ADAP
AIDS Drug Assistance Program

Annual Report:
State Fiscal Year 2019–2020

California Department of Public Health
Center for Infectious Diseases
Office of AIDS

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ADAP Overview

ADAP Program History and Updates

The California Department of Public Health, Office of AIDS, ADAP was established in 1987 to help ensure that uninsured and under-insured people living with HIV/AIDS have access to life-saving medications. ADAP receives federal funds from the U.S. Health Resources and Services Administration through grants provided by Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Due to the implementation of the Patient Protection and Affordable Care Act in 2010, many ADAP clients were able to enroll in Medi-Cal or obtain health insurance coverage through Covered California. Beginning January 1, 2014, Medi-Cal was expanded to include eligible individuals with annual household incomes up to 138% of the federal poverty level. Additionally, Covered California, the state of California's health insurance marketplace, held its first open enrollment from October 1, 2013, through April 2014, which allowed individuals and small businesses to purchase health insurance at federally subsidized rates.

In March 2017, ADAP separated pharmacy and insurance benefits management functions, and transitioned to using the ADAP Enrollment System (AES), which has been used ever since to manage client eligibility and enrollment. Since then, the AES has evolved to meet the needs of ADAP advisors and Enrollment workers. The system has been enhanced over the years and the AES has the functionalities including secure messaging, auto-notifications, secondary review, and ADAP Enrollment Worker and Advisor User management.

During this reporting period, 32,028 clients were served and 216 medications were available through ADAP, including 44 antiretroviral medications to treat HIV and 8 medications to treat Hepatitis C. There were approximately 4,763 pharmacies statewide where clients could access these medications.

ADAP Eligibility Criteria

To be eligible for ADAP in California state FY 2019–20 (July 1, 2019 – June 30, 2020) a client must have met the following requirements:

- Was a resident of California.

- Had a positive HIV/AIDS diagnosis.

- Was at least 18 years old.

- Had an annual Modified Adjusted Gross Income (MAGI) that did not exceed 500% Federal Poverty Level based on household size and income.

- Was not fully covered by Medi-Cal or any other third-party payers.

ADAP Program Types and Benefits

Programs	Benefits			
	Medication	Premium Assistance	Medical Out-of-Pocket Costs (MOOPs)	Spousal/Dependent
AIDS Drug Assistance Program (ADAP)				
Medication Only	✓			
Office of AIDS Health Insurance Premium Payments (OA-HIPP)	✓	✓	✓	✓
Employer-Based Health Insurance Premium Payments (EB-HIPP)	✓	✓	✓	✓
Medicare Part D Premium Payments (MDPP)	✓	✓	✓	
Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)				
PrEP-AP	✓		✓	

Note: ADAP clients may co-enroll in HIPP programs if eligible and applicable. If not, clients are considered "Medication only" clients. Assistance with Medigap premiums is only available to ADAP clients concurrently enrolled in MDPP.

ADAP Programs & Benefits Timeline

CA-ADAP is established, providing payment for the full cost or client's share of cost for medications on the ADAP Formulary, including Food and Drug Administration (FDA)-approved antiretroviral therapy (ART).

The ADAP Branch implements the Medicare Part D Premium Payment (MDPP) Program, providing Medicare Part D premium payments.

The ADAP Branch implements the Pre-Exposure Prophylaxis Assistance Program (PrEP-AP) for HIV-negative California residents, providing payment for PrEP-related medications and related medical costs.

1997

1987

2006

2016

April 2018

The ADAP Branch implements the OA Health Insurance Premium Payment (OA-HIPP) Program, providing health insurance premium payments for privately insured clients.

The ADAP Branch implements the medical out-of-pocket (MOOP) benefit for clients enrolled in OA-HIPP or MDPP, providing payment for clients' share of cost for out-patient services.

The ADAP Branch implements the Employer-Based Health Insurance Premium Payments (EB-HIPP) Program, providing payment for the client's portion of their health insurance premium through their employer.

The ADAP Branch implements the Telemedicine benefit, providing PrEP-AP clients access to telemedicine services.

May 2018

June 2018

May 2018

June 2018

The ADAP Branch expands PrEP-AP services to individuals with insurance, including those with Medicare.

The ADAP Branch implements the MediGap benefit, providing MediGap premium payment for clients enrolled in MDPP.

ADAP Program Types

The ADAP Branch administers three primary program types: 1) ADAP medication assistance only, 2) ADAP medication assistance with health insurance premium assistance, and 3) pre-exposure prophylaxis assistance program (PrEP-AP) for HIV-negative persons. Each program has distinct eligibility criteria.

ADAP Medication Assistance Program

This program provides eligible California residents with FDA-approved medications used in the treatment of HIV/AIDS and HIV/AIDS-related opportunistic infections.

All covered medications are listed on the ADAP Drug Formulary, which can be accessed at: cdph.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary_Alpha.pdf.

Health Insurance Premium Payment (HIPP) Programs

Clients enrolled in ADAP with medication assistance may co-enroll in the following programs depending on the client's eligibility and needs:

(a) **Office of AIDS Health Insurance Premium Payment Program (OA-HIPP)**

OA-HIPP pays for health insurance premiums for eligible California residents co-enrolled in ADAP. OA-HIPP provides assistance with medical and dental insurance premiums and can also provide assistance with premiums for vision insurance, when combined with a dental and/or medical premium. Combined premiums include the cost for medical, dental, and vision-combination insurance plans. OA-HIPP also pays for out-patient medical out-of-pocket costs that count

towards the medical insurance plan's annual out-of-pocket maximum. Premium payments are sent directly to the health plan or COBRA administrator on a monthly basis. The OA-HIPP premium maximum during this report period was $1,938 per month.

For more information about OA-HIPP, please visit: www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_hipp.aspx.

(b) **Medicare Part D Premium Payment Program (MDPP)**

MDPP is a subsidy program that pays Medicare Part D and Medigap insurance premiums for eligible California residents co-enrolled in the ADAP and a Medicare Part D prescription drug plan. Medigap (also known as Medicare Supplemental Health Insurance Policies) is a benefit of MDPP and provides supplemental coverage that cover health care costs such as co-payments, co-insurance, and deductibles that Medicare Parts A and/or B do not cover. Clients may only receive assistance with Medigap premiums if they also have their Medicare Part D premium paid by MDPP. MDPP also pays for outpatient medical out-of-pocket costs that count towards the medical insurance plan's annual out-of-pocket maximum. Premium payments are sent directly to the health plan on a monthly basis. The MDPP and Medigap combined premium maximum for individuals during this report period was $1,938 per month.

(c) **Employer Based Health Insurance Premium Payment Program (EB-HIPP)**

EB-HIPP is a subsidy program that provides premium assistance for an ADAP client's

portion of their employer-based insurance premiums for eligible California residents co-enrolled in the ADAP. EB-HIPP pays the client's portion of their monthly medical and dental premiums, and can also provide assistance with vision premiums, when combined with a dental and/or medical premium for eligible clients. EB-HIPP also pays for out-patient medical out-of-pocket costs that count towards the medical insurance plan's annual out-of-pocket maximum. In order to be eligible for this type of insurance assistance, clients must be employed by an employer that offers comprehensive health care coverage. The client's portion of the insurance premium payments are sent directly to the employer on a monthly basis. The EB-HIPP premium maximum for individuals during this report period was $1,938 per month.

For more information about EB-HIPP, please visit: www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_EB-HIPP_Assistance.aspx.

Pre-Exposure Prophylaxis Assistance Program (PrEP- AP)

PrEP-AP is designed for adults residing in California who are HIV-negative and is available to both insured and uninsured clients. PrEP-AP provides assistance with PrEP-related medical costs, and medication on the PrEP-AP Drug Formulary for the prevention of HIV and treatment of sexually transmitted infections (STIs). Clients enrolled in PrEP-AP must currently enroll in a Patient Assistance Program (i.e., Gilead, ViiV Connect or ReadySetPrEP) that matches their insurance coverage status. PrEP-AP provides wraparound benefits, covering costs not covered by other payers. Clients with private insurance are eligible for PrEP medication co-payment assistance through pharmaceutical assistance programs. After a maximum yearly assistance threshold has been met, PrEP-AP will cover any remaining PrEP medication co-payments for the remainder of the calendar year. Clients without insurance are eligible to receive Truvada® (emtricitabine/tenofovir disoproxil fumarate), Descovy® (emtricitabine/tenofovir alafenamide), or Apretude® (cabotegravir extended-release injectable suspension) free of charge from the various patient assistance programs.

PrEP-AP provides assistance with PrEP-related medical costs, including: 1) new/established patient office visits for PrEP clinical assessments, 2) HIV testing, 3) STI testing, 4) pregnancy testing, 5) renal function testing, and 6) Hepatitis A, B, and C screenings.

For more information about PrEP- AP, please visit: www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_enroll_prepAP.aspx.

ADAP Benefit Types

Each ADAP program type provides a set of benefits for eligible clients. Benefits vary by program, and not all clients may be eligible for all benefits.

Medication

ADAP helps ensure that people living with HIV and AIDS in California who are uninsured or under-insured have access to medication covered on the ADAP Drug Formulary. If clients do not have insurance, ADAP pays for the full cost of the medication. If clients have health insurance, ADAP pays any applicable medication co-payments. For clients who are HIV negative, PrEP-AP subsidizes the cost of medications on the PrEP-AP Drug Formulary.

Premium Assistance

ADAP helps ensure that people living with HIV and AIDS in California can access health insurance by subsidizing health insurance premiums. For OA-HIPP and MDPP, ADAP pays the total cost of the client's health insurance premium (up to the maximum premium payment amount of $1,938 per month). For EB-HIPP, ADAP pays the client's portion of their employer-based health insurance plan, up to the current maximum premium payment amount of $1,938 per month).

Medical Out-of-Pocket Costs (MOOPs)

For clients enrolled in OA-HIPP, MDPP, and EB-HIPP, ADAP will pay outpatient medical out-of-pocket costs that count towards the client's health insurance policy's annual out of pocket maximum. For HIV-negative clients, the PrEP-AP will pay for PrEP-related medical costs as defined by the Centers for Disease Control and Prevention.

Spousal/Dependent

The Spousal/Dependent benefit covers spouses and dependents (including domestic partners and children) who are enrolled in ADAP and covered under a shared family health plan of an active ADAP/OA-HIPP client. This benefit covers outpatient expenses that count towards the insurance plan's out-of-pocket maximum (not including medications not covered by ADAP) and copayment, coinsurance, and deductibles for medical care as part of the OA-HIPP plan benefits.

Tables and Figures

Table 1. California ADAP Clients Served by Benefit Type, FY 2019–2020

Type of ADAP Benefits Received During FY 2019–2020	Number of Clients	Percent of Total
At least one medication dispense, but no health insurance premium payments	21,816	68.1%
At least one medication dispense, and at least one health insurance premium payment*	8,973	28.0%
At least one health insurance premium payment, but no medication dispenses paid by ADAP*	1,239	3.9%
TOTAL	**32,028**	**100.0%**

Figure 1. California ADAP Clients Served by Benefit Type, FY 2019–2020

3.9%
1,239

68.1%
21,816

28.0%
8,973

At least one medication dispense, but no health insurance premium payments

At least one medication dispense, and at least one health insurance premium payment*

At least one health insurance premium payment, but no medication dispenses paid by ADAP*
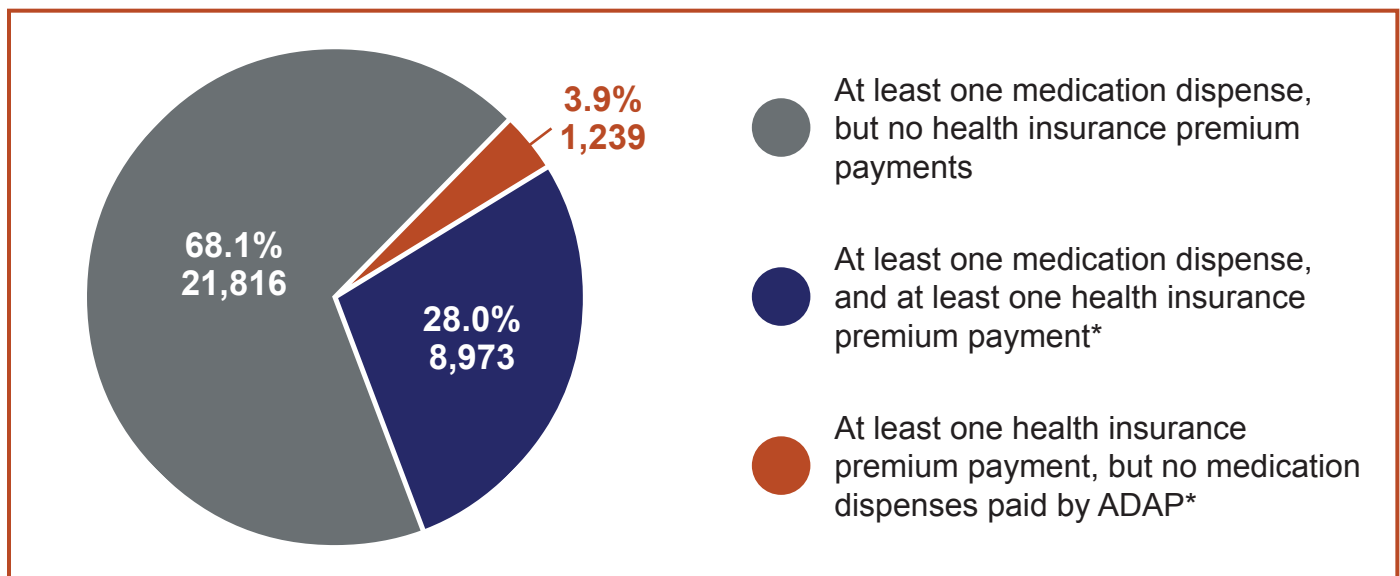
*Note on the Table and Figure Above: Totals reflect clients served in the Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), the Employer-Based Health Insurance Premium Payments Program (EB-HIPP), or the Medicare Part D Premium Payment Program (MDPP). **Source:** ADAP Enrollment System, December 24, 2024.

Table 2. California ADAP Clients Served by Age Group, FY 2019–2020

| Age Bracket (in Years)	Number of Clients	Percent of Total
18–19	34	0.1%
20–24	547	1.7%
25–29	2,025	6.3%
30–34	3,083	9.6%
35–39	3,100	9.7%
40–44	3,130	9.8%
45–49	3,453	10.8%
50–54	4,285	13.4%
55–59	4,515	14.1%
60–64	3,282	10.2%
65–69	2,549	8.0%
70–74	1,249	3.9%
75+	776	2.4%
TOTAL	**32,028**	**100.0%**

Figure 2. California ADAP Clients Served by Age Group, FY 2019–2020
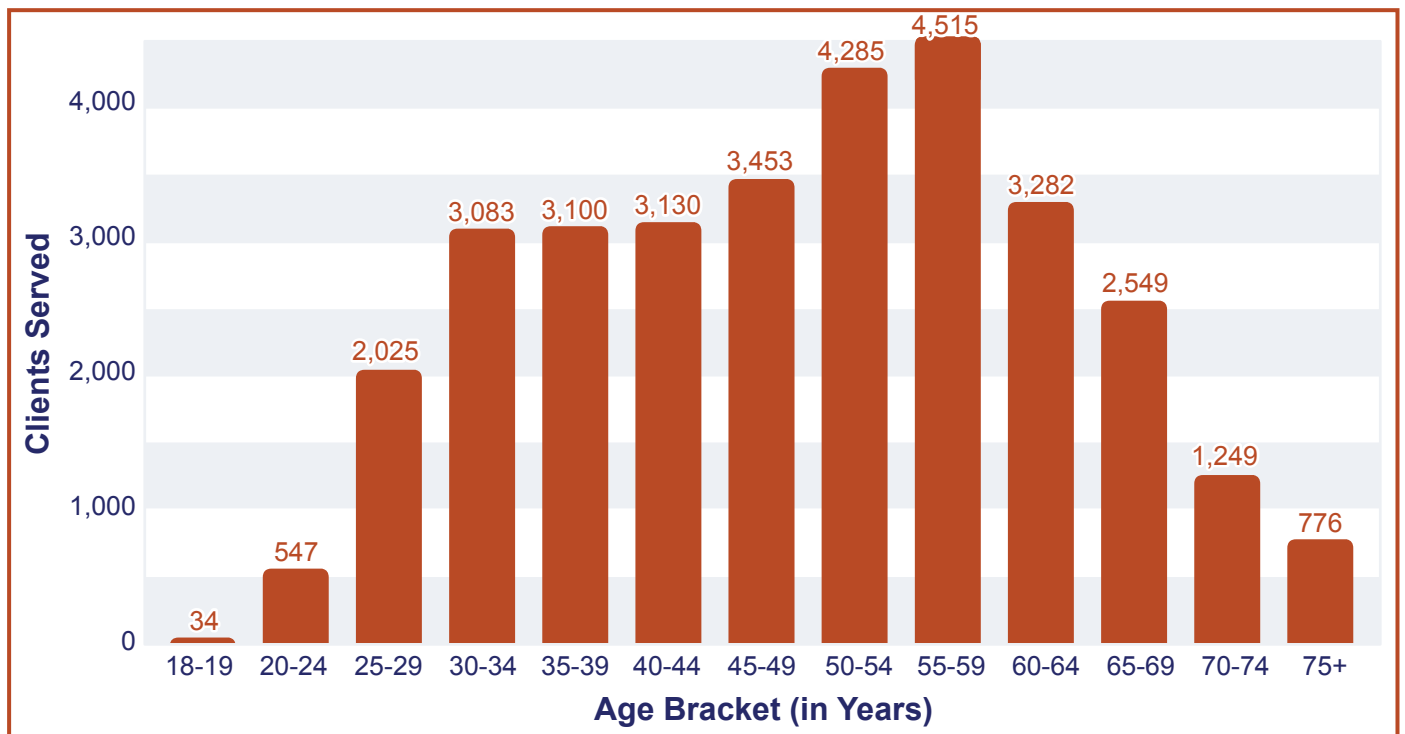
Note on the Table and Figure Above: Age is based upon client age at the fiscal year midpoint (January 1).
Source: ADAP Enrollment System, December 24, 2024.

Table 3. California ADAP Clients Served by Income, FY 2019–2020

Federal Poverty Level (FPL)	Number of Clients	Percent of Total
<200% of FPL	18,360	57.3%
≥200% and <300% of FPL	7,258	22.7%
≥300% and <400% of FPL	4,202	13.1%
≥400% of FPL	2,208	6.9%
TOTAL	**32,028**	**100.0%**

Figure 3. California ADAP Clients Served by Income, FY 2019–2020
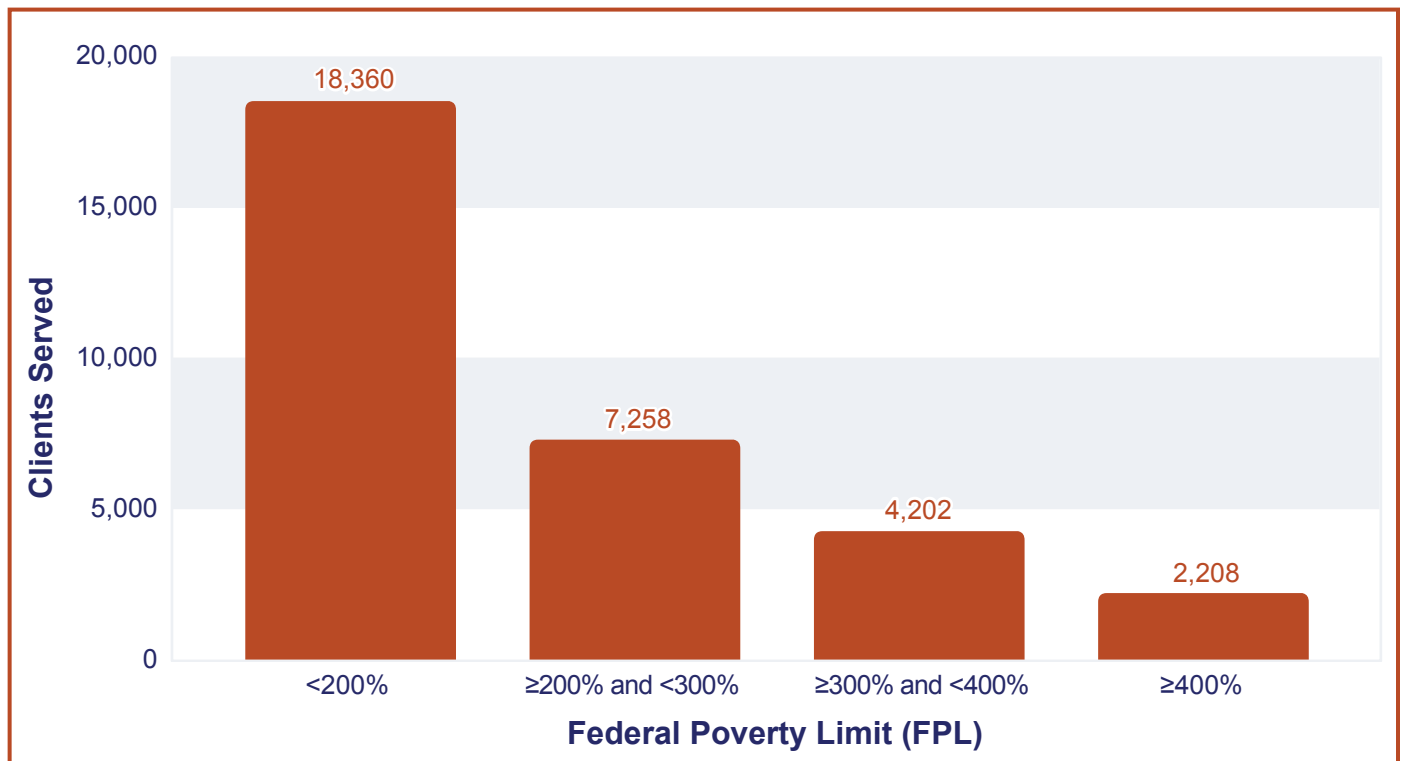
Note on the Table and Figure Above: FPL thresholds are based on household size and income. In FY 2019–2020, a household size of one with an annual household income of $12,490.00 (2019) and $12,760.00 (2020) was at 100% of the FPL. Although there are income eligibility requirements for ADAP, clients placed on a Temporary Access Period (TAP), may not have income data available for reporting purposes. **Source:** ADAP Enrollment System, December 24, 2024.

Table 4. California ADAP Clients Served by Gender, FY 2019–2020

Gender	Number of Clients	Percent of Total
Cisgender Men	28,483	88.9%
Cisgender Women	3,097	9.7%
Transgender	436	1.4%
Unknown/Unreported	12	0.0%
TOTAL	**32,028**	**100.0%**

Figure 4. California ADAP Clients Served by Gender, FY 2019–2020
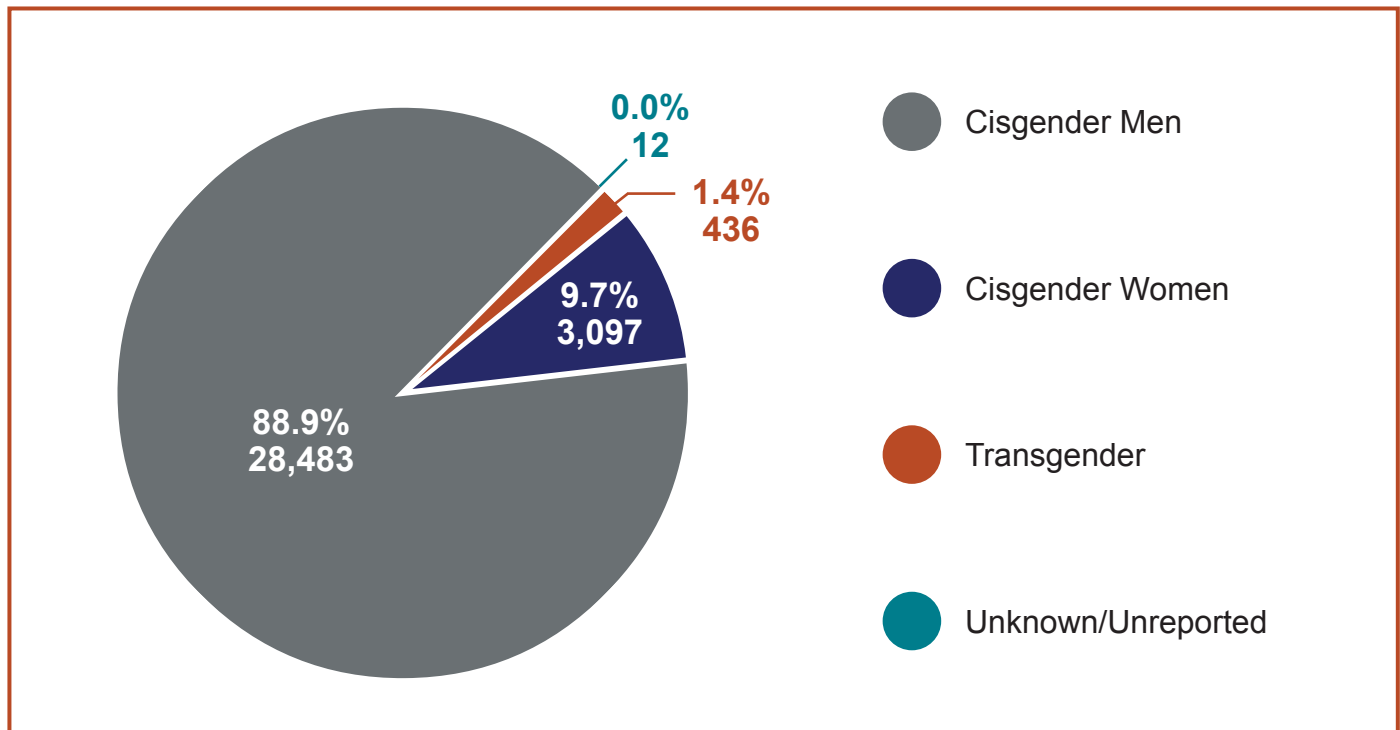
Note on the Table and Figure Above: Transgender categories (transgender male-to-female, transgender female-to-male, and transgender identity not otherwise specified) were combined into a single 'Transgender' category.
Source: ADAP Enrollment System, December 24, 2024.

Table 5. California ADAP Clients Served by Race/Ethnicity, FY 2019–2020

Race/Ethnicity	Number of Clients	Percent of Total
Latinx	15,298	47.8%
White	10,558	33.0%
Black/African American	3,981	12.4%
Asian	1,387	4.3%
Native Hawaiian/Pacific Islander	130	0.4%
American Indian or Alaska Native	77	0.2%
Multiple Races	312	1.0%
Unknown/Unreported	285	0.9%
TOTAL	**32,028**	**100.0%**

Figure 5. California ADAP Clients Served by Race/Ethnicity, FY 2019–2020
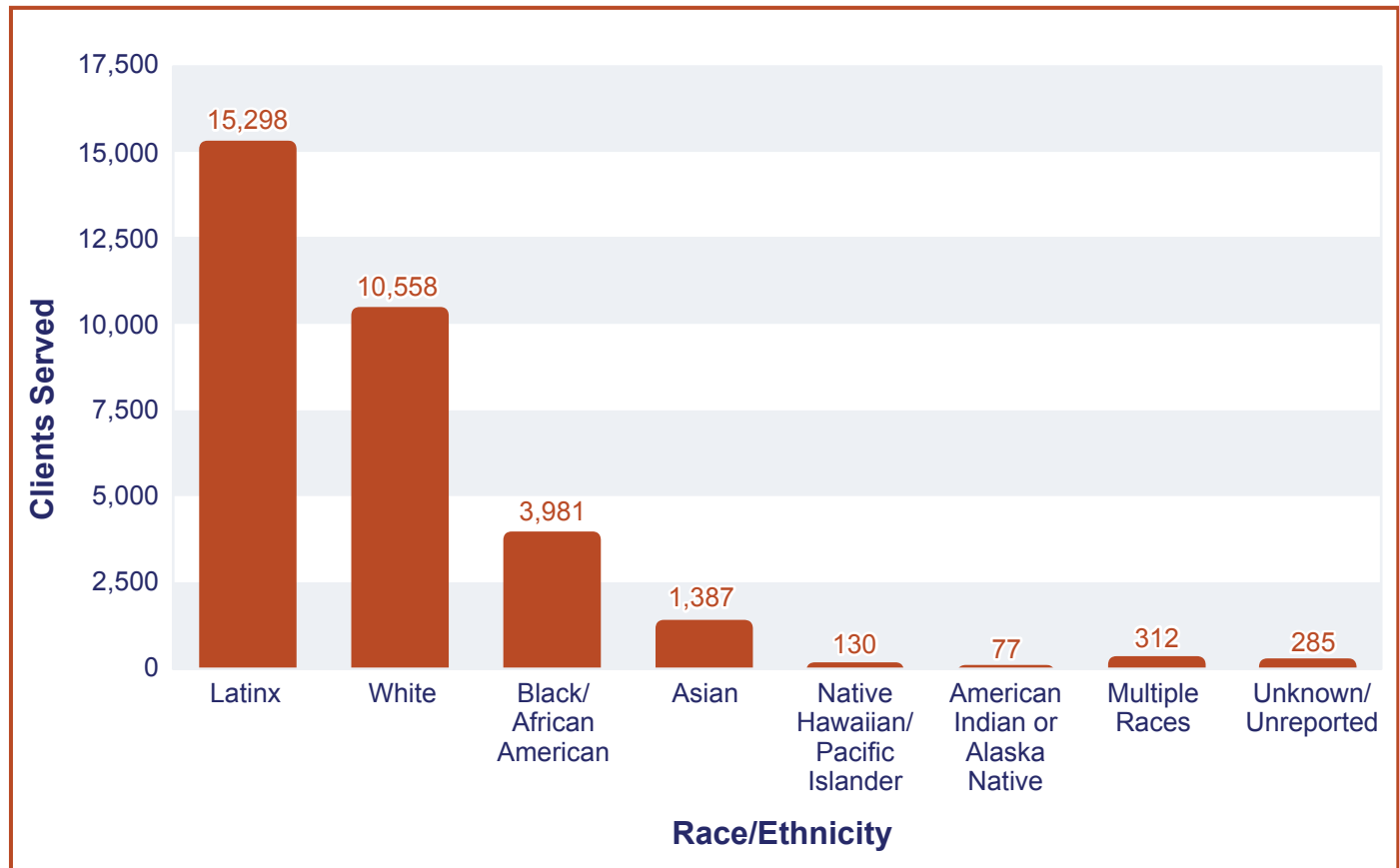
Note on the Table and Figure Above: Latinx includes all individuals reporting Hispanic ethnicity, regardless of race.
Source: ADAP Enrollment System, December 24, 2024.

Table 6. California ADAP Clients Served by Selected Preferred Language, FY 2019–2020

Selected Preferred Language	Number of Clients	Percent of Total
English	23,122	72.2%
Spanish	7,938	24.8%
Additional Languages*	273	0.9%
Unknown/Unreported	695	2.2%
TOTAL	**32,028**	**100.0%**

Figure 6. California ADAP Clients Served by Selected Preferred Language, FY 2019–2020
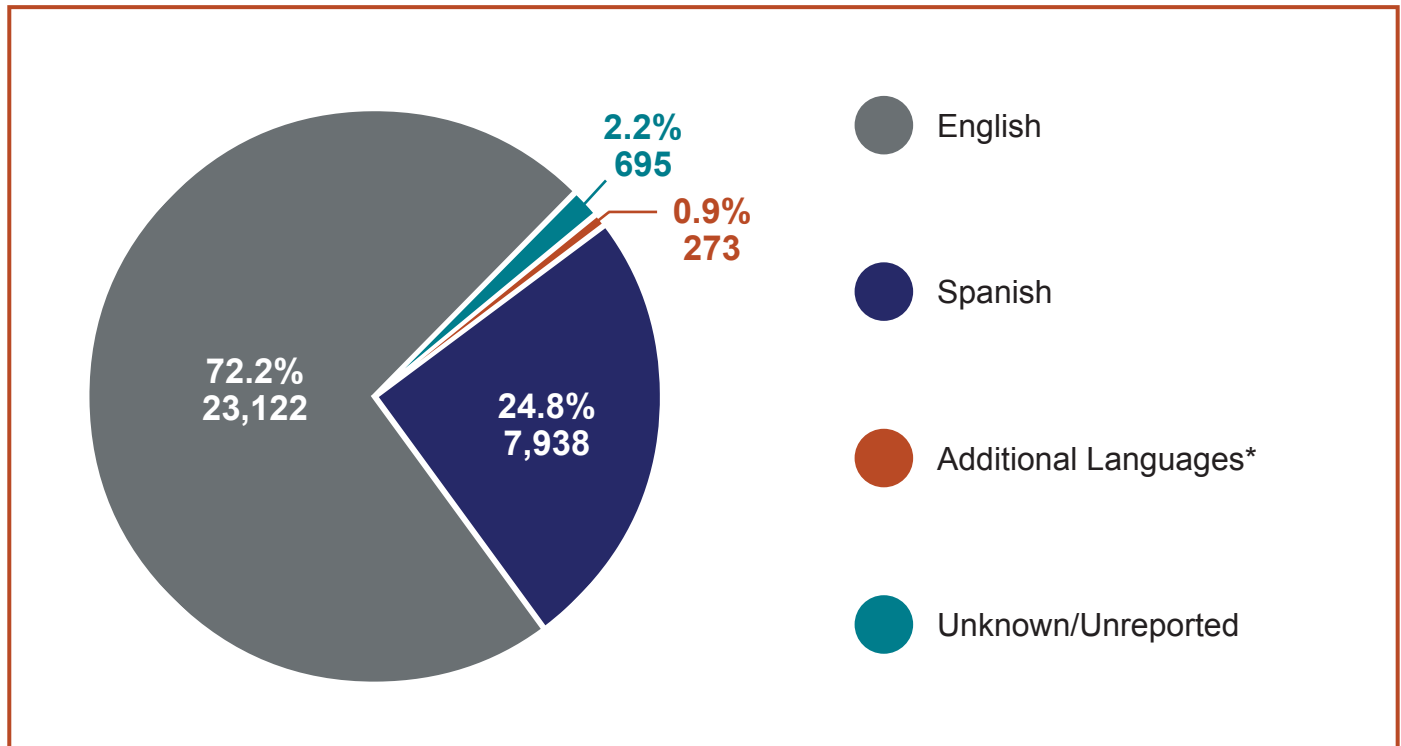
*Note on the Table and Figure Above: Additional languages include ASL, Amharic, Arabic, Armenian, Burmese, Cambodian, Cantonese, Chichewa, Chinese, Créole, Eritrean, Filipino, French, Haitian Creole, Hindi, Igbo, Indonesian, Italian, Japanese, Korean, Mandarin, Portuguese, Punjabi, Russian, Shona, Swahili, Tagalog, Taiwanese, Thai, Tigrinya, Turkish, Ukraine, Vietnamese, Yoruba. Selected preferred language is not available for all ADAP clients because clients are not required to identify their preferred language. **Source:** ADAP Enrollment System December 24, 2024.

Table 7. California ADAP Clients Served by CD4 Count, FY 2019–2020

CD4 Cell Count	Number of Clients	Percent of Total
≥500 cells/mm³	19,628	61.3%
200–499 cells/mm³	8,124	25.4%
<200 cells/mm³	1,500	4.7%
No lab results available	2,776	8.7%
TOTAL	**32,028**	**100.0%**

Figure 7. California ADAP Clients Served by CD4 Count, FY 2019–2020
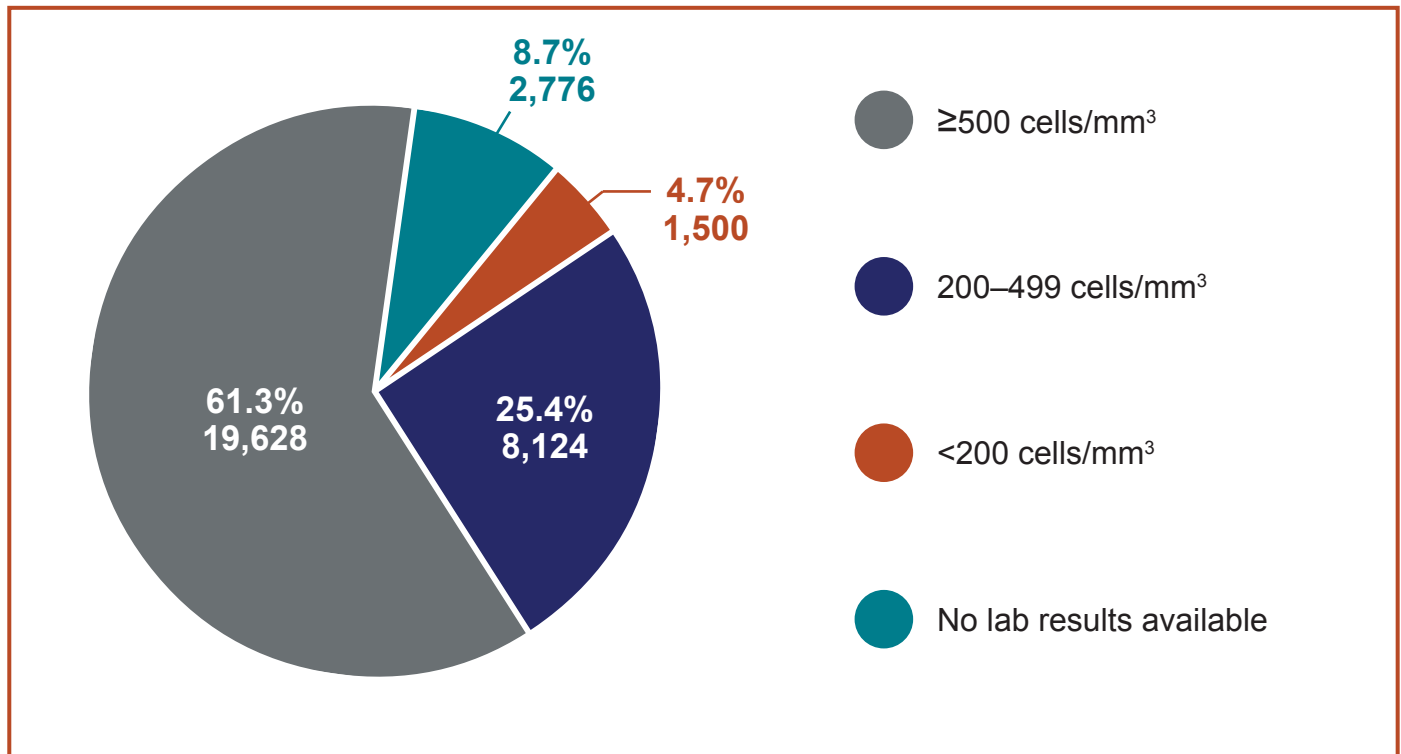
Note on the Table and Figure Above: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2019–2020 (July 1, 2019 – June 30, 2020). CD4 counts are measured in cells per cubic millimeter (cells/mm³). A normal CD4 count ranges from 500 to 1,400 cells per cubic millimeter of blood. A CD4 count below 200 cells per cubic millimeter indicates greater susceptibility to opportunistic infections. **Source:** ADAP Enrollment System, December 24, 2024.

Table 8a. California ADAP Clients Served by Viral Load, FY 2019–2020

Viral Load	Number of Clients	Percent of Total
Viral Suppression <200 copies/mL	27,259	85.1%
≥200 copies/mL	1,793	5.6%
No lab results available	2,976	9.3%
TOTAL	**32,028**	**100.0%**

Figure 8a. California ADAP Clients Served by Viral Load, FY 2019–2020
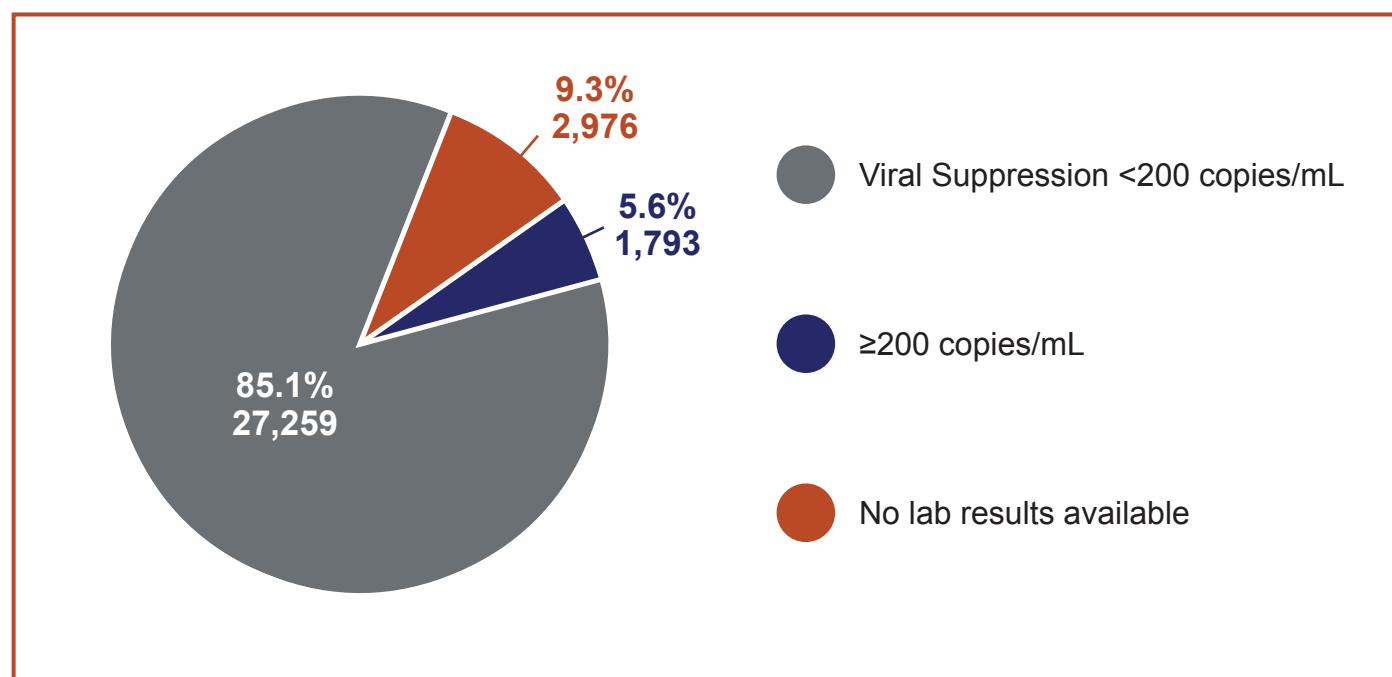
Note on the Table and Figure Above: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2019–2020 (July 1, 2019 – June 30, 2020). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

Table 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2019–2020

Viral Suppression Status by Gender	Number of Clients	Percent of Total by Gender Group
Cisgender Men		
Viral suppression <200 copies/mL	24,253	85.1%
≥200 copies/mL	1,574	5.5%
No lab results available	2,656	9.3%
SUBTOTAL	**28,483**	**100.0%**
Cisgender Women		
Viral suppression <200 copies/mL	2,645	85.4%
≥200 copies/mL	175	5.7%
No lab results available	277	8.9%
SUBTOTAL	**3,097**	**100.0%**
Transgender		
Viral suppression <200 copies/mL	351	80.5%
≥200 copies/mL	43	9.9%
No lab results available	42	9.6%
SUBTOTAL	**436**	**100.0%**
Unknown/Unreported		
Viral suppression <200 copies/mL	10	83.3%
≥200 copies/mL	1	8.3%
No lab results available	1	8.3%
SUBTOTAL	**12**	**100.0%**
TOTAL	**32,028**	**100.0%**

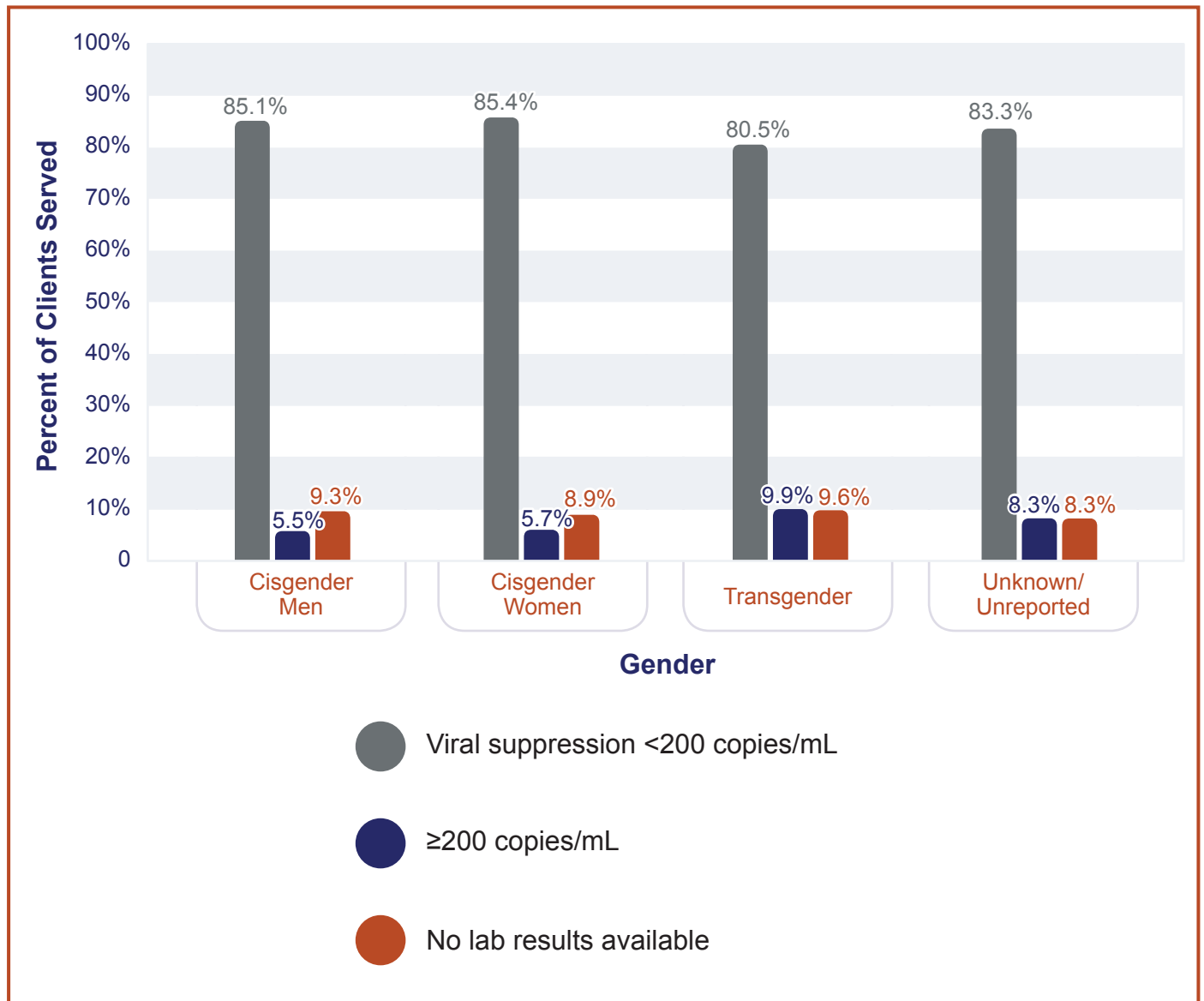**Note:** Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2019–2020 (July 1, 2019 – June 30, 2020). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

Figure 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2019–2020

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2019–2020 (July 1, 2019 – June 30, 2020). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

Table 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2019–2020

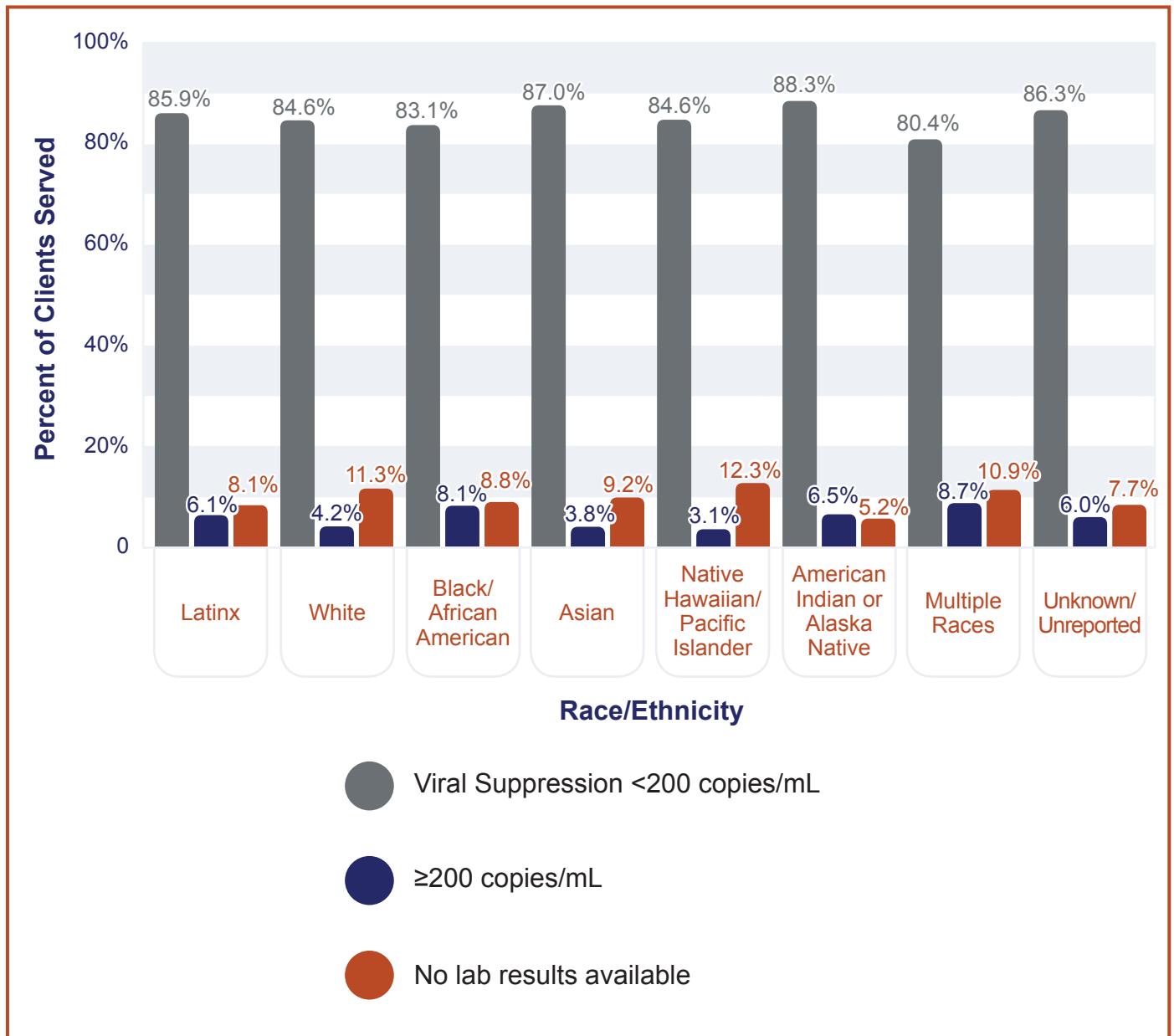| Viral Suppression Status by Race/Ethnicity	Number of Clients	Percent of Total by Race/Ethnicity
Latinx		
Viral suppression <200 copies/mL	13,139	85.9%
≥200 copies/mL	926	6.1%
No lab results available	1,233	8.1%
SUBTOTAL	**15,298**	**100.0%**
White		
Viral suppression <200 copies/mL	8,929	84.6%
≥200 copies/mL	439	4.2%
No lab results available	1,190	11.3%
SUBTOTAL	**10,558**	**100.0%**
Black/African American		
Viral suppression <200 copies/mL	3,309	83.1%
≥200 copies/mL	322	8.1%
No lab results available	350	8.8%
SUBTOTAL	**3,981**	**100.0%**
Asian		
Viral suppression <200 copies/mL	1,207	87.0%
≥200 copies/mL	53	3.8%
No lab results available	127	9.2%
SUBTOTAL	**1,387**	**100.0%**
Native Hawaiian/Pacific Islander		
Viral suppression <200 copies/mL	110	84.6%
≥200 copies/mL	4	3.1%
No lab results available	16	12.3%
SUBTOTAL	**130**	**100.0%**
American Indian or Alaska Native		
Viral suppression <200 copies/mL	68	88.3%
≥200 copies/mL	5	6.5%
No lab results available	4	5.2%
SUBTOTAL	**77**	**100.0%**
Multiple Races		
Viral suppression <200 copies/mL	251	80.4%
≥200 copies/mL	27	8.7%
No lab results available	34	10.9%
SUBTOTAL	**312**	**100.0%**
Unknown/Unreported		
Viral suppression <200 copies/mL	246	86.3%
≥200 copies/mL	17	6.0%
No lab results available	22	7.7%
SUBTOTAL	**285**	**100.0%**
TOTAL	**32,028**	**100.0%**

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2019–2020 (July 1, 2019 – June 30, 2020). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

Figure 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2019–2020

Percent of Clients Served

Race/Ethnicity	Viral Suppression <200 copies/mL	≥200 copies/mL	No lab results available
Latinx	85.9%	6.1%	8.1%
White	84.6%	4.2%	11.3%
Black/African American	83.1%	8.1%	8.8%
Asian	87.0%	3.8%	9.2%
Native Hawaiian/Pacific Islander	84.6%	3.1%	12.3%
American Indian or Alaska Native	88.3%	6.5%	5.2%
Multiple Races	80.4%	8.7%	10.9%
Unknown/Unreported	86.3%	6.0%	7.7%

Race/Ethnicity

- Viral Suppression <200 copies/mL
- ≥200 copies/mL
- No lab results available

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2019–2020 (July 1, 2019 – June 30, 2020). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, measured in copies per milliliter. Persons whose most recent HIV viral load test result during the FY was <200 copies/ml were considered to be virally suppressed. **Source:** ADAP Enrollment System, December 24, 2024.

Table 9. California ADAP Clients Served by Local Health Jurisdiction, FY 2019–2020

Local Health Jurisdiction	Number of Clients	Percent of Total
Alameda	1,871	5.8%
Amador	<10	<0.1%
Butte	66	0.2%
Calaveras	<10	<0.1%
Colusa	<10	<0.1%
Contra Costa	332	1.0%
El Dorado	29	<0.1%
Fresno	381	1.2%
Glenn	<10	<0.1%
Humboldt	54	0.2%
Imperial	67	0.2%
Inyo	<10	<0.1%
Kern	251	0.8%
Kings	29	<0.1%
Lake	20	<0.1%
Long Beach	198	0.6%
Los Angeles	12,996	40.6%
Madera	37	0.1%
Marin	122	0.4%
Mariposa	<10	<0.1%
Mendocino	46	0.1%
Merced	36	0.1%
Monterey	213	0.7%
Napa	32	<0.1%
Nevada	42	0.1%
Orange	1,704	5.3%
Pasadena	194	0.6%

Table 9. California ADAP Clients Served by Local Health Jurisdiction (continued)

Placer	32	<0.1%
Plumas	<10	<0.1%
Riverside	1,916	6.0%
Sacramento	1,174	3.7%
San Bernardino	664	2.1%
San Diego	3,620	11.3%
San Francisco	2,951	9.2%
San Joaquin	170	0.5%
San Luis Obispo	86	0.3%
San Mateo	288	0.9%
Santa Barbara	132	0.4%
Santa Clara	856	2.7%
Santa Cruz	71	0.2%
Shasta	51	0.2%
Siskiyou	<10	<0.1%
Solano	235	0.7%
Sonoma	415	1.3%
Stanislaus	141	0.4%
Sutter	19	<0.1%
Tehama	<10	<0.1%
Tulare	99	0.3%
Tuolumne	<10	<0.1%
Ventura	307	1.0%
Yolo	25	<0.1%
Yuba	10	<0.1%
Unknown	<10	<0.1%
TOTAL	**32,028**	**100.0%**

Note: Served clients reflect the unduplicated count of individuals who received medication or insurance assistance benefits. Allowing for small cell size suppression, the client total may not equal the column sum of clients. Additionally, some clients received services in multiple counties. For the purposes of this report, the City of Berkeley Public Health is grouped with Alameda County Public Health Department. The following LHJs did not serve clients in California state fiscal year (FY) 2019–2020 (July 1, 2019 – June 30, 2020) and are not shown in the table: Del Norte, Lassen, Mono, and Trinity. The counties reflect the county of the client's enrollment site, not necessarily the client's residential county. **Source:** ADAP Enrollment System December 24, 2024.

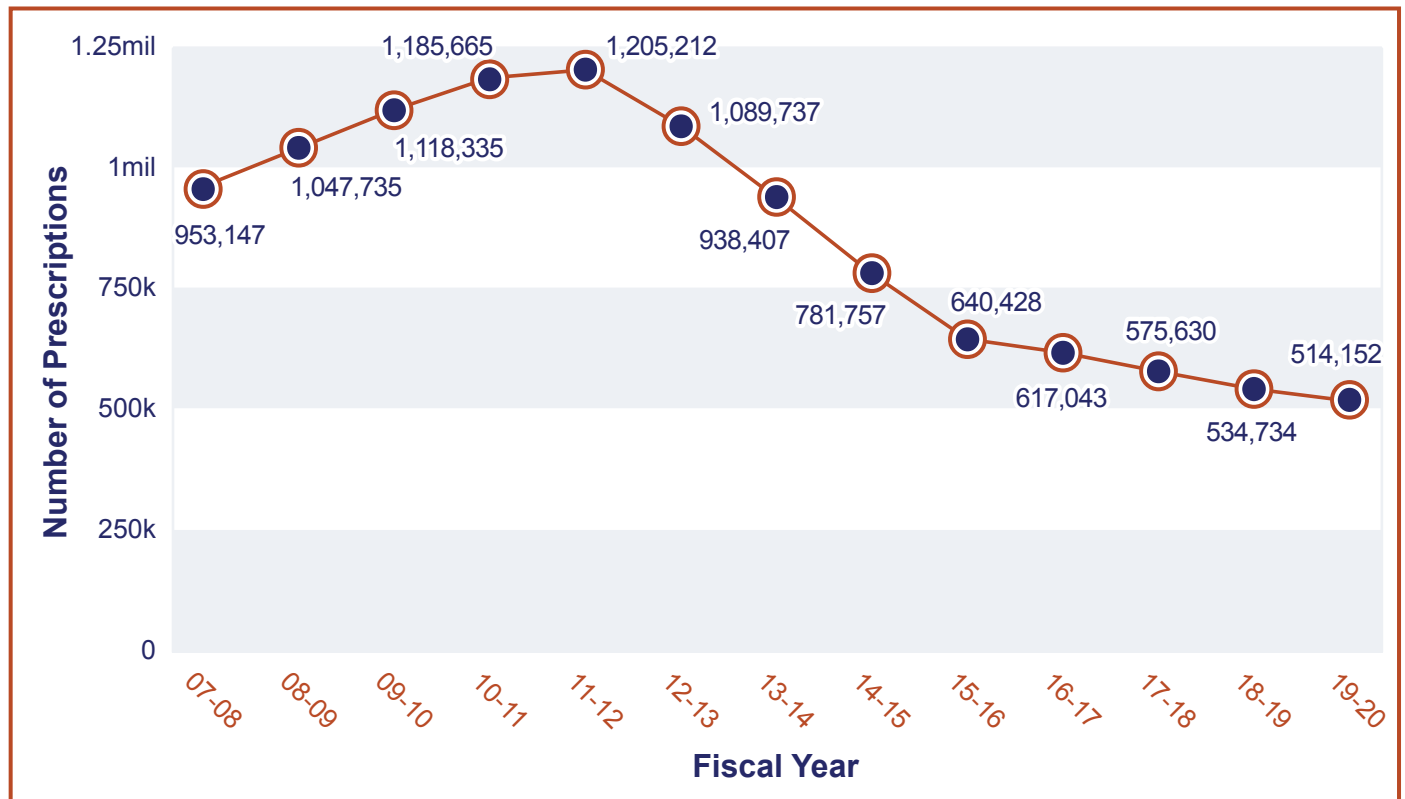## Figure 9. California ADAP Medication Expenditures by Fiscal Years, 2007–2020
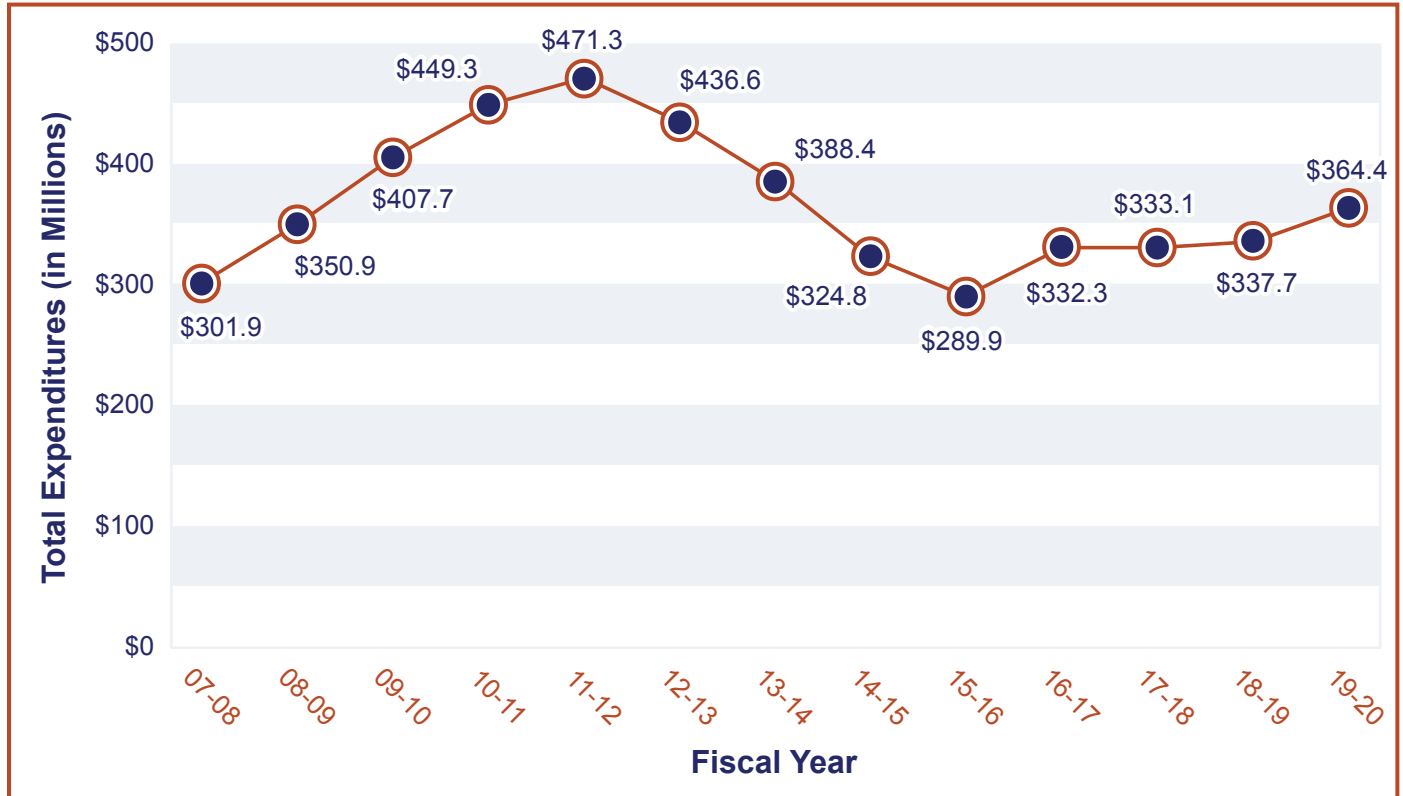
Note: For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx or Department of Finance at www.ebudget.ca.gov. **Source:** ADAP Enrollment System December 24, 2024.

Table 10. California ADAP Medication Dispenses and Expenditures, FY 2019–2020

Number of Clients	Medications Dispensed	Medication Expenditures	Median Number of Prescriptions Per Client, Per Year	Median Expenditures Per Client, Per Year
30,789	514,152	$364,015,802	12	$4,072.53

Note: For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx or Department of Finance at www.ebudget.ca.gov. **Source:** ADAP Enrollment System December 24, 2024.

Figure 10. California ADAP Medication Prescriptions Dispensed, Historical Trends, by Fiscal Years 2007–2020
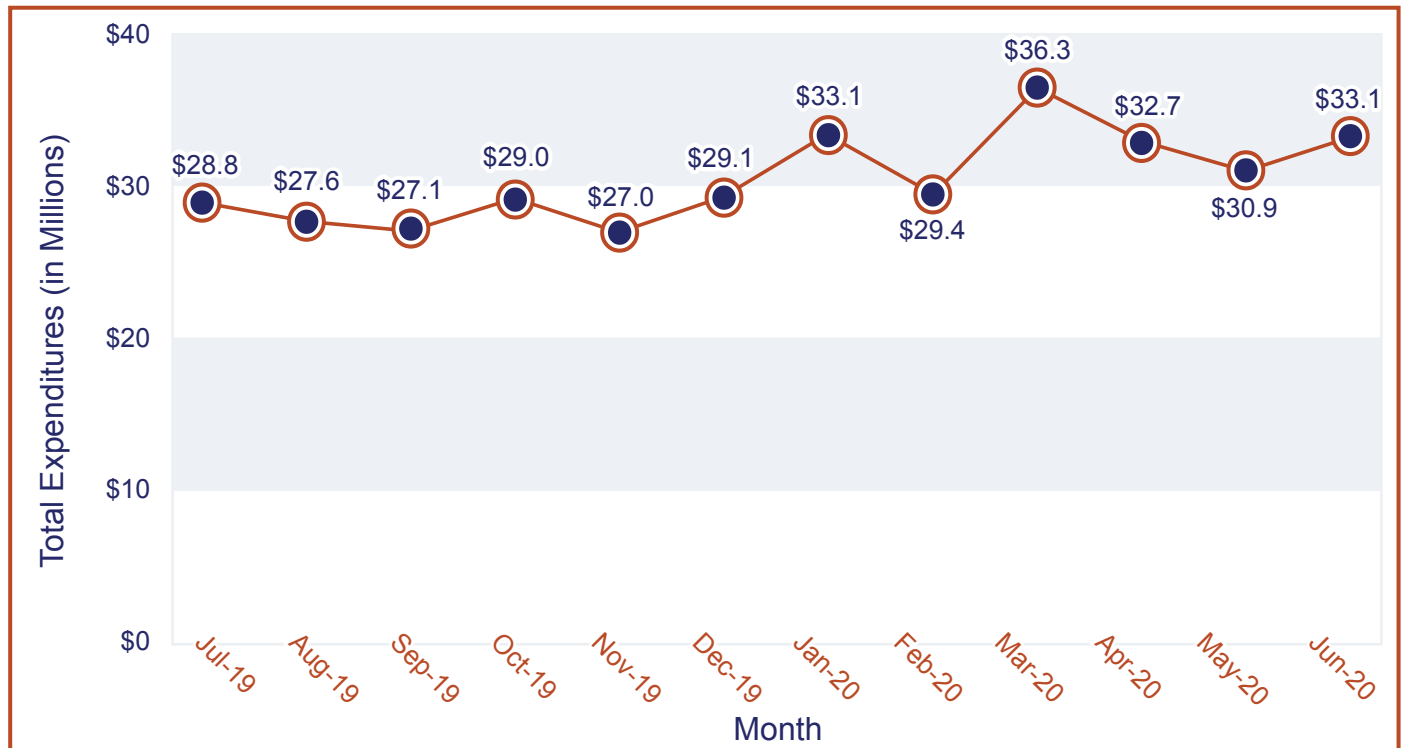

Note: For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx or Department of Finance at www.ebudget.ca.gov. **Source:** ADAP Enrollment System December 24, 2024.

Table 11. California ADAP Medication Expenditures by Month, FY 2019–2020

Month	Number of Clients	Medications Dispensed	Medication Expenditures
July 2019	17,481	42,847	$28,761,598
August 2019	17,016	40,536	$27,642,314
September 2019	16,882	39,537	$27,070,499
October 2019	17,161	41,463	$29,043,086
November 2019	16,406	37,547	$26,955,544
December 2019	16,812	40,190	$29,102,093
January 2020	19,739	47,650	$33,107,488
February 2020	19,289	44,238	$29,354,159
March 2020	20,354	50,298	$36,304,872
April 2020	18,947	43,621	$32,733,639
May 2020	18,456	42,240	$30,879,200
June 2020	18,642	43,985	$33,061,310
TOTAL	**30,789**	**514,152**	**$364,015,802**

Note: Includes all medications dispensed by ADAP. The total does not reflect the column sum of clients as some may have received services for multiple months. **Source:** ADAP Enrollment System, December 24, 2024.

Figure 11. California ADAP Medication Expenditures by Month, FY 2019–2020

Note: Includes all medications dispensed by ADAP. **Source:** ADAP Enrollment System, December 24, 2024. For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx or Department of Finance at www.ebudget.ca.gov.

Table 12a. California ADAP Antiretroviral Medication Dispenses, FY 2019–2020

Drug Class	Number of Clients	Percent of Total
Integrase Strand Inhibitor (INSTI)	20,426	47.3%
Other Combination Antiretroviral Treatments	8,544	19.8%
Nucleoside Reverse Transcriptase Inhibitors (NRTI)	6,929	16.0%
Protease Inhibitor	4,240	9.8%
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)	1,678	3.9%
Other Antiretrovirals	362	0.8%
No Antiretroviral Medication Dispenses	1,038	2.4%
TOTAL	**30,789**	**100.0%**

Note: The total does not reflect the column sum of clients as prescriptions from more than one drug class may have been received. **Source:** ADAP Enrollment System, IQVIA America and the Pharmaceutical Marketing Research Group's Uniform System of Classification (USC) and First Databank's Enhanced Therapeutic Classification (ETC) System, December 24, 2024. For more medication information, visit cdph.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary.pdf.

Table 12b. California ADAP Non-Antiretroviral Medication Dispenses, FY 2019–2020

Drug Class	No. of Clients	% of Total
Infectious Disease: includes antimicrobials, antivirals, and vaccines, which are used to treat or prevent viral and bacterial infections.	12,023	23.2%
Cardiovascular: includes statins and other antihyperlipidemic drugs.	6,883	13.3%
Mental Health: includes medications such as antidepressants, benzodiazepines, and antipsychotics, which are used to treat mental health conditions.	6,245	12.1%
Pain: includes non-steroidal anti-inflammatory drugs (NSAID) and opioid analgesics which are used for pain management.	5,192	10.0%
Gastrointestinal (GI) Agents: includes medications used to treat GI issues such as ulcers, gastroesophageal reflux disease, and heartburn.	3,184	6.1%
Miscellaneous: includes androgens, wasting syndrome treatment, glucocorticoids, antineoplastics, glycoprotein or peptide cytokine/hormone, and anabolic steroids.	2,945	5.7%
Neurologic: includes anticonvulsants, which can be used to treat seizure disorders.	2,600	5.0%
Diabetes Treatment: includes medications used to help control high blood sugar.	2,125	4.1%
No Non-Antiretroviral Medication Dispenses	10,625	20.5%
TOTAL	**30,789**	**100.0%**

Note: The total does not reflect the column sum of clients as prescriptions from more than one drug class may have been received. **Source:** ADAP Enrollment System, IQVIA America and the Pharmaceutical Marketing Research Group's Uniform System of Classification (USC) and First Databank's Enhanced Therapeutic Classification (ETC) System, December 24, 2024.

Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2019–2020

Local Health Jurisdiction	Clients	Prescriptions	Expenditures
Alameda	1,837	25,747	$12,719,552
Amador	<10	124	$18,784
Butte	63	1,005	$430,310
Calaveras	<10	43	$8,434
Colusa	<10	72	$35,581
Contra Costa	316	3,864	$1,771,417
El Dorado	29	557	$223,513
Fresno	377	3,846	$2,256,314
Glenn	<10	84	$84,515
Humboldt	54	855	$240,446
Imperial	69	786	$1,350,597
Inyo	<10	42	$45,549
Kern	251	3,021	$3,914,088
Kings	29	340	$459,612
Lake	23	417	$117,639
Long Beach	201	2,910	$1,882,540
Los Angeles	12,663	222,198	$192,460,159
Madera	37	425	$578,321
Marin	109	1,411	$538,726
Mariposa	<10	9	$3,323
Mendocino	45	931	$213,821
Merced	34	425	$436,360
Monterey	204	3,508	$1,653,569
Napa	29	273	$242,466
Nevada	43	640	$157,774
Orange	1,646	30,173	$27,891,008
Pasadena	187	3,239	$2,806,978
Placer	31	322	$140,375

Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2019–2020 *(continued)*

|			
Plumas	<10	15	$3,537
Riverside	1,801	36,764	$10,189,119
Sacramento	1,145	15,525	$5,173,302
San Bernardino	673	8,970	$10,014,351
San Diego	3,533	60,153	$39,413,554
San Francisco	2,904	45,085	$17,221,267
San Joaquin	174	2,517	$1,830,372
San Luis Obispo	76	1,287	$257,252
San Mateo	275	3,230	$3,608,672
Santa Barbara	132	1,869	$2,377,008
Santa Clara	838	10,632	$9,362,832
Santa Cruz	75	1,188	$909,242
Shasta	50	702	$485,565
Siskiyou	<10	125	$41,324
Solano	232	2,846	$1,569,428
Sonoma	385	6,297	$2,045,730
Stanislaus	139	2,635	$1,609,007
Sutter	20	325	$149,946
Tehama	<10	29	$35,352
Tulare	97	1,493	$1,361,362
Tuolumne	<10	214	$60,451
Ventura	301	4,530	$3,438,410
Yolo	27	277	$128,145
Yuba	<10	177	$48,802
TOTAL	**30,789**	**514,152**	**$364,015,802**

Note: Total clients reflect the unduplicated count of individuals with at least one medication dispense during the FY 2019–2020. Allowing for small cell size suppression, the client total will not equal the column sum of clients. Additionally, some clients received services in multiple counties. For the purposes of this report, the City of Berkeley Public Health is grouped with Alameda County Public Health Department. The following LHJs did not have clients with dispenses in this fiscal year and are not shown in the table: Del Norte, Lassen, Mono, and Trinity. The counties reflect the county of the client's enrollment site, not the residential county. **Source:** ADAP Enrollment System, December 24, 2024. For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or Department of Finance at www.ebudget.ca.gov.

Table 14. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2019–2020

Insurance Coverage Group	Number of Clients	Percent of Total
ADAP Only	12,570	40.8%
ADAP with Medi-Cal	179	0.6%
ADAP with Medicare	7,678	24.9%
ADAP with Private Insurance	10,362	33.7%
TOTAL	**30,789**	**100.0%**

Note: Clients include those with at least one medication dispense during the FY 2019–2020. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. **Source:** ADAP Enrollment System, December 24, 2024. For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or Department of Finance at www.ebudget.ca.gov.

Figure 12. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2019–2020
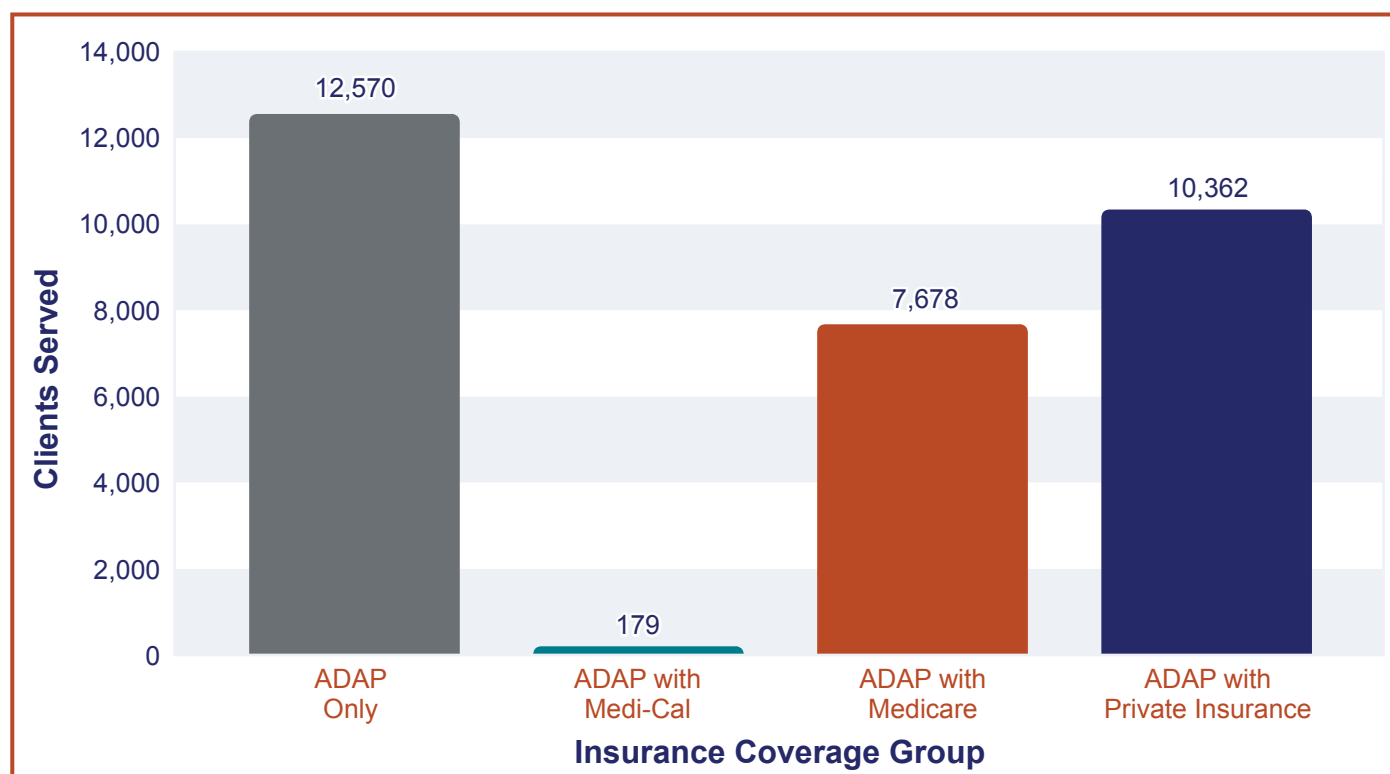
Note: Clients include those with at least one medication dispense during the FY 2019–2020. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. **Source:** ADAP Enrollment System, December 24, 2024. For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or Department of Finance at www.ebudget.ca.gov.

Table 15. Health Insurance Premium Clients, Payments, and Expenditures by Program, FY 2019–2020

| Program	Clients	Payments	Median Annual Premium Amount, Per Client	Health Insurance Premium Expenditures
EB-HIPP	1,029	15,344	$1,582	$2,040,757
MDPP	2,097	28,062	$403	$2,551,083
OA-HIPP	7,469	107,237	$5,644	$50,098,176
TOTAL	**10,087**	**150,643**	---	**$54,690,015**

Note: Total clients are less than the sum of clients by program as some clients received both Employer-Based Health Insurance Premium Payment Program (EB-HIPP) or Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) and Medicare Part D Premium Payment Program (MDPP) health insurance premium benefits during the course of the fiscal year. Expenditures reflect payments and adjustments made during the fiscal year. **Source:** ADAP Enrollment System, December 24, 2024. For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or Department of Finance at www.ebudget.ca.gov.

Table 16. California ADAP Health Insurance Premium Assistance Clients and Expenditures by Month, FY 2019–2020

Month	Number of Clients	Expenditures
July 2019	7,152	$3,897,059
August 2019	7,178	$3,894,402
September 2019	7,124	$3,909,926
October 2019	7,132	$3,857,975
November 2019	7,101	$3,829,358
December 2019	7,114	$3,852,658
January 2020	7,938	$5,006,153
February 2020	8,288	$5,197,495
March 2020	8,322	$5,146,200
April 2020	8,545	$5,275,879
May 2020	8,702	$5,377,226
June 2020	8,834	$5,445,685
TOTAL	**10,087**	**$54,690,015**

Note: Month reflects the month in which the client's premium was paid by ADAP. The total does not equal the column sum of clients as clients may have received services for multiple months. Table reflects only claims submitted for the Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment Program (MDPP). Expenditures reflect payments and adjustments made during the fiscal year. **Source:** ADAP Enrollment System, December 24, 2024. For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or Department of Finance at www.ebudget.ca.gov.

Figure 13. California ADAP Health Insurance Premium Expenditures by Month, FY 2019–2020
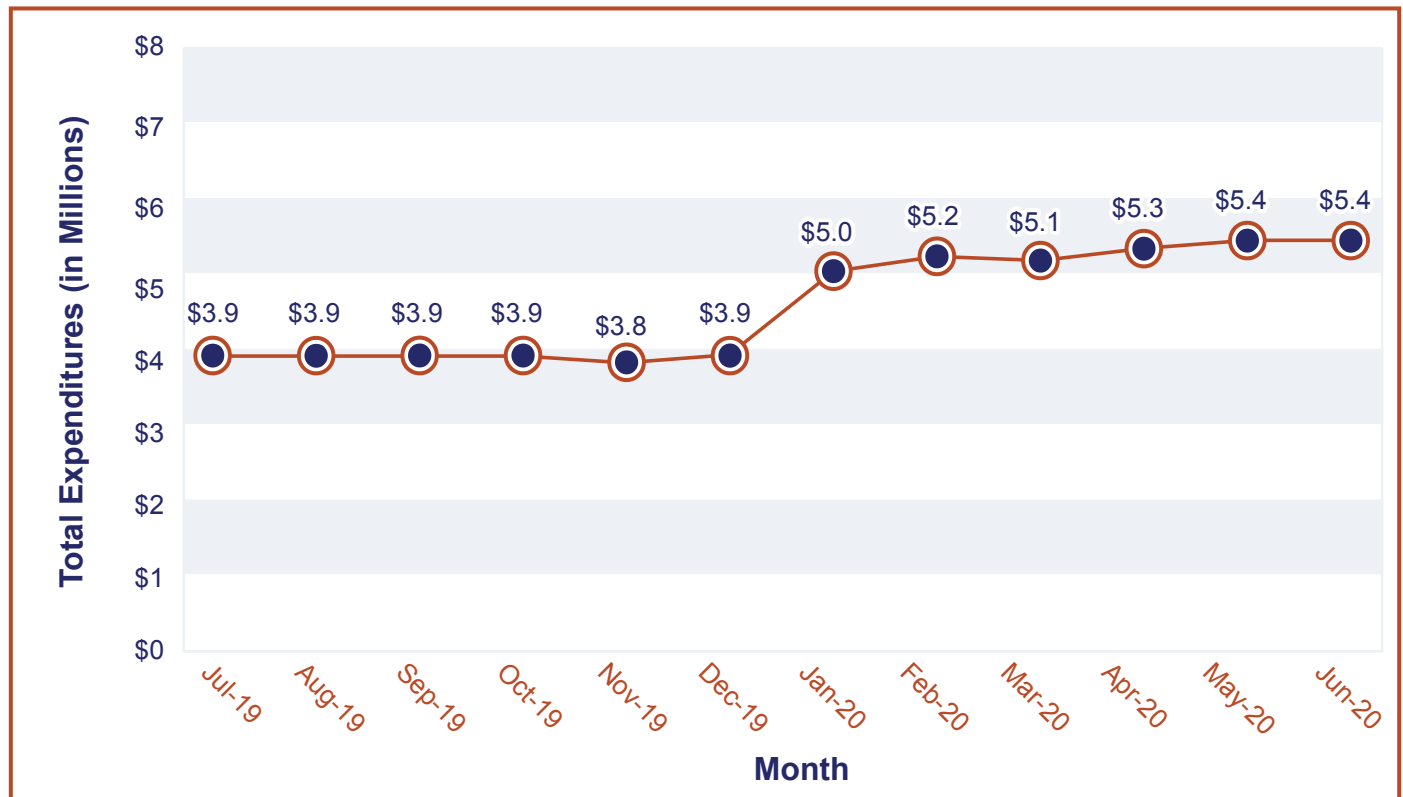
Note: Month reflects the month in which the client's premium was paid by ADAP. The Total does not equal the column sum of clients as some clients received services for multiple months. Table reflects only claims submitted for the Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment Program (MDPP). Expenditures reflect payments and adjustments made during the fiscal year. **Source:** ADAP Enrollment System, December 24, 2024. For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or Department of Finance at www.ebudget.ca.gov.

Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2019–2020

Local Health Jurisdiction	Clients	Premium Expenditures
Alameda	652	$3,417,026
Amador	<10	$392
Butte	41	$201,281
Colusa	<10	$13,075
Contra Costa	131	$509,085
El Dorado	16	$39,643
Fresno	125	$327,916
Glenn	<10	$6,377
Humboldt	30	$108,833
Imperial	<10	$4,570
Kern	41	$80,385
Kings	<10	$10,866
Lake	15	$32,264
Long Beach	85	$549,168
Los Angeles	3,079	$18,052,658
Madera	<10	$5,904
Marin	71	$429,101
Mendocino	25	$86,893
Merced	<10	$33,337
Monterey	104	$1,082,242
Napa	18	$143,963
Nevada	34	$134,694
Orange	638	$3,671,424
Pasadena	42	$132,593
Placer	11	$27,946

Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2019–2020 *(continued)*

Riverside	868	$3,532,866
Sacramento	538	$2,931,137
San Bernardino	106	$389,157
San Diego	1,294	$7,582,944
San Francisco	1,238	$6,583,729
San Joaquin	32	$99,550
San Luis Obispo	62	$551,787
San Mateo	96	$369,798
Santa Barbara	18	$36,260
Santa Clara	265	$1,049,731
Santa Cruz	23	$97,476
Shasta	19	$40,940
Siskiyou	<10	$33,522
Solano	69	$195,441
Sonoma	213	$797,545
Stanislaus	30	$101,846
Sutter	11	$105,291
Tulare	33	$162,192
Tuolumne	<10	$392
Ventura	141	$818,396
Yolo	13	$70,411
Yuba	<10	$37,965
TOTAL	**10,087**	**$54,690,015**

Note: Only reflects claims submitted for Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment Program (MDPP). Expenditures reflect payments and adjustments made during the fiscal year. Allowing for small cell size suppression, the client total will not equal the column sum of clients. Additionally, some clients received services in multiple counties. For the purposes of this report, the City of Berkeley Public Health is grouped with Alameda County Public Health Department. The following LHJs did not serve clients in FY 2019–2020 and are not shown in the table: Calaveras, Del Norte, Inyo, Lassen, Mariposa, Mono, Plumas, Tehama, and Trinity. The counties reflect the county of the client's enrollment site, not necessarily the client's residential county. **Source:** ADAP Enrollment System, December 24, 2024. For more budget information, visit www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or Department of Finance at www.ebudget.ca.gov.

Table 18. Medical Out-Of-Pocket (MOOP) Clients Served and Expenditures, FY 2019–2020

Clients Served	MOOPS Paid	Expenditures	Median Annual Claims per Client	Median Cost per Claim
4,297	33,304	$1,669,850	4	$121

Note: Table reflects MOOPs for Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment Program (MDPP). **Source:** ADAP Enrollment System, December 24, 2024. For more budget information, visit https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx or Department of Finance at https://www. ebudget.ca.gov.

Appendices

Appendix A. Medication Prescription Dispenses and Expenditures: Measures of Central Tendency and Spread, FY 2019–2020

Category	Mode	Minimum	25th Percentile	Median	75th Percentile	Maximum
Number of Prescription Medications Dispensed	12	1	6	12	22	172
Medication Expenditures	$17	$2	$468	$4,073	$21,185	$348,555

Note: Number of clients included in analysis = 30,789; number of prescription medication dispenses included = 514,152. **Source:** ADAP Enrollment System, December 24, 2024

Appendix B. Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Premium Payment Program (MDPP) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2019–2020

Category	Mode	Minimum	25th Percentile	Median	75th Percentile	Maximum
Number of EB-HIPP, OA-HIPP, and MDPP Payments per client	12	1	9	12	23	59
EB-HIPP, OA-HIPP, and MDPP Expenditures per client	$316	$0	$1,290	$3,942	$8,083	$42,834

Note: Number of clients included in analysis = 10,087; number of prescription medication dispenses included = 150,643. **Source:** ADAP Enrollment System, December 24, 2024

Appendix C. Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Premium Payment Program (MDPP) Medical-Out-Of-Pocket (MOOPs) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2019–2020

Category	Mode	Minimum	25th Percentile	Median	75th Percentile	Maximum
Number of EB-HIPP, OA-HIPP, or MDPP MOOPs Claims per client	1	1	2	4	9	140
MOOPs Expenditures per client	$15	$0	$45	$121	$350	$38,181

Note: Number of clients included in analysis = 4,297; number of prescription medication dispenses included = 33,304.
Source: ADAP Enrollment System, December 24, 2024.

Appendix D. Summary of Statistical Measures and Definitions, FY 2019–2020

In some tables, the sum of the individual values as shown may add up to greater than the displayed total due to rounding.

Measure	Description
Mode	The most commonly or frequently occurring value in a data set.
Minimum	The lowest or smallest value in a data set.
25th Percentile	When all observations in a data set are ordered from smallest to largest, the 25th percentile is the value at which 25% of the observations in the data set fall at or below.
Median (50th Percentile)	When all observations in a data set are ordered from smallest to largest, the median is the value exactly in the middle. If there are an even number of observations, the median is the average of the two middle values. The median is also the 50th percentile - the value at which 50% of the observations in the data set fall at or below.
75th Percentile	When all observations in a data set are ordered from smallest to largest, the 75th percentile is the value at which 75% of the observations in the data set fall at or below.
Maximum	The highest or largest value in a data set.
Mean	When all observations in a data set are summed together and divided by the total number of observations, this results in the mean value.
Standard Deviation (SD)	A measure of the amount of variation or spread in a data set. A small or low standard deviation means that observations in the data set tend to be close to the mean, and a high standard deviation means that observations in the data set tend to be more spread out across a wider range of values.

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