

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

## Formulary by Class

Effective Date: January 16, 2025

Phone: 800-424-5906

[cdph.primetherapeutics.com](http://cdph.primetherapeutics.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
<b>ANALGESICS</b>			
	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

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	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
<b>ANTIAXIETY</b>			
	alprazolam	Xanax	Oral form only
	bupirone	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
<b>ANTICHOLESTEROL</b>			
	atorvastatin	Lipitor	
	fenofibrate	Tricor	48 mg, 54 mg, 145 mg, and 160 mg tablets only
	gemfibrozil	Lopid	
	pitavastatin	Livalo, Zypitamag	
	pravastatin	Pravachol	
	rosuvastatin	Crestor	5 mg, 10 mg, 20 mg, and 40 mg tablets only
	simvastatin	Zocor	
<b>ANTICOAGULANTS</b>			
	apixaban	Eliquis	
	dabigatran	Pradaxa	Excludes pediatric pellet packs
	rivaroxaban	Xarelto	
	warfarin	Coumadin	
<b>ANTICONVULSANTS</b>			
^	carbamazepine	Equetro, Tegretol	Clinical PA Required
	divalproex	Depakote	
	gabapentin	Neurontin	Oral form only
	lamotrigine	Lamictal	
	phenytoin	Dilantin	100 mg Extended-Release Capsules only; generic form only

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	pregabalin	Lyrica	Excludes oral solution and extended-release tablets
	topiramate	Topamax, Qudexy XR	Excludes sprinkle capsule
<b>ANTIDEPRESSANTS</b>			
	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	
<b>ANTIDIARRHEALS</b>			
	crofelemer	Mytesi	
	diphenoxylate/atropine	Lomotil	

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	loperamide	Imodium	Generic form only
	Opium tincture		
<b>ANTIEMETICS</b>			
	metoclopramide	Reglan	
	ondansetron	Zofran	Generic only; brand no longer available
	prochlorperazine	Compazine	
	promethazine	Phenergan	
<b>ANTIFUNGALS</b>			
	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, Tolsura	
	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
<b>ANTHELMINTICS</b>			
	albendazole	Albenza	Generic only; brand no longer available
<b>ANTIMICROBIALS</b>			
	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	Meproon	
	azithromycin	Zithromax	
	benzathine benzylpenicillin	Extencilline, Lentocilin S	
	cefdinir		

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	cefixime	Suprax	Generic only; brand no longer available
	cefepodoxime		
	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: <a href="https://www.cdph.ca.gov/Programs/OPA/Pages/P200001.aspx">CDPH Doxy-PEP Recommendations for Prevention of STIs (ca.gov)</a>
	erythromycin base		Oral form only
	erythromycin ethylsuccinate		Oral form only
	erythromycin stearate		Oral form only
	gemifloxacin	Factive	
	gentamicin		IM only; generic only; brand no longer available
	imipenem/cilastatin	Primaxin	500 mg IM/IV vials only
	levofloxacin	Levaquin	250 mg, 500 mg, and 750 mg tablets only; generic only; brand no longer available
	linezolid	Zyvox	
	metronidazole	Flagyl	Oral form only
	minocycline HCL	Minocin	Oral form only
	moxifloxacin	Avelox	
	neomycin sulfate		Oral generic form only
	paromomycin		
	penicillin G benzathine	Bicillin LA	1.2 MU per syringe (2 mL) and 2.4 MU per syringe (4 mL) only
	Penicillin V potassium		Oral form only

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	pentamidine	NebuPent, Pentam	Inhaled or injectable forms only
	primaquine		
	pyrimethamine	Daraprim	
	rifaximin	Xifaxan	
	sulfadiazine		Oral form only
	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
<b>ANTINEOPLASTICS</b>			
<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	Generic only; brand no longer available
	vinblastine		
	vincristine		
<b>ANTIPSYCHOTICS/MOOD STABILIZERS</b>			
	aripiprazole	Abilify, Abilify Maintena, Aristada	Oral and long-acting injectable forms included; Abilify Asimtufii, Discmelt, and MyCite not covered
	cariprazine	Vraylar	
	haloperidol decanoate	Haldol	Oral and injectable forms included

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	lithium carbonate	Eskalith, Eskalith CR, Lithobid	
	lurasidone	Latuda	
	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
<b>ANTIRETROVIRALS</b>			
<b>INTEGRASE STRAND INHIBITOR (INSTI)-BASED THERAPY</b>			
	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 <a href="#">ADAP Management Memo 2022-03</a> for details
	dolutegravir	Tivicay	50 mg tablet only
	dolutegravir/lamivudine	Dovato	
	dolutegravir/lamivudine/abacavir	Triumeq	Tablet only
	dolutegravir/rilpivirine	Juluca	
	elvitegravir/cobicistat/emtricitabine/ tenofovir alafenamide	Genvoya	
	elvitegravir/cobicistat/emtricitabine/ tenofovir	Stribild	
	raltegravir	Isentress, Isentress HD	
<b>NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS</b>			
	abacavir	Ziagen	<i>Generic available</i> ; brand only available as oral solution

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	abacavir/lamivudine	Epzicom	<i>Generic available</i> ; brand no longer available
	didanosine	Videx EC	<i>Generic available</i> ; brand no longer available
	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	<i>Generic available</i> ; brand no longer available
<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS</b>			
	doravirine	Pifeltro	
	efavirenz	Sustiva	<i>Generic available</i> ; brand no longer available
	etravirine	Intelence	Generic available
	nevirapine	Viramune	<i>Generic available</i> ; brand no longer available
	rilpivirine	Edurant	
<b>OTHER COMBINATION ANTIRETROVIRAL TREATMENTS</b>			
	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Symtuza	
	doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	
	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	
<b>PROTEASE INHIBITORS</b>			
	atazanavir	Reyataz	

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	atazanavir/cobicistat	Evotaz	
	darunavir	Prezista	Generic available
	darunavir/cobicistat	Prezcobix	
	fosamprenavir	Lexiva	<i>Generic available</i> ; brand no longer available
	lopinavir/ritonavir	Kaletra	Generic available
	nelfinavir	Viracept	
	ritonavir	Norvir	Generic available
	tipranavir	Aptivus	
<b>BOOSTING AGENTS</b>			
	cobicistat	Tybost	
<b>CAPSID INHIBITORS</b>			
^	lenacapavir	Sunlenca	Clinical PA required
<b>CCR5 CO-RECEPTOR ANTAGONISTS</b>			
	maraviroc	Selzentry	<i>Generic available</i> ; 150 mg and 300 mg tablets and 20 mg/mL solution available
<b>FUSION INHIBITORS</b>			
	enfuvirtide	Fuzeon	
<b>GP120 ATTACHMENT INHIBITORS</b>			
^	fostemsavir	Rukobia	Clinical PA required
<b>CD4 POST-ATTACHMENT INHIBITORS</b>			
^	ibalizumab	Trogarzo	Clinical PA required
<b>ANTITUBERCULOSIS</b>			
	amikacin sulfate	Amikin	Generic only; brand no longer available
	bedaquiline	Sirturo	
	cycloserine	Seromycin	Generic only; brand no longer available
	ethambutol	Myambutol	
	ethionamide	Trecator	
	imipenem/cilastatin	Primaxin	500 mg IM/IV vials only
	isoniazid		
	linezolid	Zyvox	
	para-aminosalicylate	Paser	
	pretomanid		
	pyrazinamide		

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	rifabutin	Mycobutin	
	rifampin	Rifadin	Oral and injectable forms included
	rifapentine	Priftin	
<b>ANTIVIRALS</b>			
<b>HEPATITIS</b>			
	glecaprevir/pibrentasvir	Mavyret	
	grazoprevir/elbasvir	Zepatier	
	interferon alfa-N3	Alferon-N	
	ledipasvir/sofosbuvir	Harvoni	
	pegylated interferon	Pegasys	
	sofosbuvir	Sovaldi	
	sofosbuvir/velpatasvir	Epclusa	
	sofosbuvir/velpatasvir/voxilaprevir	Vosevi	
<b>OTHER ANTIVIRALS</b>			
	acyclovir	Zovirax	
	cidofovir	Vistide	Generic only; brand no longer available
	famciclovir	Famvir	Generic only; brand no longer available
	foscarnet	Foscavir	
	ganciclovir	Cytovene	Injectable form only; generic only; brand no longer available
	nirmatrelvir/ritonavir	Paxlovid	
	oseltamivir	Tamiflu	
	valacyclovir	Valtrex	
	valganciclovir	Valcyte	
<b>BISPHOSPHONATES</b>			
	alendronate	Binosto, Fosamax, Fosamax Plus D	Tablets, effervescent tabs, oral solution
<b>CARDIOVASCULAR MEDICATIONS</b>			
	amlodipine	Norvasc, Katerzia, Norliqva	
	amlodipine/benazepril	Lotrel	
	amlodipine/olmesartan	Azor	

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	amlodipine/valsartan	Exforge	
	amlodipine/valsartan/HCTZ	Exforge-HCT	
	atenolol	Tenormin	
	atenolol/chlorthalidone	Tenoretic	
	benazepril	Lotensin	
	benazepril/HCTZ	Lotensin-HCT	
	carvedilol	Coreg, Coreg CR	
	chlorthalidone		
	clonidine	Catapres	Generic only; brand no longer available
	digoxin	Digitek, Lanoxin	
	diltiazem		Immediate release, 12-hour, and 24-hour oral forms available
	enalapril	Vasotec, Epaned	
	enalapril/HCTZ	Vaseretic	
	eplerenone	Inspra	
	furosemide		
	hydrochlorothiazide (HCTZ)		
	isosorbide dinitrate/hydralazine	BiDil	
	lisinopril		
	Lisinopril/HCTZ		
	losartan		
	Losartan/HCTZ		
	metoprolol succinate	Kapspargo Sprinkle, Toprol XL	
	metoprolol tartrate	Lopressor	
	metoprolol/HCTZ	Lopressor-HCT	
	nifedipine	Procardia XL	
	olmesartan	Benicar	
	olmesartan/HCTZ	Benicar-HCT	
	sacubitril/valsartan	Entresto	
	valsartan	Diovan	
	valsartan/HCTZ	Diovan-HCT	

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<b>DIABETES TREATMENT</b>			
	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 degludec	Tresiba	
	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
	semaglutide	Ozempic	
	sitagliptin	Januvia	
<b>DIABETES PRODUCTS</b>			
	control solution for glucometer		Allow 1 per 365 days; See ' <i>Covered Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices</i> ' in <a href="#">Medi-Cal's Covered Product List</a>
	glucometers		Allow 1 every 5 years; See ' <i>Covered Self-Monitoring Blood Glucose Systems</i>

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			<i>(Glucometers), Control Solutions, and Lancing Devices</i> in <a href="#">Medi-Cal's Covered Product List</a>
	glucose test strips		Allow 600/100 day for insulin users, 100/100 days for non-insulin users; See ' <i>Contracted Diabetic Test Strips and Lancets</i> ' in <a href="#">Medi-Cal's Covered Product List</a>
^	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 ' <i>Covered Disposable Insulin Delivery Devices</i> ' in <a href="#">Medi-Cal's Covered Product List</a> )
	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 ' <i>Contracted Diabetic Test Strips and Lancets</i> ' in <a href="#">Medi-Cal's Covered Product List</a>
	lancets		See ' <i>Contracted Diabetic Test Strips and Lancets</i> ' in <a href="#">Medi-Cal's Covered Product List</a>
	lancing devices		Allow 1 per 365 days; See ' <i>Covered Self-Monitoring Blood Glucose Systems (Glucometers), Control Solutions, and Lancing Devices</i> ' in <a href="#">Medi-Cal's Covered Product List</a>
	pen needles		Allow 100 per 30-days; See ' <i>Covered Pen Needles</i> ' in <a href="#">Medi-Cal's Covered Product List</a>
<b>DIGESTIVE ENZYMES</b>			
	pancrelipase		
<b>GI STIMULANT/GERD</b>			
	metoclopramide	Reglan	
<b>GROWTH HORMONE MODIFIER</b>			
^	tesamorelin	Egrifta SV	Clinical PA required
<b>H2 ANTAGONISTS</b>			
	famotidine	Pepcid	Prescription strength only
<b>HEMATOLOGICAL AGENTS</b> <i>Must Provide a copy of the original prescription with first fill request</i>			
	epoetin alpha	Procrit	Epogen is not covered
	filgrastim	Neupogen	

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<b>HORMONES AND HORMONE MODIFIERS</b>			
	clomiphene	Clomid	
	conjugated estrogen/bazedoxifene	Duavee	
	estradiol	Delestrogen, Dotti, Estrace, Lyllana, Minivelle, Vivelle Dot	
^	human chorionic gonadotropin (HCG)	Novarel, Pregnyl	Clinical PA Required
	leuprolide	Eligard, Lupron Depot	
	raloxifene	Evista	
	spironolactone	Aldactone, Carospir	
	testosterone	Androderm, AndroGel, Axiron, Testim, Testoderm TTS, Vogelxo	Excludes Aveed
<b>ORAL CONTRACEPTIVES</b>			
	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
	norgestrel	Opill	
<b>PROTON PUMP INHIBITORS</b>			
	lansoprazole	Prevacid	
	omeprazole	Prilosec	
<b>RESPIRATORY</b>			
	albuterol HFA	Ventolin HFA	
	beclomethasone dipropionate	Beconase AQ	

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	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	
	inhaler assist device (spacer for inhaler)	Aerochamber Flow-Vu Plus	Limit 2 devices/year
	ipratropium bromide solution	Atrovent	
	montelukast	Singulair	10 mg tablets only
	tiotropium bromide	Spiriva Respimat	
	umeclidinium	Incruse Ellipta	
<b>SKELETAL MUSCLE RELAXANTS</b>			
	baclofen	Lioresal	Oral tablet only; generic only; brand no longer available
<b>STEROIDS</b>			
	dexamethasone	Decadron	Oral and injectable forms only
	prednisone		Oral and generic forms only
<b>SUBSTANCE USE DISORDER AGENTS</b>			
	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

**California Department of Public Health, Office of AIDS,  
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**Formulary by Class**

**Effective Date: January 16, 2024**

	<b>Generic Name</b>	<b>Brand Name</b>	<b>Restrictions</b>
	nicotine		Transdermal patch, gum, and mini lozenge only
	varenicline	Chantix	Oral form only
<b>TOPICAL AGENTS</b>			
	alitretinoin gel	Panretin	
	imiquimod	Aldara, Zyclara	Brand Aldara no longer available; generics and brand Zyclara remain available
	podofilox	Condylox	
<b>URICOSURIC AGENTS</b>			
	probenecid	Benemid	Generic only; brand no longer available
<b>UROLOGICAL AGENTS</b>			
	doxazosin	Cardura	
	dutasteride	Avodart	
	finasteride	Propecia, Proscar	
	tamsulosin	Flomax	
	terazosin	Hytrin	Generic only; brand no longer available
<b>VACCINES</b>			
	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	
	influenza virus vaccine	Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, Fluzone, Fluzone-High Dose	
	measles, mumps, rubella vaccine	M-M-R II	



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	<b>Generic Name</b>	<b>Brand Name</b>	<b>Restrictions</b>
	meningococcal vaccine	Bexsero, MenQuadfi, Menveo, Penbraya, Trumenba	
	pneumococcal polysaccharide vaccine	Pneumovax	
	pneumococcal conjugate vaccine	Prevnar20 (PCV20), Vaxneuvance (PCV15)	
	respiratory syncytial virus vaccine	Arexvy, Abrysvo	
	smallpox and monkeypox vaccine	JYNNEOS	
	tetanus, diphtheria, and pertussis vaccine	Adacel TDAP, Boostrix TDAP	
	varicella-zoster vaccine	Shingrix	
<b>VITAMINS</b>			
	vitamin D2		Tablets and capsules included
<b>WASTING AND HYPOGONADISM</b>			
	dronabinol	Marinol	
	megestrol	Megace, Megace ES	Generic only; brand no longer available
^	oxandrolone	Anavar, Oxandrin	Clinical PA required
^	somatropin	Serostim	Clinical PA required

California Department of Public Health, Office of AIDS,  
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Formulary by Class

Effective Date: January 16, 2024

## CDPH/OA/ADAP Program Dispensing Polices

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- Drugs marked with “^” require a prior authorization for specific diagnosis or circumstance. Prime Therapeutics 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 [cdph.primetherapeutics.com](http://cdph.primetherapeutics.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.
- For a list of the drug manufacturers or manufacturer label codes that are excluded from reimbursement through CDPH/OA/ADAP, check the website at [cdph.primetherapeutics.com](http://cdph.primetherapeutics.com).

**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 Prime Therapeutics 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). (Prime Therapeutics Management at 800-424-5906).