



For information on updates to the ADAP Formulary, go to <https://cdph.magellanrx.com/provider/bulletins>



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

Effective Date: May 3, 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
abacavir	Ziagen	Generic available; brand only available as oral solution
abacavir/lamivudine	Epzicom	Generic available; brand no longer available
acamprosate	Campral	Generic only; brand no longer available
acyclovir	Zovirax	
albendazole	Albenza	Generic only; brand no longer available
albuterol HFA	Ventolin HFA	
alendronate	Binosto, Fosamax, Fosamax Plus D	Tablets, effervescent tabs, oral solution
alitretinoin gel	Panretin	Gel form only
alprazolam	Xanax	Oral form only
amikacin sulfate	Amikin	Generic only; brand no longer available
amitriptyline		Oral form only
amlodipine	Norvasc, Katerzia, Norliqva	
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
amphotericin B	Fungizone	Brand no longer available
apixaban	Eliquis	
aripiprazole	Abilify, Abilify Maintena, Aristada	Oral and long-acting injectable forms included: Abilify Asimtufii, Discmelt, and MyCite not covered
atazanavir	Reyataz	
atazanavir/cobicistat	Evotaz	
atenolol	Tenormin	
atorvastatin	Lipitor	
atovaquone	Mepron	
azithromycin	Zithromax	
baclofen	Lioresal	Oral tablet only; generic only; brand no longer available
beclomethasone dipropionate	Beconase AQ	
beclomethasone dipropionate HFA	QVAR Redihaler	
benazepril		
benzathine benzylpenicillin	Extencilline	
bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy	50 mg/200 mg/25 mg tablets only

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

Effective Date: May 3, 2024

	Generic Name	Brand Name	Restrictions
	bleomycin	Blenoxane	Injectable only; generic only; brand no longer available
	budesonide HFA	Pulmicort Flexhaler	
	budesonide/formoterol fumarate	Breyna, Symbicort	
	buprenorphine	Subutex	Sublingual form only; generic only; brand no longer available
	buprenorphine extended release	Sublocade	Extended-release solution for injection
	buprenorphine/naloxone	Bunavail, Suboxone, Zubsolv	Sublingual tablets and sublingual films included
	bupropion	Wellbutrin, Wellbutrin XL, Wellbutrin SR	
	buspirone	BuSpar	Oral generic form only; brand no longer available
	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
	capsaicin	Qutenza	Topical patch only
	carvedilol	Coreg, Coreg CR	
	caspofungin	Cancidas	
	cefdinir		
	cefixime	Suprax	Generic only; brand no longer available
	cefpodoxime		
	ceftriaxone		
	cefuroxime	Ceftin	Generic only; brand no longer available
	cephalexin		Oral generic forms only
	chlorthalidone		
	cidofovir	Vistide	Generic only; brand no longer available
	ciprofloxacin	Cipro	
	citalopram	Celexa	
	clarithromycin	Biaxin	Generic only. brand no longer available
	clindamycin	Cleocin	Oral and injectable forms only
	clonazepam	Klonopin	Excludes oral disintegrating tablet
	clonidine	Catapres	Generic only; brand no longer available
	clotrimazole	Lotrimin	Oral, topical cream, and vaginal forms only
	cobicistat	Tybost	
	codeine sulfate		Oral form only
	codeine/APAP		Oral form only
	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
	COVID-19 vaccine (2023-2024 formula)	Comirnaty (Pfizer), Novavax, Spikevax (Moderna)	
^	crofelemer	Mytesi	Clinical PA Required
	cyclophosphamide	Cytoxan	Oral and injectable forms only; generic only; brand no longer available

^ = Drug requires a prior authorization for specific diagnosis or circumstance. Please call 800-424-5906 or check website for diagnosis or specific PA form at <https://cdph.magellanrx.com>

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

Effective Date: May 3, 2024

	Generic Name	Brand Name	Restrictions
^	cycloserine	Seromycin	Clinical PA Required; generic only; brand no longer available
	dabigatran	Pradaxa	Excludes pediatric pellet packs
	dapsone		Oral form only
	darunavir	Prezista	<i>Generic available</i>
	darunavir/cobicistat	Prezcobix	
	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Symtuza	
	daunorubicin		
	desipramine	Norpramin	Oral form only
	desvenlafaxine	Pristiq	
	dexamethasone	Decadron	Oral and injectable forms only
^	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
	dicloxacillin		Oral form only
	didanosine	Videx EC	<i>Generic available</i> ; brand no longer available
	diltiazem		Immediate release, 12-hour, and 24-hour oral forms available
	diphenoxylate/atropine	Lomotil	
	disulfiram	Antabuse	Generic only; brand no longer available
	divalproex	Depakote	
	dolutegravir	Tivicay	50 mg tablet only
	dolutegravir/lamivudine	Dovato	
	dolutegravir/lamivudine/abacavir	Triumeq	Tablet only
	dolutegravir/rilpivirine	Juluca	
^	doravirine	Pifeltro	Clinical PA Required
^	doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	Clinical PA Required
	doxazosin	Cardura	
	doxorubicin	Adriamycin	Generic 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)
	dronabinol	Marinol	
	dulaglutide	Trulicity	
	duloxetine	Cymbalta	
	dutasteride	Avodart	
	efavirenz	Sustiva	<i>Generic available</i> ; brand no longer available
	efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi, Symfi Lo	<i>Generic available</i>
	elvitegravir/cobicistat/emtricitabine/tenofovir	Stribild	
	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Genvoya	
	empagliflozin	Jardiance	
	emtricitabine	Emtriva	<i>Generic available</i>

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

Effective Date: May 3, 2024

	Generic Name	Brand Name	Restrictions
	emtricitabine/efavirenz/tenofovir	Atripla	<i>Generic available</i>
	emtricitabine/rilpivirine/tenofovir	Complera	
	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
	emtricitabine/tenofovir alafenamide	Descovy	<i>Generic available</i>
	emtricitabine/tenofovir disoproxil fumarate	Truvada	<i>Generic available</i>
^	enfuvirtide	Fuzeon	Clinical PA Required
	enalapril	Vasotec, Epaned	
	epoetin alpha	Procrit	Epogen is not covered
	erythromycin base		Oral form only
	erythromycin ethylsuccinate		Oral form only
	erythromycin stearate		Oral form only
	escitalopram	Lexapro	
	estradiol	Delestrogen, Dotti, Estrace, Lyllana, Minivelle, Vivelle Dot	
	ethambutol	Myambutol	
	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.
^	ethionamide	Trecator	Clinical PA Required
	etravirine	Intelence	<i>Generic available</i>
	famciclovir	Famvir	Generic only; brand no longer available
	famotidine	Pepcid	Prescription strength only
	fenofibrate	Tricor	48 mg, 54 mg, 145 mg, and 160 mg tablets only
	fenoprofen		Oral form only
^	fentanyl	Duragesic	Restricted to hospice patients only with intolerance to oral analgesics; must indicate circumstance on PA
	filgrastim	Neupogen	
	finasteride	Propecia, Proscar	
	fluconazole	Diflucan	
	flucytosine	Ancobon	
	fluoxetine	Prozac	Prozac weekly not covered
	fluticasone furoate/umeclidinium/vilanterol	Trelegy Ellipta	
	fluticasone furoate/vilanterol	BREO Ellipta	
	fluticasone propionate HFA	Flovent HFA	
	fluticasone propionate/salmeterol diskus	Advair, AirDuo	
	fosamprenavir	Lexiva	<i>Generic available; brand no longer available</i>
	foscarnet	Foscavir	
^	fostemsavir	Rukobia	Clinical PA required
	furosemide		
	gabapentin	Neurontin	Oral form only
	ganciclovir	Cytovene	Injectable form only; generic only; brand no longer available

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

Effective Date: May 3, 2024

	Generic Name	Brand Name	Restrictions
	gemfibrozil	Lopid	
^	gemifloxacin	Factive	Clinical PA Required
	gentamicin		IM only; generic only; brand no longer available
	glecaprevir/pibrentasvir	Mavyret	
	glimepiride	Amaryl	Generic only; brand no longer available
	glipizide	Glucotrol, Glucotrol XL	
	glipizide/metformin	Metaglip	Generic only; brand no longer available
	glucometers		Allow 1 every 5 years; See ' <i>Covered Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices</i> ' in Medi-Cal's Covered Product List
	glucose test strips		Allow 600/100 days for insulin users, 100/100 days for non-insulin users; See ' <i>Contracted Diabetic Test Strips and Lancets</i> ' in Medi-Cal's Covered Product List
	glyburide	DiaBeta, Glynase, PresTab	Generic only; brand no longer available
	glyburide/metformin	Glucovance	Generic only; brand no longer available
^	grazoprevir/elbasvir	Zepatier	Clinical PA Required
	haloperidol decanoate	Haldol	Oral and injectable forms included
	hepatitis A vaccine	Havrix, Vaqta	
	hepatitis A/hepatitis B vaccine	Twinrix	
	hepatitis B vaccine	Engerix-B, Hepelisav-B, PreHevbrio, Recombivax HB,	
^	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.
	hydrochlorothiazide (HCTZ)		
	hydrocodone/APAP	Vicodin	Oral form only
	hydrocodone/ibuprofen	Vicoprofen	Oral generic form only; brand no longer available
	Hydroxyurea	Hydrea	
	hydroxyzine pamoate	Vistaril	Oral form only
^	ibalizumab	Trogarzo	Clinical PA Required
	ibuprofen	Motrin	Oral form only; prescription strength only
^	imipenem/cilastatin	Primaxin	500 mg IM/IV vials only; Clinical PA Required
	imiquimod	Aldara, Zyclara	Brand Aldara no longer available; generics and brand Zyclara remain available
	indomethacin	Indocin	Oral form only
	influenza virus vaccine	Afluria, Flud, Fluarix, Flublok, Flucelvax, Flulaval, Fluzone, Fluzone-High Dose	
	insulin aspart	Fiasp, Novolog	Cartridge, pen, and vials

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

Effective Date: May 3, 2024

	Generic Name	Brand Name	Restrictions
^	insulin delivery devices		Clinical PA Required; Allow 10 every 30 days (Omnipod), 30 every 30 days (V-Go); Omnipod, V-Go (See ' <i>Covered Disposable Insulin Delivery Devices</i> ' in Medi-Cal's Covered Product List)
	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
	insulin syringes		Allow 100 per 30-days; U-500 restricted for use with Insulin Regular only
	interferon alfa-N3	Alferon-N	
	ipratropium bromide solution	Atrovent	
	isoniazid		
	itraconazole	Sporanox	
	ketoconazole	Nizoral	Oral and topical creams only
	ketone test strips		Allow 150 every 90 days; See ' <i>Contracted Diabetic Test Strips and Lancets</i> ' in Medi-Cal's Covered Product List
	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
	lamivudine	Epivir	Epivir HB is not covered
	lamivudine/tenofovir disoproxil fumarate	Cimduo	
	lamotrigine	Lamictal	
	lancets		Allow 600/100 days for insulin users, 100/100 days for non-insulin users; See ' <i>Contracted Diabetic Test Strips and Lancets</i> ' in Medi-Cal's Covered Product List
	lancing devices		Allow 1 per 365 days; See ' <i>Covered Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices</i> ' in Medi-Cal's Covered Product List
	lansoprazole	Prevacid	
^	ledipasvir/sofosbuvir	Harvoni	Clinical PA on brand only
^	lenacapavir	Sunlenca	Clinical PA required
	leucovorin		
	leuprolide	Eligard, Lupron Depot	Clinical PA Required
	levofloxacin	Levaquin	250 mg, 500 mg, and 750 mg tablets only; generic only; brand no longer available
	levorphanol	Levo-Dromoran	Injectable, oral forms only
^	linezolid	Zyvox	Clinical PA Required
^	linezolid	Zyvox	Clinical PA Required
	liraglutide	Victoza	
	lisinopril		
	lisinopril-HCTZ		
	loperamide	Imodium	Generic form only

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

Effective Date: May 3, 2024

	Generic Name	Brand Name	Restrictions
	lopinavir/ritonavir	Kaletra	<i>Generic available</i>
	lorazepam	Ativan	Oral form only
	losartan		
	losartan-HCTZ		
	maraviroc	Selzentry	<i>Generic available</i> ; 150 mg and 300 mg tablets and 20 mg/mL solution available
	measles, mumps, rubella vaccine	M-M-R II	
	megestrol	Megace, Megace ES	Brand no longer available
	meningococcal vaccine	Bexsero, MenQuadfi, Menveo, Penbraya, Trumenba	
	metformin	Glucophage, Glucophage XR	Generic only; brand no longer available
^	methadone		Not payable for detoxification treatment; must indicate diagnosis on PA; oral generic form only
	methotrexate	Rheumatrex, Trexall	
^	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
	metoclopramide	Reglan	
	metoprolol succinate	Kapspargo Sprinkle, Toprol XL	
	metoprolol tartrate	Lopressor	
	metronidazole	Flagyl	Oral form only
	minocycline HCL	Minocin	Oral form only
	mirtazapine	Remeron	SolTab not covered; 15 mg, 30 mg, 45 mg tablets only
	montelukast	Singulair	10 mg tablets only
	morphine sulfate (immediate release)		Oral form only
	morphine sulfate (sustained release)		Oral form only
^	moxifloxacin	Avelox	Clinical PA Required
	naloxone	Kloxxado, Narcan, Zimhi	Injectable and nasal sprays included
	naltrexone	ReVia, Vivitrol	Oral and extended-release injectable included
	naproxen	Naprosyn	Oral form only
	nefazodone	Serzone	Generic only; brand no longer available
	nelfinavir	Viracept	
	neomycin sulfate		Oral generic form only
	nevirapine	Viramune	<i>Generic available</i> ; brand no longer available
	nicotine		Transdermal patch, gum, and mini lozenge only
	nifedipine	Procardia XL	
	norethindrone		For oral contraception
	nortriptyline	Pamelor	Oral form only
	nystatin	Mycostatin	Oral, topical ointments and creams, and vaginal forms only; generic only; brand no longer available
	olanzapine	Zyprexa, Zyprexa Relprevv, Zyprexa Zydis	Oral and injectable forms included

^ = Drug requires a prior authorization for specific diagnosis or circumstance. Please call 800-424-5906 or check website for diagnosis or specific PA form at <https://cdph.magellanrx.com>

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

Effective Date: May 3, 2024

	Generic Name	Brand Name	Restrictions
	olmesartan	Benicar	
	omeprazole	Prilosec	
	ondansetron	Zofran	Generic only; brand no longer available
	opium tincture		
	oseltamivir	Tamiflu	
^	oxandrolone	Anavar, Oxandrin	Clinical PA Required
	oxycodone		Immediate release oral form only
	oxycodone/APAP	Percocet	Oral form only
	oxycodone/ASA	Percodan	Oral form only
^	paclitaxel	Taxol	Restricted for use in Kaposi's Sarcoma; must indicate diagnosis on PA; generic only; brand no longer available
	paliperidone	Invega, Invega Sustenna	Oral and injectable forms included
	pancrelipase		
^	para-aminosalicylate	Paser	4-gram packets only; Clinical PA Required
	paromomycin		
	paroxetine	Paxil	
^	pegylated interferon	Pegasys	Clinical PA Required
	pen needles		Allow 100 per 30-days; See 'Covered Pen Needles' in Medi-Cal's Covered Product List
	penicillin G benzathine	Bicillin LA, Extencilline	1.2 MU per syringe (2 mL) and 2.4 MU per syringe (4 mL) only
	penicillin V potassium		Oral form only
	pentamidine	NebuPent, Pentam	Inhaled or injections forms only
	phenytoin	Dilantin	100 mg Extended-Release Capsules only; generic form only
	pioglitazone	Actos	15 mg, 30 mg, and 45 mg tablets only
	pitavastatin	Zypitamag	
	pneumococcal conjugate vaccine	Prennar20 (PCV20), Vaxneuvance (PCV15)	
	pneumococcal polysaccharide vaccine	Pneumovax	
	podofilox	Condylox	
	pravastatin	Pravachol	
	prednisone	Deltasone	Oral and generic forms only
	pregabalin	Lyrica	Excludes oral solution and extended-release tablets
	primaquine		
	probenecid	Benemid	Generic only; brand no longer available
	prochlorperazine	Compazine	
	promethazine	Phenergan	
	pyrazinamide		
	pyrimethamine	Daraprim	
	quetiapine	Seroquel, Seroquel-XR	Excludes Seroquel-XR Sample Kit
	raltegravir	Isentress, Isentress HD	
	respiratory syncytial virus vaccine	Arexvy, Abrysvo	
	rifabutin	Mycobutin	
	rifampin	Rifadin	Oral and injectable forms included

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

Effective Date: May 3, 2024

	Generic Name	Brand Name	Restrictions
	rifapentine	Priftin	
	rifaximin	Xifaxan	
	rilpivirine	Edurant	
	risperidone	Risperdal, Risperdal Consta	Oral tablet and long-acting injectable forms included ODT not covered
	ritonavir	Norvir	<i>Generic available</i>
	rivaroxaban	Xarelto	
	rosuvastatin	Crestor	5mg, 10 mg, 20 mg, and 40 mg tablets only
	sertraline	Zoloft	
	simvastatin	Zocor	
	sitagliptin	Januvia	
^	sofosbuvir	Sovaldi	Clinical PA Required
^	sofosbuvir/velpatasvir	Epclusa	Clinical PA on brand only
^	sofosbuvir/velpatasvir/voxilaprevir	Vosevi	Clinical PA Required
^	somatropin	Serostim	Clinical PA Required
	spironolactone	Aldactone, Carospir	
	sulfadiazine		Oral form only
	sulfamethoxazole/TMP	Bactrim, Septra	Oral or injectable forms only
	sulindac	Clinoril	Oral generic form only; brand no longer available
	tamsulosin	Flomax	
^	tenofovir alafenamide	Vemlidy	Clinical PA Required
	tenofovir disoproxil fumarate	Viread	<i>Generic available</i>
	terazosin	Hytrin	Generic only; brand no longer available
^	tesamorelin	Egrifta SV	Clinical PA Required
^	testosterone	Androderm, AndroGel, Axiron, 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.
	tetanus, diphtheria, and pertussis vaccine	Adacel TDAP, Boostrix TDAP	
	tetracycline	Sumycin	Oral form only
	tinidazole		
	tiotropium bromide	Spiriva Respimat	
	tipranavir	Aptivus	
	topiramate	Topamax, Qudexy XR	Excludes sprinkle capsule
	tramadol	Ultram, Ultram ER, Ryzolt	Excludes oral solution and extended-release capsules; generic only; brand no longer available
	trazodone	Desyrel	Oral form only
	trimethoprim		Oral form only
	umeclidinium	Incruse Ellipta	
	valacyclovir	Valtrex	
^	valganciclovir	Valcyte	Clinical PA Required
	vancomycin	Vancocin	Oral capsule form only; IV not covered
	varenicline	Chantix	Oral form only
	varicella-zoster vaccine	Shingrix	

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

Effective Date: May 3, 2024

	Generic Name	Brand Name	Restrictions
	venlafaxine	Effexor, Effexor XR	
	vinblastine		Injectable and generic forms only
	vincristine		
	vitamin D2		Tablets and capsules included
^	voriconazole	Vfend	50 mg and 200 mg tablets and 200 mg IV forms only; Clinical PA Required
	warfarin	Coumadin	
	zidovudine	Retrovir	<i>Generic available</i>
	zidovudine/lamivudine	Combivir	<i>Generic available; brand no longer available</i>
	ziprasidone	Geodon	Oral form only

^ = Drug requires a prior authorization for specific diagnosis or circumstance. Please call 800-424-5906 or check website for diagnosis or specific PA form at <https://cdph.magellanrx.com>

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

Effective Date: May 3, 2024

CDPH/OA/ADAP Program Dispensing Policies

- 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 prescription 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.
- For a list of the drug manufacturers or manufacturer label codes that are excluded from reimbursement through CDPH/OA/ADAP, check the website at https://cdph.magellanrx.com/cms/cdph/static-assets/documents/formulary-and-documents/Labeler_Exclusions.pdf.

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).