



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

Effective Date: September 19, 2016

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
	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, 30mg tablets only
	atazanavir	Reyataz	
	atazanavir/cobicistat	Evotaz	
	atorvastatin	Lipitor	
	atovaquone	Meproton	Brand Only; generic covered for co-pay only
	azithromycin	Zithromax	
	bleomycin	Blenoxane	Generic and injectable forms only
^	bupropion	Wellbutrin	Not payable for smoking cessation; must indicate diagnosis on PA
	bupirone	BuSpar	Oral form only
^	capreomycin	Capastat	1-gram injection only; use of this medication is restricted for use in the treatment of multi-drug resistant tuberculosis (MDR-TB); must indicate diagnosis on PA
^	caspofungin	Cancidas	50mg and 70mg IV forms only; use is restricted to treatment of invasive aspergillosis in patients refractory to or intolerant of other therapies (i.e., amphotericin B, lipid formulations of amphotericin B, and /or itraconazole); documentation of medications tried and failed required; must indicate diagnosis on PA
	cephalexin		Oral generic forms only.

^ = 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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	Generic Name	Brand Name	Restrictions
	cidofovir	Vistide	
	ciprofloxacin	Cipro	
	citalopram	Celexa	
	clarithromycin	Biaxin	
	clindamycin	Cleocin	Oral and injectable forms only
	clofazimine	Lamprene	
	clotrimazole	Lotrimin, Mycelex	Oral, topical, vaginal forms only
	cobicistat	Tybost	
	codeine sulfate		Oral form only
	codeine/APAP		Oral form only
	codeine/ASA		Oral form only
	cyclophosphamide	Cytosan	Oral, injectable and generic forms only
^	cycloserine	Seromycin	250mg capsules only; use of this medication is restricted for use in the treatment of multi-drug resistant tuberculosis (MDR-TB); must indicate diagnosis on PA
	dapsone		Oral forms only
	darunavir (TMC-114)	Prezista	800mg tablet
	darunavir/cobicistat	Prezcobix	
	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	
	diphenoxylate/atropine	Lomotil	
	divalproex	Depakote	
	dolutegravir	Tivicay	
	dolutegravir/lamivudine/abacavir	Triumeq	
	doxorubicin	Adriamycin	Generic form only
	doxycycline		Oral generic forms only; 50mg and 100mg strength only
	dronabinol	Marinol	Brand only. Generic covered for co-pay only.
	efavirenz	Sustiva	
	elvitegravir	Vitekta	
	elvitegravir/cobicistat/emtricitabine/tenofovir	Stribild	
	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Genvoya	
	emtricitabine	Emtriva	
	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	

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	emtricitabine/tenofovir/efavirenz	Atripla	
	emtricitabine/tenofovir/rilpivirine	Complera	
^	enfuvirtide	Fuzeon	Clinical PA required
	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	Only for the treatment of TB.
	etravirine	Intelence	
	famciclovir	Famvir	
	famotidine	Pepcid	Prescription strength only
	fenofibrate	Tricor	48mg, 54mg, 145mg, 160mg tablets only
	fenopfen		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	
	foscarnet	Foscavir	
	gabapentin	Neurontin	Oral form only
^	ganciclovir	Cytovene	Oral form does not require a PA; implant or injectable forms requires a PA
	gemfibrozil	Lopid	
	glipizide	Glucotrol	
	glyburide/metformin	Glucovance	1.25mg/250mg, 2.5mg/500mg, 5mg/500mg tablets only
	hepatitis A vaccine	Havrix, Vaqta	
	hepatitis A/hepatitis B vaccine	Twinrix	
	hepatitis B vaccine	Engerix-B, Recombivax HB	
	Human Papillomavirus (HPV) 9-valent recombinant vaccine	Gardasil 9	This vaccine will be available to clients up to 26 years of age. Clients who turn 27 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	
	ibuprofen	Motrin	Oral form only; prescription strength only

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^	imipenem/cilastatin	Primaxin	500mg IM/IV vials only; use of this medication is restricted for use in the treatment of EXTENSIVELY-drug resistant tuberculosis (XDR-TB) ; must indicate diagnosis on PA
^	imipenem/cilastatin	Primaxin	500mg IM/IV vials only; use of this medication is restricted for use in the treatment of extensively-drug resistant tuberculosis (XDR-TB); must indicate diagnosis on PA
	imiquimod	Aldara	
	indinavir	Crixivan	
	indomethacin	Indocin	Oral form only
	interferon alfa-2a	Roferon-A	
	interferon alfa-2b	Intron-A	
	interferon alfacon 1	Infergen	
	interferon alfa-N3	Alferon-N	
	isoniazid		
^	itraconazole	Sporanox	Restricted to use for indicators other than onychomycosis; must indicate diagnosis on PA
	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
	lamotrigine	Lamictal	
^	lansoprazole	Prevacid	Restricted to use after trial of famotidine or ranitidine; unrestricted in the treatment of erosive esophagitis and H. Pylori related Peptic Ulcer Disease; documentation of medications tried and failed required; must indicate diagnosis on PA
^	ledipasvir/sofosbuvir	Harvoni	
	leucovorin		
	levofloxacin	Levaquin	250mg, 500mg, 750mg tablets only
	levorphanol	Levo-Dromoran	Injectable, oral forms only
^	linezolid	Zyvox	For the treatment of TB or (600mg tablets only) restricted to treatment of Community Acquired MRSA resistant to Vancomycin.
	loperamide	Imodium	Generic form only
	lopinavir/ritonavir	Kaletra	
	lorazepam	Ativan	Oral form only
^	maraviroc	Selzentry	Clinical PA required
	megestrol	Megace, Megace ES	
	Meningococcal Vaccine		
	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

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	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, 45mg tablets form only
	Morphine sulfate (immediate release)		Oral form only
	Morphine sulfate (sustained release)		Oral form only
^	moxifloxacin	Avelox	Only for the treatment of TB.
^	nandrolone	Deca-Durabolin	Long acting for wasting only; Commercially available products only; Compounded products not approved; must indicate diagnosis on PA
	naproxen	Naprosyn	Oral form only
	nefazodone	Serzone	
	nelfinavir	Viracept	
	neomycin sulfate		Oral generic forms only
	nevirapine	Viramune	IR and XR formulations covered
	nortriptyline	Pamelor	Oral forms only
	nystatin	Mycostatin	Oral, topical and vaginal forms only
	olanzapine	Zyprexa	
^	ombitasvir/paritaprevir/ritonavir	Technivie	
^	ombitasvir/paritaprevir/ritonavir + dasabuvir	Viekira Pak Viekira Pak XR	
^	omeprazole	Prilosec	Restricted to use after trial of famotidine or ranitidine AND lansoprazole; unrestricted in the treatment of erosive esophagitis and H. Pylori related Peptic Ulcer Disease; documentation of medications tried and failed required; must indicate diagnosis on PA
	opium tincture		
	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 Sarcom; must indicate diagnosis on PA

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	Generic Name	Brand Name	Restrictions
	pancrelipase		Enteric coated encapsulated microspheres/ microtablets. (Axcan Products: Ultrase MT 12, Ultrase MT 20, Ultrase MT 18 and Ultrase MS4 are not covered.)
^	para-aminosalicylate	Paser	4-gram packets only; use of this medication is restricted for use in the treatment of multi- drug resistant tuberculosis (MDR-TB); documentation of medications tried and failed required on PA; must indicate diagnosis on PA
	paromomycin		
	paroxetine	Paxil	
^	pegylated interferon	Peg-Intron, Pegasys	Clinical PA required
	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, 45mg tablets only. NDC 67544-0066-45 not covered
	pneumococcal conjugate vaccine (PCV13)		
	pneumococcal vaccine	Pneumovax, Pnu- Immune	Single dose dispensing, 1 time dispensing every 6 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	
	ranitidine	Zantac	Prescription strength only; Oral form only
^	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	
^	rosiglitazone maleate	Avandia	
	rosuvastatin	Crestor	5mg, 10mg, 20mg, 40mg tablets only
	saquinavir mesylate	Invirase	
	sertraline	Zoloft	

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^	simeprevir	Olysio	Clinical PA required
	simvastatin	Zocor	
^	sofosbuvir	Sovaldi	
^	somatropin	Serostim	Restricted to HIV/AIDS wasting syndrome limited to 28-day supply; Clinical PA required
	stavudine	Zerit	
	sulfadiazine		Oral forms only
	sulfamethoxazole/TMP	Bactrim, Septra	Oral or injectable forms only
	sulindac	Clinoril	Oral form only
	tenofovir alafenamide/emtricitabine	Descovy	
	tenofovir disoproxil fumarate	Viread	
	tenofovir/emtricitabine	Truvada	
	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.
	tetracycline	Sumycin	Oral forms only
	tipranavir	Aptivus	
	trazodone	Desyrel	Oral forms only
	trimethoprim	Trimpex, Proloprim	Oral forms only
	trimetrexate	Neurexin	
^	valacyclovir	Valtrex 500mg	Brand Only. Generic covered for co-pay only. Drug is restricted to diagnosis of herpes simplex (HSV) or herpes zoster (HZV). HSV-max 10 days for acute treatment. Acute treatment and chronic suppressive therapy is approved only after failed trial of acyclovir. Drug is not payable for chronic suppressive treatment; documentation of medications tried and failed required; must indicate diagnosis on PA
		Valtrex 1000mg	Valtrex 1,000mg NDCs: 00173-0565-04 and 00173-0565-10 are not covered.
^	valganciclovir	Valcyte	Restricted to a diagnosis of CMV. Payable for active treatment or suppressive treatment only; not payable for primary polyphylaxis of CMV. Generic covered for co-payment ONLY; must indicate diagnosis on PA
	vancomycin	Vancocin	Oral capsule form only, IV not covered
	venlafaxine	Effexor, Effexor XR	
	vinblastine	Velban	Injectable and generic forms only
	vincristine	Oncovin	
^	voriconazole	Vfend	50mg and 200mg tablets and 200mg IV forms only; use is restricted to treatment of invasive aspergillosis in patients refractory to or intolerant of other therapies (i.e., amphotericin B, lipid formulations of amphotericin B, and /or itraconazole); documentation of medications tried and failed required; must indicate diagnosis on PA
	zidovudine	Retrovir	Generic only

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	Generic Name	Brand Name	Restrictions
	zidovudine/lamivudine	Combivir	
	ziprasidone	Geodon	20mg, 40mg, 60mg, 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. Exceptions will require a prior authorization.
- 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
 - Allscripts
 - Avpak
 - AvKare, Inc.
 - Aphenia PhA
 - Bay labs
 - BluePoint Laboratories
 - Bryand Ranch PR
 - Ceph International
 - Cipla USA
 - 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
 - Nucare 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)
 - Southwood Pharmaceuticals
 - Stat Rx USA
 - Walgreens Co.

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).