



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH,
OFFICE OF AIDS, AIDS DRUG ASSISTANCE PROGRAM (CDPH/OA/ADAP)
Formulary (Alphabetical by Generic)**

Effective Date: October 15, 2020

Phone: 1-800-424-5906

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

Fax: 1-800-424-5927

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	
abacavir/lamivudine	Epzicom	
abacavir/lamivudine/zidovudine	Trizivir	
acyclovir	Zovirax	
albendazole	Albenza	
alitretinoin gel	Panretin	Gel form only.
alprazolam	Xanax	Oral form only.
amikacin sulfate	Amikin	Injectable and generic forms only.
amitriptyline	Elavil	Oral form only.
amoxicillin	Amoxil	Oral form only.
amphotericin b	Fungizone	Injectable and oral solutions only.
aripiprazole	Abilify	Discmelt not covered; 2mg, 5mg, 10mg, 15mg, 20mg, and 30mg tablets only.
atazanavir	Reyataz	<i>Effective 1/6/20</i> , temporary lift of requirement for generic covered for co-pay only.
atazanavir/cobicistat	Evotaz	
atorvastatin	Lipitor	
atovaquone	Meproton	Generic covered for co-pay only.
azithromycin	Zithromax	
bictegravir sodium / emtricitabine / tenofovir alafenamide	Biktarvy	
bleomycin	Blenoxane	Generic and injectable forms only.
bupropion	Wellbutrin, Wellbutrin XL, Wellbutrin SR	
buspirone	BuSpar	Oral form only. Excludes labeler code 24689.
capreomycin	Capastat	1-gram injection only; <i>Temporary lift</i> of Clinical PA requirements
caspofungin	Cancidas	50mg and 70mg IV forms only; <i>Temporary lift</i> of Clinical PA requirements
cefixime	Suprax	Excludes labeler codes 50268, 54569, and 54868.
ceftriaxone		
cephalexin		Oral generic forms only.
cidofovir	Vistide	

^ = Drug requires a prior authorization for specific diagnosis or circumstance. Please call 1-800-424-5906 or check website for diagnosis or specific PA form at <https://cdph.magellanrx.com>

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	ciprofloxacin	Cipro	<i>Temporary lift</i> of Clinical PA requirements
	citalopram	Celexa	
	clarithromycin	Biaxin	
	clindamycin	Cleocin	Oral and injectable forms only.
	clotrimazole	Lotrimin, Mycelex	Oral, topical, and vaginal forms only.
	cobicistat	Tybost	
	codeine sulfate		Oral form only.
	codeine/apap		Oral form only.
	codeine/asa		Oral form only.
	crofelemer	Mytesi	<i>Temporary lift</i> of Clinical PA requirements
	cyclophosphamide	Cytoxan	Oral, injectable, and generic forms only.
	cycloserine	Seromycin	250mg capsules only; <i>Temporary lift</i> of Clinical PA requirements
	dapsone		Oral forms only.
	darunavir (tmc-114)	Prezista	
	darunavir/cobicistat	Prezcobix	
	darunavir/cobicistat/emtricitabine/ tenofovir alafenamide	Symtuza	
	daunorubicin	DaunoXome	
	delavirdine	Rescriptor	
	desipramine	Norpramin	Oral form only.
	dexamethasone	Decadron	Oral or injectable forms only.
^	dextroamphetamine	Dexedrine, Dextrostat	Restricted to treatment of severe debilitating depression; only 5mg and 10mg tablet form covered; must indicate diagnosis on PA.
	dicloxacillin		Oral forms only.
	didanosine	Videx, Videx EC	Generic only
	diphenoxylate/atropine	Lomotil	
	divalproex	Depakote	
	dolutegravir	Tivicay	
	dolutegravir/lamivudine	Dovato	
	dolutegravir/lamivudine/abacavir	Triumeq	
	dolutegravir/rilpivirine	Juluca	
	doravirine	Pifeltro	<i>Temporary lift</i> of Clinical PA requirements
	doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	<i>Temporary lift</i> of Clinical PA requirements
	doxorubicin	Adriamycin	Generic form only.
	doxycycline		Oral generic forms only; 50mg and 100mg strength only.
	dronabinol	Marinol	
	efavirenz	Sustiva	Generic covered for co-pay only
	efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi, Symfi Lo	
	elvitegravir/cobicistat/emtricitabine/ tenofovir	Stribild	
	elvitegravir/cobicistat/emtricitabine/ tenofovir alafenamide	Genvoya	
	emtricitabine	Emtriva	

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	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
	emtricitabine/tenofovir/efavirenz	Atripla	
	emtricitabine/tenofovir/rilpivirine	Complera	
	enfuvirtide	Fuzeon	<i>Temporary lift</i> of Clinical PA requirements
	epoetin alpha	Procrit	Procrit brand only; EPOGEN is NOT covered.
	erythromycin base		Oral forms only.
	erythromycin ethylsuccinate		Oral forms only.
	erythromycin stearate		Oral forms only.
	ethambutol	Myambutol	
	ethionamide	Trecator	<i>Temporary lift</i> of Clinical PA requirements
	etravirine	Intelence	
	famciclovir	Famvir	
	famotidine	Pepcid	Prescription strength only.
	fenofibrate	Tricor	48mg, 54mg, 145mg, and 160mg 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	
	fluconazole	Diflucan	
	flucytosine	Ancobon	
	fluoxetine	Prozac	Prozac weekly not covered.
	fomivirsen	Vitravene	
	fosamprenavir	Lexiva	Generic covered for co-pay only
	foscarnet	Foscavir	
^	fostemsavir	Rukobia	Clinical PA required (attestation)
	gabapentin	Neurontin	Oral form only.
	ganciclovir	Cytovene	Oral form does not require a PA; implant or injectable forms have a <i>temporary lift</i> of Clinical PA requirements
	gemfibrozil	Lopid	
	gemifloxacin	Factive	Oral form only; 320mg only; <i>Temporary lift</i> of Clinical PA requirements
	gentamicin	Gentamicin	IM only; 240mg only; <i>Temporary lift</i> of Clinical PA requirements
^	glecaprevir/pibrentasvir	Mavyret	Clinical PA required.
	glipizide	Glucotrol	
	glyburide/metformin	Glucovance	1.25mg/250mg, 2.5mg/500mg, and 5mg/500mg tablets only.
^	grazoprevir/elbasvir	Zepatier	Clinical PA required.
	hepatitis a vaccine	Havrix, Vaqta	
	hepatitis a/hepatitis b vaccine	Twinrix	
	hepatitis b vaccine	Engerix-B, Recombivax HB, Heplisav-B	

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	Generic Name	Brand Name	Restrictions
	human papillomavirus (hvp) 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.
	hydrocodone/apap	Vicodin	Oral form only.
	hydrocodone/ibuprofen	Vicoprofen	Oral form only.
	hydroxyurea	Hydrea	
^	ibalizumab	Trogarzo	Clinical PA required
	ibuprofen	Motrin	Oral form only; prescription strength only. Excludes labeler code 11788.
	imipenem/cilastatin	Primaxin	500mg IM/IV vials only; <i>Temporary lift</i> of Clinical PA requirements
	imiquimod	Aldara	
	indomethacin	Indocin	Oral form only.
	influenza virus vaccine	Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, Fluzone, Fluzone-High Dose	
	interferon alfa-2a	Roferon-A	
	interferon alfa-2b	Intron-A	
	interferon alfacon 1	Infergen	
	interferon alfa-n3	Alferon-N	
	isoniazid		
	itraconazole	Sporanox	<i>Temporary lift</i> of Clinical PA requirements
	ketoconazole	Nizoral	Oral and topical creams only.
	ketoprofen	Orudis	Oral form only.
	ketorolac tromethamine	Toradol	Injectable form only; limited to a max of 120mg/day and 5 days' therapy.
	lamivudine	Epivir	Epivir HB is NOT covered.
	lamivudine/tenofovir disoproxil fumarate	Cimduo, Temixys	
	lamotrigine	Lamictal	
	lansoprazole	Prevacid	
^	ledipasvir/sofosbuvir	Harvoni	Clinical PA required Generic covered for co-pay only
	leucovorin		
	levofloxacin	Levaquin	250mg, 500mg, and 750mg tablets only.
	levorphanol	Levo-Dromoran	Injectable and oral forms only.
	linezolid	Zyvox	<i>Temporary lift</i> of Clinical PA requirements
	loperamide	Imodium	Generic form only.
	lopinavir/ritonavir	Kaletra	Generic covered for co-pay only.
	lorazepam	Ativan	Oral form only
	maraviroc	Selzentry	
	measles, mumps, rubella vaccine	M-M-R II	
	megestrol	Megace, Megace ES	
	meningococcal vaccine		

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	metformin	Glucophage, Glucophage XR	500mg, 850mg, 1,000mg tablets, and 500mg ER and 750mg ER tablets only.
^	methadone		Not payable for detoxification treatment; must indicate diagnosis on PA; oral generic form only.
	methotrexate	Rheumatrex, Trexall	Oral and injectable forms only.
^	methylphenidate	Ritalin	Restricted to treatment of severe debilitating depression; restricted to 5mg, 10mg, 20mg tablets, and 20mg ER tablets only; must indicate diagnosis on PA.
	metoclopramide	Reglan	
	metronidazole	Flagyl	Oral forms only.
	minocycline hcl	Minocin	Oral forms only.
	mirtazapine	Remeron	SolTabs not covered; 15mg, 30mg, and 45mg tablets form only.
	morphine sulfate (immediate release)		Oral form only.
	morphine sulfate (sustained release)		Oral form only.
	moxifloxacin	Avelox	<i>Temporary lift</i> of Clinical PA requirements
	naproxen	Naprosyn	Oral form only.
	naloxone	Narcan	
	nefazodone	Serzone	
	nelfinavir	Viracept	
	neomycin sulfate		Oral generic forms only.
	nevirapine	Viramune	IR and XR formulations covered.
	nicotine		Transdermal patch, Gum, and mini Lozenge formulations only
	nortriptyline	Pamelor	Oral forms only.
	nystatin	Mycostatin	Oral, topical, and vaginal forms only
	olanzapine	Zyprexa	
	omeprazole	Prilosec	
	opium tincture		
	osteltamivir	Tamiflu	
	oxandrolone	Anavar, Oxandrin	Restricted to treatment in females only.
	oxycodone		Immediate release form only; 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.
	pancrelipase		Enteric coated encapsulated microspheres/ micro tablets. (Axcn Products: Ultrase MT 12, Ultrase MT 20, Ultrase MT 18, and Ultrase MS4 are not covered.)
	para-aminosalicylate	Paser	4-gram packets only; <i>Temporary lift</i> of Clinical PA requirements
	paromomycin		
	paroxetine	Paxil	
^	pegylated interferon	Peg-Intron, Pegasys	Clinical PA required.

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	penicillin g benzathine	Bicillin LA	Only the 1.2 MU per syringe (2ml) and 2.4MU per syringe (4ml) covered.
	penicillin v potassium	Pen-Vee K	Oral forms only.
	pentamidine	NebuPent, Pentam	Inhaled or injections forms only.
	phenytoin	Dilantin	100mg Extended Release Capsules only; generic form only.
	pioglitazone	Actos	15mg, 30mg, and 45mg tablets only. NDC 67544-0066-45 not covered.
	pitavastatin	Zypitamag	
	pneumococcal conjugate vaccine (pcv13)		
	pneumococcal vaccine	Pneumovax, Pnu-Immune	Single dose dispensing; 1 time dispensing every 5 years.
	pravastatin	Pravachol	
	prednisone	Deltasone	Oral and generic forms only.
	probenecid	Benemid	
	prochlorperazine	Compazine	
	promethazine	Phenergan	Oral and suppository forms only.
	pyrazinamide		
	pyrimethamine	Daraprim	
	quetiapine	Seroquel	
	raltegravir	Isentress, Isentress HD	
	ranitidine	Zantac	***Temporarily suspended from the formulary due to FDA recalls over the concern for potential contamination with N-nitrosodimethylamine (NDMA).
^	ribavirin	Rebetol	Capsule formulation only; Clinical PA required.
	ribavirin/interferon alfa 2b	Rebetron	
	rifabutin	Mycobutin	
	rifampin	Rifadin	
	rifampin/isoniazid	Rifamate	
	rilpivirine	Edurant	
	risperidone	Risperdal	
	ritonavir	Norvir	
	rosuvastatin	Crestor	5mg, 10mg, 20mg, and 40mg tablets only.
	saquinavir mesylate	Invirase	
	sertraline	Zoloft	
	simvastatin	Zocor	
^	sofosbuvir	Sovaldi	Clinical PA required.
^	sofosbuvir and velpatasvir	Epclusa	Clinical PA required. Generic covered for co-pay only
^	sofosbuvir/velpatasvir/voxilaprevir	Vosevi	Clinical PA required.
	somatropin	Serostim	<i>Temporary lift</i> of Clinical PA requirements
	sulfadiazine		Oral forms only.
	sulfamethoxazole/tmp	Bactrim, Septra	Oral or injectable forms only.
	sulindac	Clinoril	Oral form only.
	tenofovir alafenamide	Vemlidy	<i>Temporary lift</i> of Clinical PA requirements

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	tenofovir alafenamide/emtricitabine	Descovy	
	tenofovir disoproxil fumarate	Viread	Generic covered for co-pay only
	tenofovir/emtricitabine	Truvada	
^	tesamorelin	Egrifta SV	Clinical PA required.
	testosterone	Androderm, Testoderm TTS, AndroGel, Testim	Injectable weekly maximum of 200mg weekly. Topical and transdermal forms are limited to 700mg/week with some limitations and exceptions. Generic covered for co-pay only
	tetanus, diphtheria, pertussis vaccine	Adacel TDAP, Boostrix TDAP	
	tetracycline	Sumycin	Oral forms only.
	tipranavir	Aptivus	
	trazodone	Desyrel	Oral forms only.
	trimethoprim	Trimplex, Proloprim	Oral forms only.
	valacyclovir	Valtrex 500mg	Generic OK.
		Valtrex 1000mg	Generic OK. Valtrex 1,000mg NDCs 00173-0565-04 and 00173-0565-10 are not covered.
	valganciclovir	Valcyte	<i>Temporary lift</i> of Clinical PA requirements
	vancomycin	Vancocin	Oral capsule form only, IV not covered
	varenicline	Chantix	
	varicella-zoster	Shingrix	Restricted to clients 50 years of age or older
	venlafaxine	Effexor, Effexor XR	
	vinblastine	Velban	Injectable and generic forms only.
	vincristine	Oncovin	
	voriconazole	Vfend	50mg and 200mg tablets and 200mg IV forms only; <i>Temporary lift</i> of Clinical PA requirements
	zidovudine	Retrovir	Generic only.
	zidovudine/lamivudine	Combivir	
	ziprasidone	Geodon	20mg, 40mg, 60mg, and 80mg capsules only.

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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 1-800-424-5906 or check website for diagnosis or specific PA form at <https://cdph.magellanrx.com>.
- All drugs are to be dispensed with a maximum 30-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.
- All ADAP prescriptions must be reauthorized by the prescriber every six months. The claims adjudication system will accept five as the maximum number of refills.
- DEA class II and III drugs when quantity exceeds 120 and 240 respectively, require an override from the Pharmacy Call Center by calling 1-800-424-5906.
- Formulary brand ARVs are preferred except where noted. Generics are covered for a co-pay only when available.
- 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 1-800-424-5906. Exceptions are noted by drug. Brand ARVs preferred.
- Hematological and Antineoplastic agents- Must provide a copy of the original RX with every refill request.
- All Antiretroviral combinations are screened against the most recent DHHS guidelines for the use antiretroviral therapy in adolescents and adults <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-treatment-guidelines/0> for high dosage and non-recommended combinations. Regimens not conforming to these guidelines may be rejected at adjudication.
- The following drug manufacturers or manufacturer label code/s are excluded from reimbursement through the CDPH/OA/ADAP Program:
 - Able LABS, INC.
 - Acura Pharmaceuticals aka HALSEY
 - AiPing Pharmaceuticals, Inc.
 - Allscripts
 - Avpak
 - AvKare, Inc.
 - Aphenia PhA
 - Apnar Pharmaceuticals
 - Bay labs
 - BluePoint Laboratories
 - Bryand Ranch PR
 - Ceph International
 - Cambridge Therapeutics Technologies LLC.
 - Dispense Express, Inc. Dispensing Solutions Inc. GSMS, INC.
 - Graceway Pharmaceuticals, LLC (Labeler codes 00089 and 13453)
 - 3M Pharmaceuticals
 - HJ Harkin Co.
 - H L MOORE
 - Kaiser Foundation Hospital
 - Liberty Pharmaceutical
 - New Horizon Rx Group
 - Nuicare Pharmacy
 - Marlex Pharmaceuticals Inc.
 - Middlebrook Pharmaceutical Inc.
 - MHC Pharma LLC
 - MOVA Pharmaceuticals
 - Palmetto State
 - Patheon Inc. (Puerto Rico)
 - Physicians Total Care
 - Pre-Package Specialists/PD-RX Pharmaceuticals
 - Prescript Pharmaceuticals
 - Quality Care/Lake Erie Medical and Surgical Supply
 - Rebel Distributors Corp (now Physician Partners)
 - Seqirus Pharmaceuticals*
 - Southwood Pharmaceuticals
 - Stat Rx USA
 - Walgreens Co.

***does not apply to vaccines**

PLEASE 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 1-800-424-5906).