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California Department of Public Health, Office of AIDS, AIDS Drug Assistance Program (CDPH/OA/ADAP) Formulary by Class

Effective Date: February 07, 2024

Phone: 800-424-5906

<https://cdph.magellanrx.com/>

Fax: 800-424-5927

CDPH/OA/ADAP mandates the use of generic products whenever possible in accordance with applicable law or regulations. Exceptions are noted by drug.

Generic Name		Brand Name	Restrictions
ANALGESICS			
	capsaicin	Qutenza	Topical patch only
	codeine sulfate		Oral form only
	codeine/APAP		Oral form only
	fenoprofen		Oral form only
^	fentanyl	Duragesic	Restricted to hospice patients only with intolerance to oral analgesics; must indicate circumstance on PA
	hydrocodone/APAP	Vicodin	Oral form only
	hydrocodone/ibuprofen	Vicoprofen	Oral generic form only; brand no longer available
	ibuprofen	Motrin	Oral form only; prescription strength only.
	indomethacin	Indocin	Oral form only
	ketoprofen	Orudis	Oral generic form only; brand no longer available
	ketorolac tromethamine	Toradol	Injectable form only; limited to a max of 120 mg/day and 5 days' therapy; generic only; brand no longer available
	levorphanol		Injectable, oral forms only
^	methadone		Not payable for detoxification treatment; must indicate diagnosis on PA; oral generic form only
	morphine sulfate (immediate release)		Oral form only
	morphine sulfate (sustained release)		Oral form only
	naproxen	Naprosyn	Oral form only
	oxycodone		Immediate release oral form only
	oxycodone/APAP	Percocet	Oral form only
	oxycodone/ASA	Percodan	Oral form only
	sulindac	Clinoril	Oral generic form only; brand no longer available
	tramadol	Ultram, Ultram ER, Ryzolt	Excludes oral solution and extended-release capsules; generic only; brand no longer available
ANTI-ANXIETY			
	alprazolam	Xanax	Oral form only
	buspirone	BuSpar	Oral generic form only; brand no longer available
	clonazepam	Klonopin	Excludes oral disintegrating tablet
	hydroxyzine pamoate	Vistaril	Oral form only
	lorazepam	Ativan	Oral form only

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ANTICHOLESTEROL		
atorvastatin	Lipitor	
fenofibrate	Tricor	48 mg, 54 mg, 145 mg, and 160 mg tablets only
gemfibrozil	Lopid	
pitavastatin	Zypitamag	
pravastatin	Pravachol	
rosuvastatin	Crestor	5 mg, 10 mg, 20 mg, and 40 mg tablets only
simvastatin	Zocor	
ANTICONVULSANTS		
divalproex	Depakote	
gabapentin	Neurontin	Oral form only
lamotrigine	Lamictal	
phenytoin	Dilantin	100 mg Extended-Release Capsules only; generic form only
pregabalin	Lyrica	Excludes oral solution and extended-release tablets
topiramate	Topamax, Qudexy XR	Excludes sprinkle capsule
ANTIDEPRESSANTS		
amitriptyline		Oral form only
bupropion	Wellbutrin, Wellbutrin XL, Wellbutrin SR	
citalopram	Celexa	
desipramine	Norpramin	Oral form only
desvenlafaxine	Pristiq	
^ dextroamphetamine	Dexedrine, Dextrostat	Restricted to treatment of severe debilitating depression; only 5 mg and 10 mg tablet form covered; must indicate diagnosis on PA; generic only; brand no longer available
duloxetine	Cymbalta	
escitalopram	Lexapro	
fluoxetine	Prozac	Prozac weekly not covered
^ methylphenidate	Ritalin	Restricted to treatment of severe debilitating depression; 5 mg, 10 mg, 20 mg tablets, and 20 mg ER tablets only; must indicate diagnosis on PA
mirtazapine	Remeron	SolTab not covered; 15 mg, 30 mg, 45 mg tablets only
nefazodone	Serzone	Generic only; brand no longer available
nortriptyline	Pamelor	Oral form only
paroxetine	Paxil	
sertraline	Zoloft	
trazodone	Desyrel	Oral form only
venlafaxine	Effexor, Effexor XR	
ANTIDIARRHEALS		
^ crofelemer	Mytesi	Clinical PA Required
diphenoxylate/atropine	Lomotil	

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	loperamide	Imodium	Generic form only
	Opium tincture		
ANTIEMETICS			
	metoclopramide	Reglan	
	ondansetron	Zofran	Generic only; brand no longer available
	prochlorperazine	Compazine	
	promethazine	Phenergan	
ANTIFUNGALS			
	amphotericin B	Fungizone	Generic only; brand no longer available
	caspofungin	Cancidas	
	clotrimazole	Lotrimin	Oral, topical cream, and vaginal forms only
	fluconazole	Diflucan	
	flucytosine	Ancobon	
	itraconazole	Sporanox	
	ketoconazole	Nizoral	Oral and topical creams only
	nystatin	Mycostatin	Oral, topical ointments and creams, and vaginal forms only; generic only; brand no longer available
^	voriconazole	Vfend	50 mg and 200 mg tablets and 200 mg IV forms only; Clinical PA Required
ANTHELMINTICS			
	albendazole	Albenza	Generic only; brand no longer available
ANTIHYPERTENSIVES			
	amlodipine	Norvasc, Katerzia, Norliqva	
	atenolol	Tenormin	
	benazepril		
	carvedilol	Coreg, Coreg CR	
	chlorthalidone		
	clonidine	Catapres	Generic only; brand no longer available
	diltiazem		Immediate release, 12-hour, and 24-hour oral forms available
	enalapril	Vasotec, Epaned	
	furosemide		
	hydrochlorothiazide (HCTZ)		
	lisinopril		
	lisinopril-HCTZ		
	losartan		
	losartan-HCTZ		
	metoprolol succinate	Kapspargo Sprinkle, Toprol XL	
	metoprolol tartrate	Lopressor	
	nifedipine	Procardia XL	
	olmesartan	Benicar	

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ANTIMICROBIALS		
amikacin sulfate	Amikin	Generic only; brand no longer available
amoxicillin	Amoxil	Oral form only
amoxicillin/clavulanic acid	Augmentin, Augmentin XR, Augmentin ES	Excludes chewable tablet and 125 mg–31.25 mg/5 mL and 200 mg–28.5 mg/5 mL oral suspensions
atovaquone	Mepron	
azithromycin	Zithromax	
cefdinir		
cefixime	Suprax	Generic only; brand no longer available
cefpodoxime		
ceftriaxone		
cefuroxime	Ceftin	Generic only; brand no longer available
cephalexin		Oral generic forms only
ciprofloxacin	Cipro	
clarithromycin	Biaxin	Generic only; brand no longer available
clindamycin	Cleocin	Oral and injectable forms only
dapsone		Oral form only
dicloxacillin		Oral form only
doxycycline	Vibramycin	Oral generic 50 mg and 100 mg only; including for use as doxy-PEP to prevent STIs, additional information may be found here: CDPH Doxy-PEP Recommendations for Prevention of STIs (ca.gov)
erythromycin base		Oral form only
erythromycin ethylsuccinate		Oral form only
erythromycin stearate		Oral form only
^ gemifloxacin	Factive	Clinical PA Required
gentamicin		IM only; generic only; brand no longer available
^ imipenem/cilastatin	Primaxin	500 mg IM/IV vials only; Clinical PA Required
levofloxacin	Levaquin	250 mg, 500 mg, and 750 mg tablets only; generic only; brand no longer available
^ linezolid	Zyvox	Clinical PA Required
metronidazole	Flagyl	Oral form only
minocycline HCL	Minocin	Oral form only
^ moxifloxacin	Avelox	Clinical PA Required
neomycin sulfate		Oral generic form only
paromomycin		
penicillin G benzathine	Bicillin LA	Only the 1.2 MU per syringe (2 mL) and 2.4 MU per syringe (4 mL) covered
Penicillin V potassium		Oral form only
pentamidine	NebuPent, Pentam	Inhaled or injectable forms only
primaquine		
pyrimethamine	Daraprim	
rifaximin	Xifaxan	
sulfadiazine		Oral form only

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Generic Name		Brand Name	Restrictions
	sulfamethoxazole/TMP	Bactrim, Septra	Oral or injectable forms only
	tetracycline		Oral form only
	tinidazole		
	trimethoprim		Oral form only
	vancomycin	Vancocin	Oral capsule form only; IV not covered
ANTINEOPLASTICS			
<i>Must Provide a copy of the original prescription with first fill request (Hydroxyurea is exempt from this requirement)</i>			
	bleomycin	Blenoxane	Injectable only; generic only; brand no longer available
	cyclophosphamide	Cytosan	Oral and injectable forms only; generic only; brand no longer available
	daunorubicin		
	doxorubicin	Adriamycin	Generic form only
	hydroxyurea	Hydrea	
	leucovorin		
	methotrexate	Rheumatrex, Trexall	
^	paclitaxel	Taxol	Restricted for use in Kaposi's Sarcoma; must indicate diagnosis on PA; generic only; brand no longer available
	vinblastine		
	vincristine		
ANTIPSYCHOTICS			
	aripiprazole	Abilify, Abilify Maintena, Aristada	Oral and long-acting injectable forms included; Abilify Asimtufii, Discmelt, and MyCite not covered
	haloperidol decanoate	Haldol	Oral and injectable forms included
	olanzapine	Zyprexa, Zyprexa Relprevv, Zyprexa Zydis	Oral and injectable forms included
	paliperidone	Invega, Invega Sustenna	Oral and injectable forms included
	quetiapine	Seroquel, Seroquel-XR	Excludes Seroquel-XR Sample Kit
	risperidone	Risperdal, Risperdal Consta	Oral tablet and long-acting injectable forms included; ODT not covered
	ziprasidone	Geodon	Oral form only
ANTIRETROVIRALS			
INTEGRASE STRAND INHIBITOR (INSTI)-BASED THERAPY			
	bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy	50 mg/200 mg/25 mg tablets only
	cabotegravir/rilpivirine	Cabenuva	Medical costs related to the injection of cabotegravir/rilpivirine (Cabenuva) can be covered by ADAP in certain situations. See ADAP Management Memo 2022-03 for details
	dolutegravir	Tivicay	Tablet only
	dolutegravir/lamivudine	Dovato	
	dolutegravir/lamivudine/abacavir	Triumeq	Tablet only

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	dolutegravir/rilpivirine	Juluca	
	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Genvoya	
	elvitegravir/cobicistat/emtricitabine/tenofovir	Stribild	
	raltegravir	Isentress, Isentress HD	
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS			
	abacavir	Ziagen	Generic available
	abacavir/lamivudine	Epzicom	Generic available
	abacavir/lamivudine/zidovudine	Trizivir	
	didanosine	Videx, Videx EC	<i>Generic available; brand no longer available</i>
	emtricitabine	Emtriva	Generic available
	emtricitabine/tenofovir alafenamide	Descovy	Generic available
	emtricitabine/tenofovir disoproxil fumarate	Truvada	Generic available
	lamivudine	Epivir	Epivir HB not covered
^	tenofovir alafenamide	Vemlidy	Clinical PA Required
	tenofovir disoproxil fumarate	Viread	Generic available
	zidovudine	Retrovir	Generic available
	zidovudine/lamivudine	Combivir	Generic available
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS			
^	doravirine	Pifeltro	Clinical PA Required
	efavirenz	Sustiva	<i>Generic available; brand no longer available</i>
	etravirine	Intelence	Generic available
	nevirapine	Viramune	<i>Generic available; brand no longer available</i>
	rilpivirine	Edurant	
OTHER COMBINATION ANTIRETROVIRAL TREATMENTS			
	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Symtuza	
^	doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	Clinical PA Required
	efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi, Symfi Lo	Generic available
	emtricitabine/efavirenz/tenofovir	Atripla	Generic available
	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
	emtricitabine/rilpivirine/tenofovir	Complera	
	lamivudine/tenofovir disoproxil fumarate	Cimduo	
PROTEASE INHIBITORS			
	atazanavir	Reyataz	
	atazanavir/cobicistat	Evotaz	
	darunavir	Prezista	Generic available
	darunavir/cobicistat	Prezcobix	
	fosamprenavir	Lexiva	Generic available
	lopinavir/ritonavir	Kaletra	Generic available
	nelfinavir	Viracept	

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Generic Name		Brand Name	Restrictions
	ritonavir	Norvir	Generic available
	tipranavir	Aptivus	
BOOSTING AGENTS			
	cobicistat	Tybost	
CAPSID INHIBITORS			
^	lenacapavir	Sunlenca	Clinical PA required
CCR5 CO-RECEPTOR ANTAGONISTS			
	maraviroc	Selzentry	Generic available
FUSION INHIBITORS			
^	enfuvirtide	Fuzeon	Clinical PA Required
GP120 ATTACHMENT INHIBITORS			
^	fostemsavir	Rukobia	Clinical PA required
CD4 POST-ATTACHMENT INHIBITORS			
^	ibalizumab	Trogarzo	Clinical PA required
ANTITUBERCULOSIS			
	amikacin sulfate	Amikin	Generic only; brand no longer available
^	cycloserine	Seromycin	Clinical PA Required; generic only; brand no longer available
	ethambutol	Myambutol	
^	ethionamide	Trecator	Clinical PA Required
^	imipenem/cilastatin	Primaxin	500 mg IM/IV vials only; Clinical PA Required
	isoniazid		
^	linezolid	Zyvox	Clinical PA Required
^	para-aminosalicylate	Paser	Clinical PA Required
	pyrazinamide		
	rifabutin	Mycobutin	
	rifampin	Rifadin	Oral and injectable forms included
	rifapentine	Priftin	
ANTIVIRALS			
HEPATITIS			
	glecaprevir/pibrentasvir	Mavyret	
^	grazoprevir/elbasvir	Zepatier	Clinical PA required
	interferon alfa-N3	Alferon-N	
^	ledipasvir/sofosbuvir	Harvoni	Clinical PA on brand only
^	pegylated interferon	Pegasys	Clinical PA required
^	sofosbuvir	Sovaldi	Clinical PA required
^	sofosbuvir/velpatasvir	Epclusa	Clinical PA on brand only
^	sofosbuvir/velpatasvir/voxilaprevir	Vosevi	Clinical PA required
OTHER ANTIVIRALS			
	acyclovir	Zovirax	
	cidofovir	Vistide	Generic only; brand no longer available

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	famciclovir	Famvir	Generic only; brand no longer available
	foscarnet	Foscavir	
	ganciclovir	Cytovene	Injectable form only; generic only; brand no longer available
	oseltamivir	Tamiflu	
	valacyclovir	Valtrex	
^	valganciclovir	Valcyte	Clinical PA Required
BISPHOSPHONATES			
	alendronate	Binosto, Fosamax, Fosamax Plus D	Tablets, effervescent tabs, oral solution
DIABETES TREATMENT			
	dulaglutide	Trulicity	
	empagliflozin	Jardiance	
	glimepiride	Amaryl	Generic only; brand no longer available
	glipizide	Glucotrol, Glucotrol XL	
	glipizide/metformin	Metaglip	Generic only; brand no longer available
	glyburide	DiaBeta, Glynase	Generic only; brand no longer available
	glyburide/metformin	Glucovance	Generic only; brand no longer available
	insulin aspart	Fiasp, Novolog	Cartridge, pen, and vials
	insulin detemir	Levemir	Pen and vial
	insulin glargine	Basaglar, Lantus, Rezvoglar, Semglee, Toujeo	Pen and vial
	insulin lispro	Admelog, Humalog, Lyumjev	Cartridge, pen, and vials
	insulin regular	Humulin-R, Novolin-R	Pen and vial
	liraglutide	Victoza	
	metformin	Glucophage, Glucophage XR	Generic only; brand no longer available
	pioglitazone	Actos	15 mg, 30 mg, and 45 mg tablets only
	sitagliptin	Januvia	
DIABETES PRODUCTS			
	control solution for glucometer		Allow 1 per 365 days; See 'Covered Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices' in Medi-Cal's Covered Product List
	glucometers		Allow 1 every 5 years; See 'Covered Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices' in Medi-Cal's Covered Product List
	glucose test strips		Allow 600/100 day for insulin users, 100/100 days for non-insulin users; See 'Contracted Diabetic Test Strips and Lancets' in Medi-Cal's Covered Product List
^	insulin delivery devices	Omnipod 5, Omnipod DASH, V-Go	Clinical PA Required; Allow 10 every 30 days (Omnipod), 30 every 30 days (V-Go); Omnipod, V-Go (See 'Covered Disposable Insulin Delivery Devices' in Medi-Cal's Covered Product List)

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Generic Name		Brand Name	Restrictions
	insulin syringes		Allow 100 per 30-days; U-500 restricted for use with Insulin Regular only
	ketone test strips		Allow 150 every 90 days; See 'Contracted Diabetic Test Strips and Lancets' in Medi-Cal's Covered Product List
	lancets		See 'Contracted Diabetic Test Strips and Lancets' in Medi-Cal's Covered Product List
	lancing devices		Allow 1 per 365 days; See 'Covered Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices' in Medi-Cal's Covered Product List
	pen needles		Allow 100 per 30-days; See 'Covered Pen Needles' in Medi-Cal's Covered Product List
DIGESTIVE ENZYMES			
	pancrelipase		
GI STIMULANT/GERD			
	metoclopramide	Reglan	
GROWTH HORMONE MODIFIER			
^	tesamorelin	Egrifta SV	Clinical PA required
H2 ANTAGONISTS			
	famotidine	Pepcid	Prescription strength only
HEMATOLOGICAL AGENTS			
<i>Must Provide a copy of the original prescription with first fill request</i>			
	epoetin alpha	Procrit	Epogen is not covered
	filgrastim	Neupogen	
HORMONES AND HORMONE MODIFIERS			
	estradiol	Delestrogen, Dotti, Estrace, Lyllana, Minivelle, Vivelle Dot	
^	leuprolide	Eligard, Lupron Depot	Clinical PA required
	spironolactone	Aldactone, Carospir	
^	testosterone	Androderm, AndroGel, Testim, Testoderm TTS, Vogelxo	Injectable weekly maximum of 200 mg weekly; topical and transdermal forms are limited to 700 mg/week with some limitations and exceptions. Excludes Aveed.
ORAL CONTRACEPTIVES			
	ethinyl estradiol combinations		For oral contraception. Ethinyl estradiol (EE) combinations include EE/desogestrel, EE/drospirenone, EE/ethynodiol diacetate, EE/levonorgestrel, EE/norethindrone, EE/norgestimate, EE/norgestrel. Does not include formulations combined with iron.
	norethindrone		For oral contraception
PROTON PUMP INHIBITORS			
	lansoprazole	Prevacid	
	omeprazole	Prilosec	

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RESPIRATORY		
albuterol HFA	Ventolin HFA	
beclomethasone dipropionate	Beconase AQ	
beclomethasone dipropionate HFA	QVAR Redihaler	
budesonide HFA	Pulmicort Flexhaler	
budesonide/formoterol fumarate	Breyna, Symbicort	
fluticasone furoate/umeclidinium/vilanterol	Trelegy Ellipta	
fluticasone furoate/vilanterol	BREO Ellipta	
fluticasone propionate HFA	Flovent HFA	
fluticasone propionate/salmeterol diskus	Advair, AirDuo	
ipratropium bromide solution	Atrovent	
montelukast	Singulair	10 mg tablets only
tiotropium bromide	Spiriva Respimat	
umeclidinium	Incruse Ellipta	
SKELETAL MUSCLE RELAXANTS		
baclofen	Lioresal	Oral tablet only; generic only; brand no longer available
STEROIDS		
dexamethasone	Decadron	Oral and injectable forms only
prednisone		Oral and generic forms only
SUBSTANCE USE DISORDER AGENTS		
acamprosate	Campral	Generic only; brand no longer available
buprenorphine	Subutex	Sublingual form only; generic only; brand no longer available
buprenorphine extended release	Sublocade	Extended-release solution for injection
buprenorphine/naloxone	Suboxone, Zubsolv	Sublingual tablets and sublingual films included
disulfiram	Antabuse	Generic only; brand no longer available
naloxone	Kloxxado, Narcan, Zimhi	Injectable and nasal sprays included
naltrexone	ReVia, Vivitrol	Oral and extended-release injectable included
nicotine		Transdermal patch, gum, and mini lozenge only
varenicline	Chantix	Oral form only
TOPICAL AGENTS		
alitretinoin gel	Panretin	
imiquimod	Aldara, Zyclara	Brand Aldara no longer available; generics and brand Zyclara remain available
podofilox	Condylox	
URICOSURIC AGENTS		
probenecid	Benemid	Generic only; brand no longer available
UROLOGICAL AGENTS		
doxazosin	Cardura	
dutasteride	Avodart	
finasteride	Propecia, Proscar	
tamsulosin	Flomax	

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	terazosin	Hytrin	Generic only; brand no longer available
VACCINES			
	COVID-19 vaccine (2023-2024 formula)	Comirnaty (Pfizer), Novavax, Spikevax (Moderna)	
	hepatitis A vaccine	Havrix, Vaqta	
	hepatitis B vaccine	Engerix-B, Heplisav-B, PreHevbrio, Recombivax-HB,	
	hepatitis A/hepatitis B vaccine	Twinrix	
^	Human Papillomavirus (HPV) 9-valent recombinant vaccine	Gardasil 9	This vaccine will be available to clients up to 45 years of age. Clients who turn 46 years of age after the vaccine series has begun will continue to be covered to ensure completion of the treatment series.
	influenza virus vaccine	Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, Fluzone, Fluzone-High Dose	
	measles, mumps, rubella vaccine	M-M-R II	
	meningococcal vaccine	Bexsero, MenQuadfi, Menveo, Penbraya, Trumenba	
	pneumococcal polysaccharide vaccine	Pneumovax	
	pneumococcal conjugate vaccine	Prevnar20 (PCV20), Vaxneuvance (PCV15)	
	respiratory syncytial virus vaccine	Arexvy, Abrysvo	
	tetanus, diphtheria, and pertussis vaccine	Adacel TDAP, Boostrix TDAP	
	varicella-zoster vaccine	Shingrix	
VITAMINS			
	vitamin D3		Tablets and capsules included
WASTING AND HYPOGONADISM			
	dronabinol	Marinol	
	megestrol	Megace, Megace ES	Generic only; brand no longer available
^	oxandrolone	Anavar, Oxandrin	Clinical PA required
^	somatropin	Serostim	Clinical PA required

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CDPH/OA/ADAP Program Dispensing Polices

- Drugs marked with “^” require a prior authorization for specific diagnosis or circumstance. Magellan Rx Management will request additional information (client and drug specific) before considering the authorization. Please call 800-424-5906 or check website for diagnosis or specific PA form at <https://cdph.magellanrx.com>.
- All drugs are to be dispensed with a maximum 90-day supply for uninsured clients. Insured clients may receive a dispense of up to a 90-day supply.
- Refills may be obtained after 80 percent of the previously dispensed days’ supply has been used; however, there is an annual maximum of 13 fills per prescription.
- DEA class II and III drugs when quantity exceeds 120 and 240 respectively, require an override from the Pharmacy Call Center by calling 800-424-5906.
- CDPH/OA/ADAP mandates the use of generic products whenever possible in accordance with applicable law or regulations.
- Dispensing a brand name product when a generic is available requires a DAW 1 code and calling the Pharmacy Call Center at 800-424-5906. Exceptions are noted by drug.
- Hematological and Antineoplastic agents – must provide a copy of the original RX for first fill.
- All Antiretroviral combinations are screened against the most recent DHHS guidelines for the use antiretroviral therapy in adolescents and adults <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf> for high dosage and non-recommended combinations. Regimens not conforming to these guidelines may be rejected at adjudication.
- Medications from manufacturers who are noted to be re-packagers are excluded from reimbursement through CDPH/OA/ADAP.
- The following drug manufacturers or manufacturer label code(s) are excluded from reimbursement through the CDPH/OA/ADAP Program:

Labeler Code	Labeler Name	Labeler Code	Labeler Name
00089	3M Professional Health	53041	Guardian Drug
21200	3M Professional Health	00839	H L Moore
51119	3M Professional Health	50580	J&J Consumer Inc
55326	3M Professional Health	00179	Kaiser Foundation Health
42549	4Uortho LLC	68258	Keltman Pharmaceuticals
53265	Able LABS, INC	68387	Keltman Pharmaceuticals
48964	Acura Pharmaceuticals (aka Halsey)	00440	Liberty Pharmaceutical
72888	Advagen Pharma	71777	LOXO ONCOLOGY, INC.
43353	Aphena Pharma Solutions	10135	Marlex Pharmaceutical Inc
67544	Aphena Pharma Solutions	69235	MHC Pharma LLC
71610	Aphena Pharma Solutions	55370	MOVA Pharmaceuticals
24689	APNAR PHARMA LP	53150	Mylan Institution
54569	A-S Medication Solutions	72000	NABRIVA THERAPEUTICS US, INC.
35561	AustarPharmaLLC	51267	NALPROPION PHARMACEUTICALS
42291	AvKare, Inc	62860	Neurex
71518	BAUDAX BIO, INC.	58517	New Horizon Rx Group
49848	Biogen Pharmaceuticals	66267	Nucare Pharmacy
63629	Bryant Ranch Prepack	68071	Nucare Pharmacy
71335	Bryant Ranch Prepack	23490	Palmetto State
70882	Cambridge Therapeutics Technologies LLC	38396	Perrigo Diabetes
08189	Can-Am Surgical	65224	PERSION PHARMACEUTICALS, LLC.
57565	Can-Am Surgical	00813	PHARMICS INC.
64543	CAPELLON PHARMACEUTICALS, LTD.	55289	Phys Disp Rx
76310	Clinigen Group	54868	Physicians Total Care
59212	Concordia Pharm	72789	Pre-Package Specialists/PD-RX Pharmaceuticals
60258	CURRAX PHARMACEUTICALS LLC	247	Prescript Pharmaceuticals

**California Department of Public Health, Office of AIDS,
AIDS Drug Assistance Program (CDPH/OA/ADAP)
Formulary by Class**

Effective Date: February 07, 2024

Labeler Code	Labeler Name	Labeler Code	Labeler Name
42847	CURRAX PHARMACEUTICALS, LLC.	62451	Prescription Solution
44183	CURRAX PHARMACEUTICALS, LLC.	63187	Proficient Rx L
70934	Denton Pharma	71205	Proficient Rx L
55887	DHS Inc	55700	Quality Care/Lake Eerie Medical and Surgical Supply
61919	Direct Rx	60346	Quality Care/Lake Eerie Medical and Surgical Supply
72189	Direct Rx	62682	Quality Care/Lake Eerie Medical and Surgical Supply
12280	Dispense Express, Inc. Dispensing Solutions Inc GSMS, Inc	77771	Radha Pharmaceut
55045	Dispense Express, Inc. Dispensing Solutions Inc GSMS, Inc	33358	RxChange Co
60429	Dispense Express, Inc. Dispensing Solutions Inc GSMS, Inc	490	Southwood Pharmaceuticals
66336	Dispense Express, Inc. Dispensing Solutions Inc GSMS, Inc	58016	Southwood Pharmaceuticals
68115	Dispense Express, Inc. Dispensing Solutions Inc GSMS, Inc	16590	Stat Rx USA
63807	Excelsior Med	363	Walgreens Co
71921	Florida Pharmaceuticals	11917	Walgreens Co
71428	GLASSHOUSE PHARMACEUTICALS LLC	49022	Walgreens Co
13453	Graceway Pharmaceuticals, LLC	72865	XLCare Pharmaceuticals
15456	Graceway Pharmaceuticals, LLC		

Note: there may be some **specific dose forms** of products on this formulary that may **not be covered or require prior authorization**. You can verify drug coverage by dialing the toll-free Magellan Rx Management phone number listed below and select option 8 to speak with a live Pharmacy Call Center Representative. You will need your pharmacy National Provider Identifier (NPI) number and the drug's 11-digit national drug code (NDC). (Magellan Rx Management at 800-424-5906).