavir-lamivudine-zidovudine- Tier 2)	
		Isentress	Triumeq	
		Kaletra	Videx Ec (generic <b>didanosine</b> - Tier 2)	
		Lexiva	Videx Pediatric (generic <b>didanosine</b> - Tier 2)	
		Norvir	Viramune (generic <b>nevirapine</b> -Tier 2)	
		Prezista	Zerit (generic <b>stavudine</b> - Tier 2)  Ziagen (generic <b>abacavir</b> - Tier 2)	
		Reyataz		
		Selzentry		
		Stribild	Write down the medications you are on and what tier they are in!	
		Sustiva		
		Truvada	• (Example) Atripla/Tier 3	
		Viracept	•	
		Viramune Xr 100mg (generic <b>nevirapine</b> - Tier 2)	•	
		Viread	•	
		F	for information and specific costs, please	

\*Based on your income, you might qualify for **costsharing**. If you are interested, please ask for more information or call the insurance plan!

Tier 1 (preferred generic)- copay \$4 (no HIV/AIDS drugs)

Tier 2 (generic)- co-pay \$15

### IBC Blue Cross Silver, a Multi-State Plan

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

Tier 3 (preferred brand)- coinsurance 30% not to exceed \$200

Tier 4 (non-formulary/nonpreferred)- co-insurance 40% not to exceed \$200

\*If not in network, 70% co-insurance

Tier 1	Tier 2	Tier 3		Tier 4
	abacavir	Atripla		Aptivus
	abacavir-lamivudine- zidovudine	Complera		Combivir (generic <b>lamivudine-zidovudine</b> - Tier 2)
	didanosine	Crixivan		Epivir (generic lamivudine- Tier 2)
	lamivudine	Edurant		Intelence
	lamivudine- zidovudine	Emtriva		Rescriptor
	nevirapine/nevirapine er	Epzicom		Retrovir (generic <b>zidovudine</b> - Tier 2)
	stavudine	Fuzeon		Tivicay
	zidovudine	Invirase		Trizivir (generic <b>abacavir-lamivudine-zidovudine</b> - Tier 2)
		Isentress		Triumeq
		Kaletra		Videx Ec (generic <b>didanosine</b> - Tier 2)
		Lexiva		Videx Pediatric (generic <b>didanosine</b> - Tier 2)
		Norvir		Viramune (generic <b>nevirapine</b> -Tier 2)
		Prezista		Zerit (generic <b>stavudine</b> - Tier 2)
		Reyataz		Ziagen (generic <b>abacavir</b> - Tier 2)
		Selzentry	W	rite down the medications you are on
		Stribild		and what tier they are in!
		Sustiva		• (Example) Atripla/Tier 3
		Truvada		•
		Viracept		
		Viramune Xr 100mg (generic <b>nevirapine</b> - Tier 2)		•
		Viread	_	
			Foi	r information and specific costs, please

call the insurance plan or 215-977-7255 to

speak with an insurance navigator!

### UnitedHealthcare Silver Compass 5000

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

Tier 1 - co-pay \$5, no deductible

Tier 2 - co-pay \$50, no deductible

Tier 3 - co-insurance 20% with \$150 co-pay min. and \$1000 deductible

Tier 4 - co-insurance 30% with \$300 co-pay min. and \$1000 deductible

\*If not in network, not covered.

Tier 1	Tier 2	Tier 3	Tier 4	
abacavir	Aptivus (cap)	Aptivus (sol)		
abacavir-lamivudine- zidovudine	Atripla	Triumeq	Combivir (generic lamivudine-zidovudine- Tier 1)	
didanosine	Complera		Epivir (generic lamivudine- Tier 1)	
lamivudine	Crixivan		Retrovir (generic <b>zidovudine</b> - Tier 1)	
lamivudine-zidovudine	Edurant		Stribild	
nevirapine/nevirapine er	Emtriva		Tivicay	
stavudine	Epzicom		Trizivir (generic <b>abacavir-lamivudine- zidovudine-</b> Tier 1)	
zidovudine	Fuzeon		Videx Ec (generic <b>didanosine</b> - Tier 1)	
	Intelence		Viramune (generic <b>nevirapine</b> -Tier 1)	
	Invirase		Zerit (generic <b>stavudine</b> - Tier 1)	
	Isentress		Ziagen (generic <b>abacavir</b> - Tier 1)	
	aletra		1	
	Lexiva		the medications you are on	
	Norvir	and what tier they are in!		
	Prezista	• (Example) $\mathcal{A}^{\intercal}$	trípla/Tíer 2	
	Rescriptor	•		
	Reyataz	•		
	Selzentry	•		
	Sustiva			
	Truvada			
	Videx Pediatric (generic didanosine- Tier 1)	call the insu	on and specific costs, please rance plan or 215-977-7255	
	Viracept	to speak with	an insurance navigator!	
	Viramune Xr 100mg (generic nevirapine-Tier 1)			
	Viread			

### 2015 Coverage UnitedHealthcare Silver Compass HSA 1600

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

Tier 1 - co-pay \$10, \$1600 deductible

Tier 2 - co-pay \$50, \$1600 deductible

Tier 3 - co-insurance 20% with \$150 co-pay min., \$1600 deductible

Tier 4 - co-insurance 30% with \$300 co-pay min., \$1600 deductible

\*If not in network, not covered.

Tier 1	Tier 2	Tier 3	Tier 4
abacavir	Aptivus (cap)	Aptivus (sol)	
abacavir-lamivudine- zidovudine	Atripla	Triumeq	Combivir (generic lamivudine- zidovudine- Tier 1)
didanosine	Complera		Epivir (generic lamivudine- Tier 1)
lamivudine	Crixivan		Retrovir (generic <b>zidovudine</b> - Tier 1)
lamivudine-zidovudine	Edurant		Stribild
nevirapine/nevirapine er	Emtriva		Tivicay
stavudine	Epzicom		Trizivir (generic abacavir-lamivudine-zidovudine- Tier 1)
zidovudine	Fuzeon		Videx Ec (generic <b>didanosine</b> - Tier 1)
	Intelence		Viramune (generic <b>nevirapine</b> -Tier 1)
	Invirase		Zerit (generic <b>stavudine</b> - Tier 1)
	Isentress		Ziagen (generic <b>abacavir</b> - Tier 1)
	aletra Lexiva Norvir Prezista Rescriptor Reyataz Selzentry Sustiva Truvada Videx Pediatric (generic didanosine- Tier 1) Viracept	e (Example) At	the medications you are on at tier they are in!  Exipla/Tier 2  Ion and specific costs, please rance plan or 215-977-7255 an insurance navigator!
	Viramune Xr 100mg (generic nevirapine-Tier 1)		
	Viread		

### Assurant Health Silver Plan 001

These are the HIV/AIDS medications that this plan covers. The generic names are in **bold**. The pyramid at the top shows the different cost tiers. This means that the medications are put into groups that have different costs to you. This list is only an example of what your medications might cost at a retail price, but the specific cost for you might be different.

Tier 1 (generic) – no charge after deductible of \$3500

Tier 2 (preferred brand) – no charge after deductible of \$3500

\*Same rates apply if not in network.

Tier 1	Tier 2	Injectable Medicine May be Covered Under the Medical Benefit
Abacavir	Atripla	Fuzeon
Didanosine	Aptivus	
Lamivudine	Crixivan	
lamivudine-zidovudine	Combivir	
Nevirapine	Complera	
Stavudine	Edurant	
Zidovudine	Emtriva	
	Epivir	
	Epzicom	
	Tivicay	
	Intelence	
	Invirase	
	Isentress	
	Kaletra	
	Lexiva	
	Norvir	
	Prezista	Write down the medications you are on
	Rescriptor	and what tier they are in!
	Retrovir	• (Example) Atripla/Tier 2
	Reyataz	•
	Selzentry	
	Stribild	
	Sustiva	•
	Triumeq	•
	Truvada	
	Videx	For information and specific costs, please
	Viracept	call the insurance plan or 215-977-7255
	Viramune	to speak with an insurance navigator!
	Viread	
	Zerit	
	Ziagen	

Tier 1 (generic) – co-pay \$15

Tier 2 (preferred brand) – copay \$35

#### Tier 3 (non-preferred brand) – co-pay \$60

\*Same rates apply if not in network.

### Assurant Health Silver Plan 002

Tier 1	Tier 2	Tier 3	Injectable Medicine May be Covered Under the Medical Benefit
abacavir	Aptivus	Atripla	Fuzeon
didanosine	Emtriva	Crixivan	
lamivudine	Kaletra	Combivir (generic lamivudine-zidovudine- Tier 1)	
lamivudine- zidovudine	Lexiva	Complera	
nevirapine	Norvir	Edurant	
stavudine	Prezista	Epivir (generic lamivudine- Tier 1)	
			Write down the
zidovudine	Reyataz	Epzicom	medications you are on and what tier they are in!  • (Example) Atripla/Tier 3  •  •  For information and specific costs, please call the insurance plan or 215-977-7255 to speak with an insurance navigator!
	Sustiva	Isentress	
	Truvada	Intelence	
	Videx (solution)	Invirase	
	Viread	Rescriptor	
		Retrovir (generic <b>zidovudine</b> - Tier 1)	
		Selzentry	
		Stribild	
		Tivicay	
		Triumeq	
		Videx Ec (generic didanosine- Tier 1)	
		Viracept	
		Viramune (generic <b>nevirapine</b> -Tier 1)	
		Zerit (generic <b>stavudine</b> - Tier 1)	
		Ziagen (generic <b>abacavir</b> - Tier 1)	