

ADAP

AIDS Drug Assistance Program

Annual Report: State Fiscal Year 2021–2022

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



CONTENTS

AIDS Drug Assistance Program (ADAP) Overview	1
ADAP Program History and Updates	1
ADAP Eligibility Criteria	1
ADAP Program Types and Benefits	2
ADAP Programs and Benefits Timeline	3–4
ADAP Program Types	5
ADAP Medication Assistance Program	5
Health Insurance Premium Payment Programs	3–4
Pre-Exposure Prophylaxis Assistance Program (PrEP-AP)	6
ADAP Benefit Types	7
Medication	7
Premium Assistance	7
Medical Out-of-Pocket Costs (MOOPs)	7
Spousal/Dependent	7
Tables and Figures	8
Table 1. California ADAP Clients Served by Benefit Type, FY 2021–2022	8
Figure 1. California ADAP Clients Served by Benefit Type, FY 2021–2022	8
Table 2. California ADAP Clients Served by Age Group, FY 2021–2022	9
Figure 2. California ADAP Clients Served by Age Group, FY 2021–2022	9
Table 3. California ADAP Clients Served by Income, FY 2021–2022	10
Figure 3. California ADAP Clients Served by Income, FY 2021–2022	10
Table 4. California ADAP Clients Served by Gender, FY 2021–2022	11
Figure 4. California ADAP Clients Served by Gender, FY 2021–2022	11
Table 5. California ADAP Clients Served by Race/Ethnicity, FY 2021–2022	12
Figure 5. California ADAP Clients Served by Race/Ethnicity, FY 2021–2022	12
Table 6. California ADAP Clients Served by Selected Preferred Language, FY 2021–2022	13
Figure 6. California ADAP Clients Served by Selected Preferred Language, FY 2021–2022	13
Table 7. California ADAP Clients Served by CD4 Count, FY 2021–2022	14
Figure 7. California ADAP Clients Served by CD4 Count, FY 2021–2022	14
Table 8a. California ADAP Clients Served by Viral Suppression Status, FY 2021–2022	15
Figure 8a. California ADAP Clients Served by Viral Suppression Status, FY 2021–2022	15
Table 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2021–2022	16
Figure 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2021–2022	17
Table 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2021–2022	18
Figure 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2021–2022	19

CONTENTS *(continued)*

Table 9. California ADAP Clients Served by Local Health Jurisdiction, FY 2021–2022	20–21
Figure 9. California ADAP Medication Expenditures by Fiscal Years, 2007–2022	22
Table 10. California ADAP Medication Dispenses and Expenditures, FY 2021–2022	22
Figure 10. California ADAP Medication Prescriptions Dispensed, Historical Trends, by Fiscal Years, 2007–2022	23
Table 11. California ADAP Medication Expenditures by Month, FY 2021–2022	24
Figure 11. California ADAP Medication Expenditures by Month, FY 2021–2022	24
Table 12a. California ADAP Antiretroviral Medication Dispenses, FY 2021–2022	25
Table 12b. California ADAP Non-Antiretroviral Medication Dispenses, FY 2021–2022	25
Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2021–2022	26–27
Table 14. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2021–2022	28
Figure 12. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2021–2022	28
Table 15. Health Insurance Premium Clients, Payments, and Expenditures by Program, FY 2021–2022	29
Table 16. California ADAP Health Insurance Premium Assistance Clients and Expenditures by Month, FY 2021–2022	29
Figure 13. California ADAP Health Insurance Premium Expenditures by Month, FY 2021–2022	30
Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2021–2022	31–32
Table 18. Medical Out-Of-Pocket (MOOP) Clients Served and Expenditures, FY 2021–2022	33
Appendices	33
Appendix A. Medication Prescription Dispenses and Expenditures: Measures of Central Tendency and Spread, FY 2021–2022	33
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 2021–2022	33
Appendix C. Employer-Based Health Insurance Premium Payment Program (EB-HIPP) and Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Part D Health Insurance Premium Payment (MDPP) Medical-Out-Of-Pocket (MOOPs) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2021–2022	34
Appendix D. Summary of Statistical Measures and Definitions, FY 2021–2022	35

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, 30,592 clients were served, and 241 medications were available through ADAP, including 46 antiretroviral medications to treat HIV and 8 medications to treat Hepatitis C. There were approximately 4,906 pharmacies statewide where clients could access these medications.

ADAP Eligibility Criteria

To be eligible for ADAP in California state FY 2021–22 (July 1, 2021 – June 30, 2022) a client must have met the following requirements:

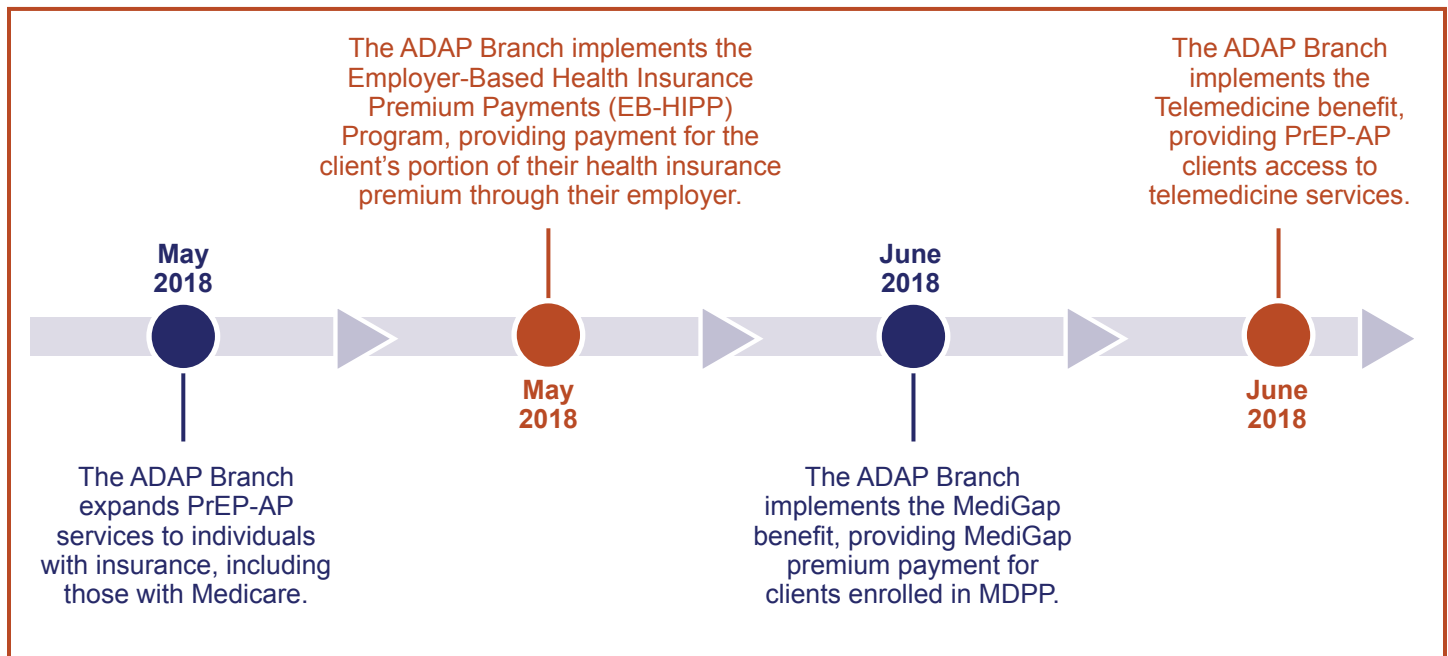
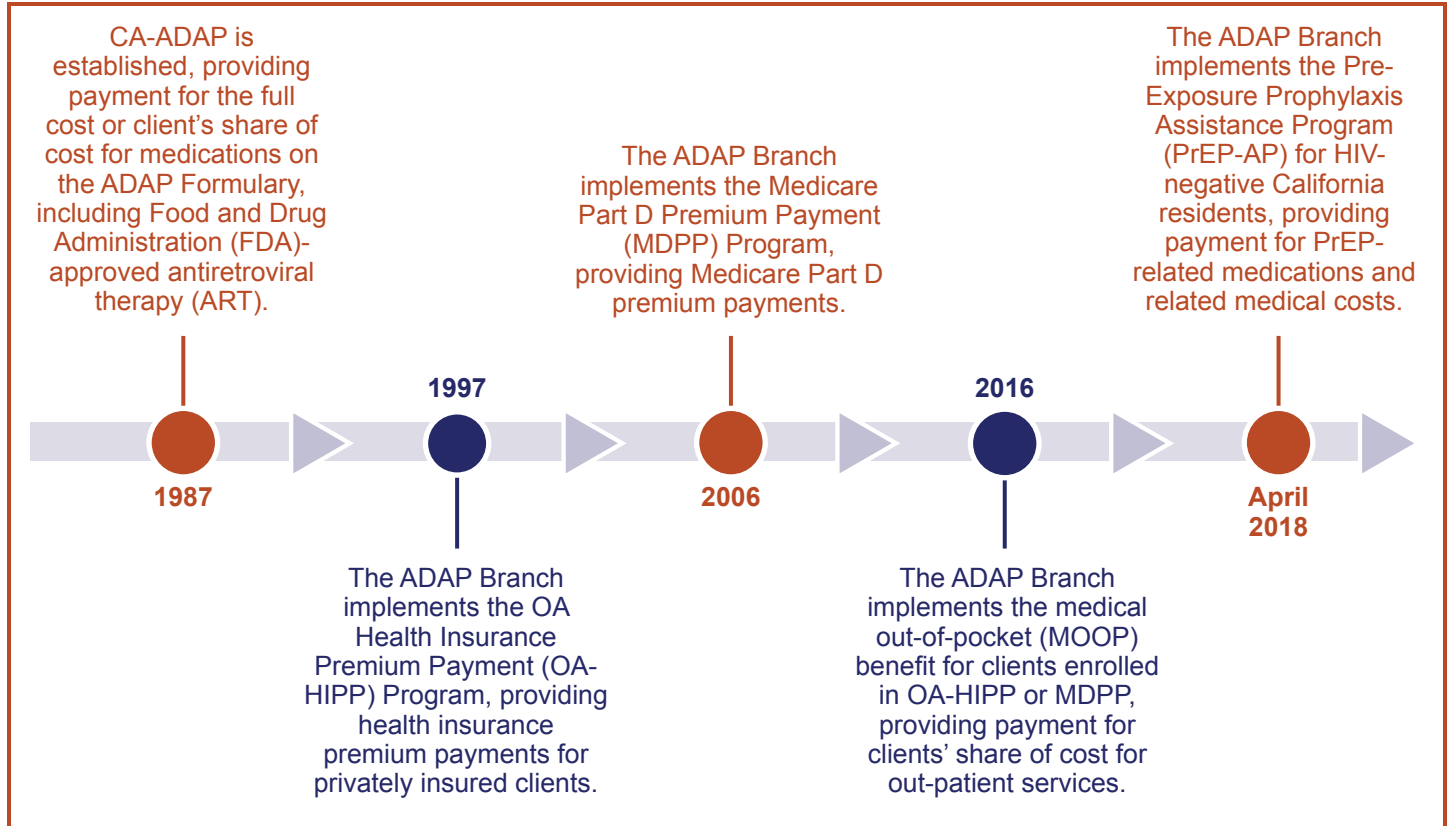
- Was a resident of California.
- Had a positive HIV/AIDS diagnosis.
- Was at least 18 years old.
- Had an annual Modified Adjusted Gross Income (MAGI) that did not exceed 500% Federal Poverty Level based on household size and income.
- Was not fully covered by Medi-Cal or any other third-party payers.

ADAP Program Types and Benefits

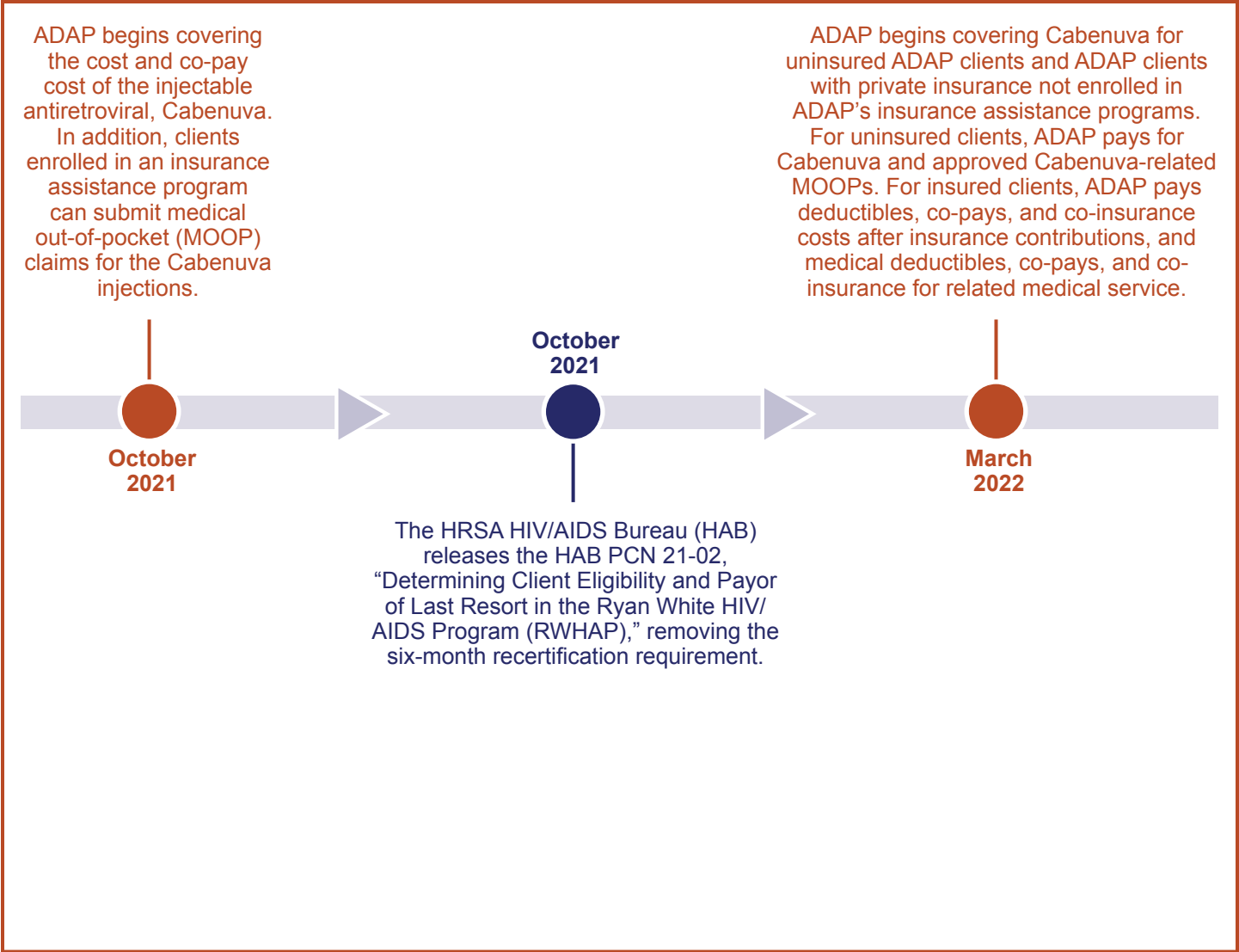
Programs	Benefits			
	Medication	Premium Assistance	Medical Out-of-Pocket Costs (MOOPs)	Spousal/Dependent
AIDS Drug Assistance Program (ADAP)				
Medication Only	✓			
Office of AIDS Health Insurance Premium Payments (OA-HIPP)	✓	✓	✓	✓
Employer-Based Health Insurance Premium Payments (EB-HIPP)	✓	✓	✓	✓
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



ADAP Programs & Benefits Timeline (continued)



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](https://cdph.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary_Alpha.pdf), which can be accessed at: https://cdph.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary_Alpha.pdf.

Health Insurance Premium Payment 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](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_hipp.aspx), please visit: https://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](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_EB-HIPP_Assistance.aspx), please visit: https://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](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_adap_enroll_prepAP.aspx), please visit: https://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.

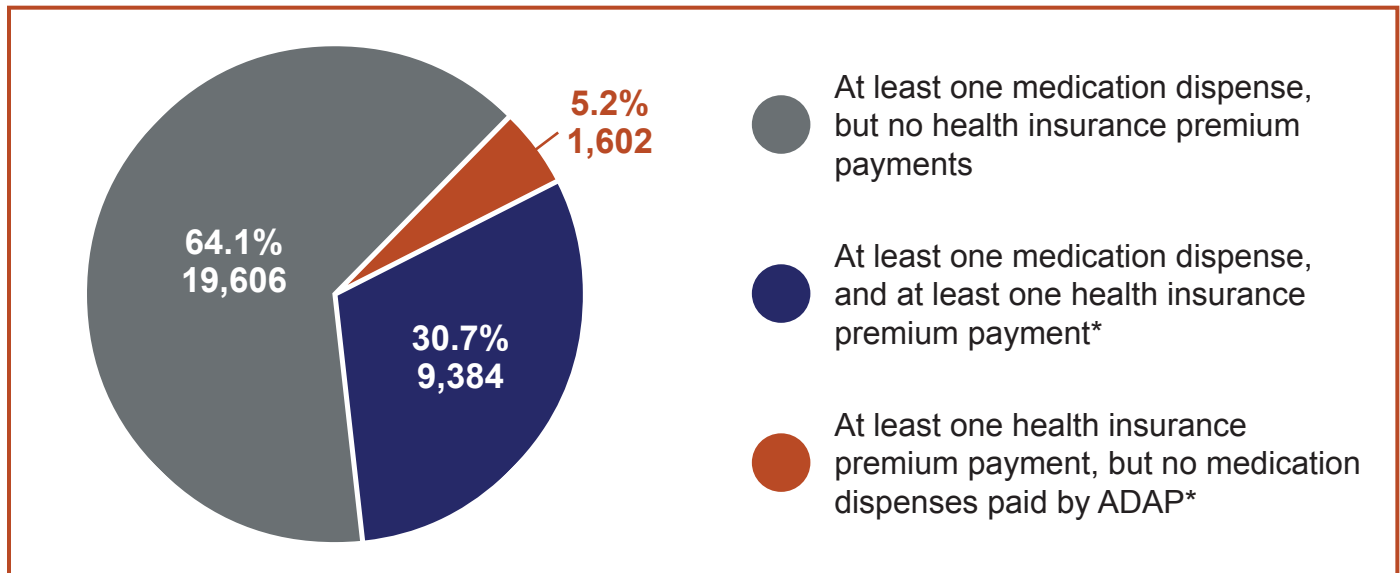
Spousal/Dependent

The Spousal/Dependent benefit covers spouses and dependents (including domestic partners and children) who are enrolled in ADAP and covered under a shared family 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 2021–2022

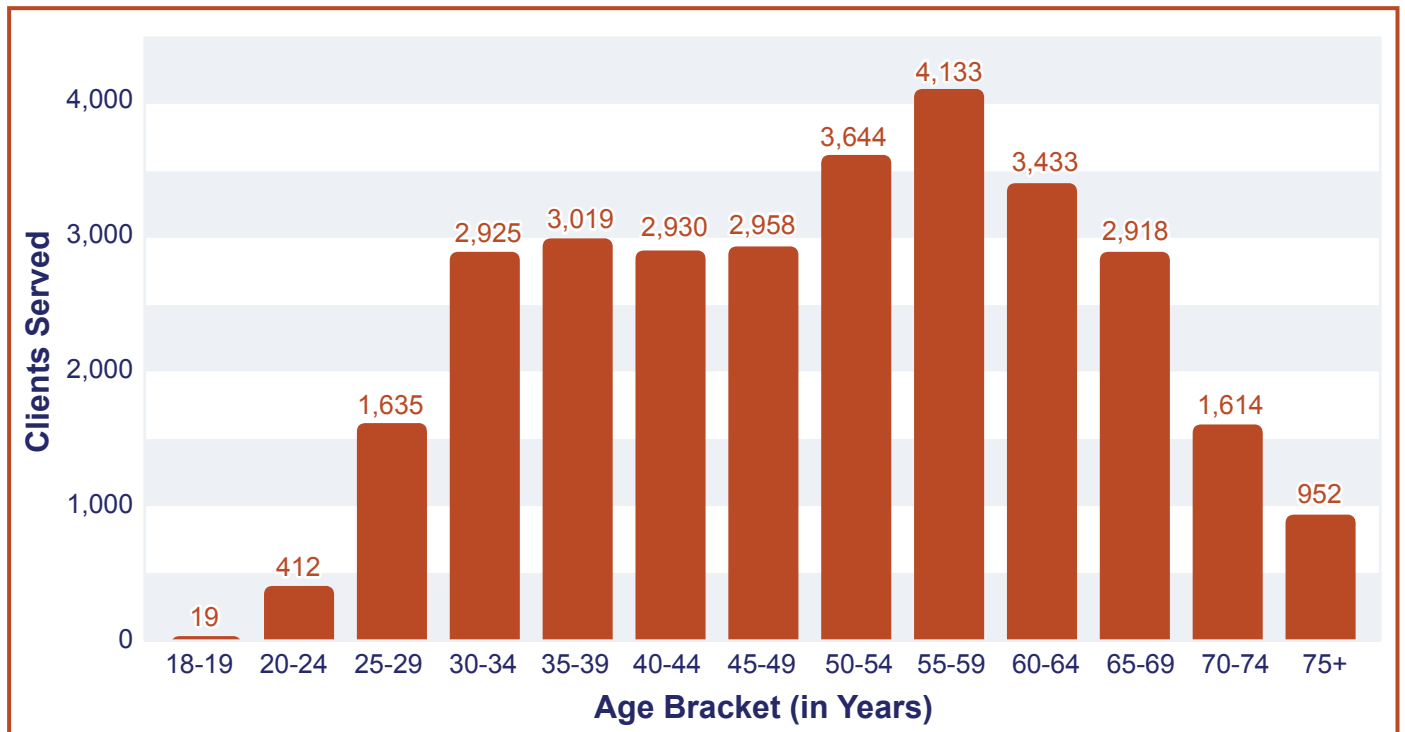
Type of ADAP Benefits Received During FY 2021–2022	Number of Clients	Percent of Total
At least one medication dispense, but no health insurance premium payments	19,606	64.1%
At least one medication dispense, and at least one health insurance premium payment*	9,384	30.7%
At least one health insurance premium payment, but no medication dispenses paid by ADAP*	1,602	5.2%
TOTAL	30,592	100.0%

Figure 1. California ADAP Clients Served by Benefit Type, FY 2021–2022

***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 12, 2024.

Table 2. California ADAP Clients Served by Age Group, FY 2021–2022

Age Bracket (in Years)	Number of Clients	Percent of Total
18–19	19	0.1%
20–24	412	1.3%
25–29	1,635	5.3%
30–34	2,925	9.6%
35–39	3,019	9.9%
40–44	2,930	9.6%
45–49	2,958	9.7%
50–54	3,644	11.9%
55–59	4,133	13.5%
60–64	3,433	11.2%
65–69	2,918	9.5%
70–74	1,614	5.3%
75+	952	3.1%
TOTAL	30,592	100.0%

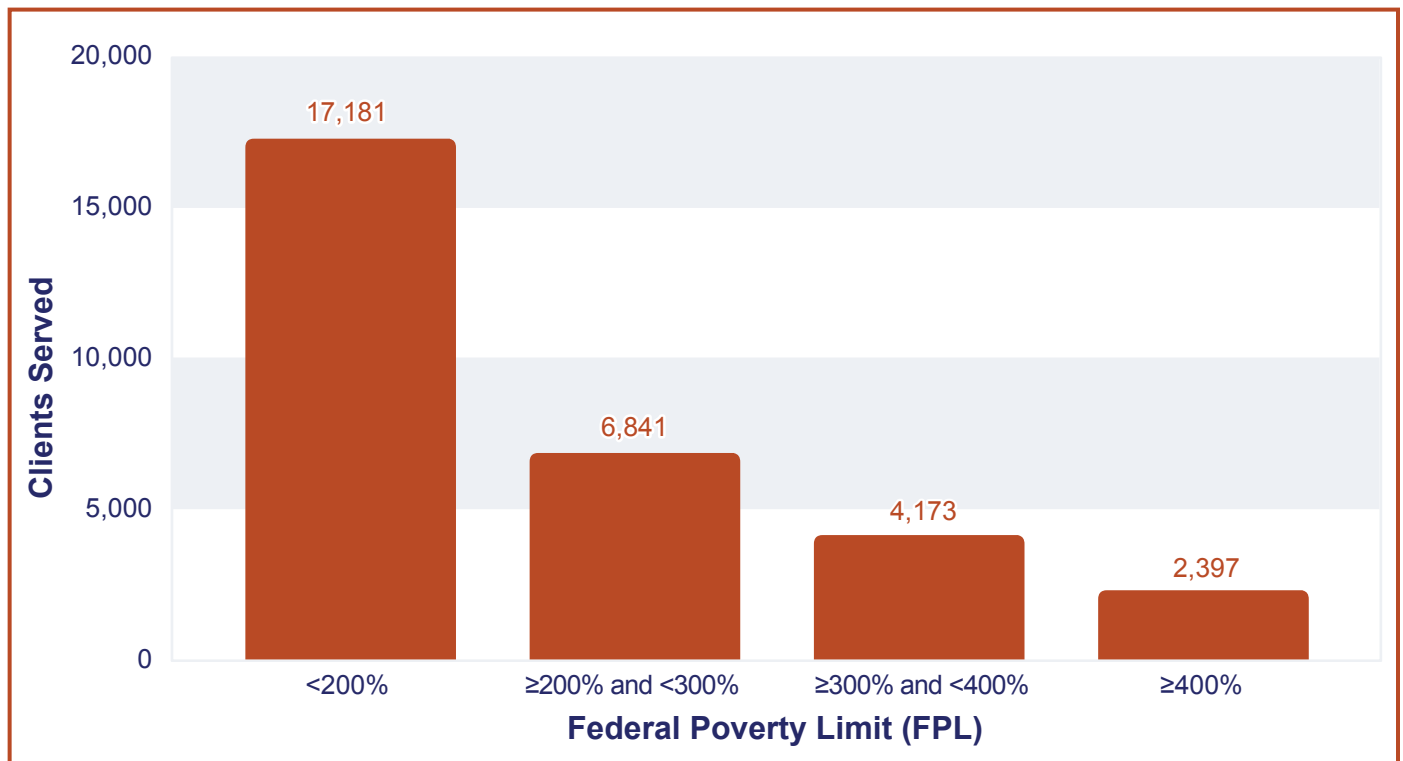
Figure 2. California ADAP Clients Served by Age Group, FY 2021–2022

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 12, 2024.

Table 3. California ADAP Clients Served by Income, FY 2021–2022

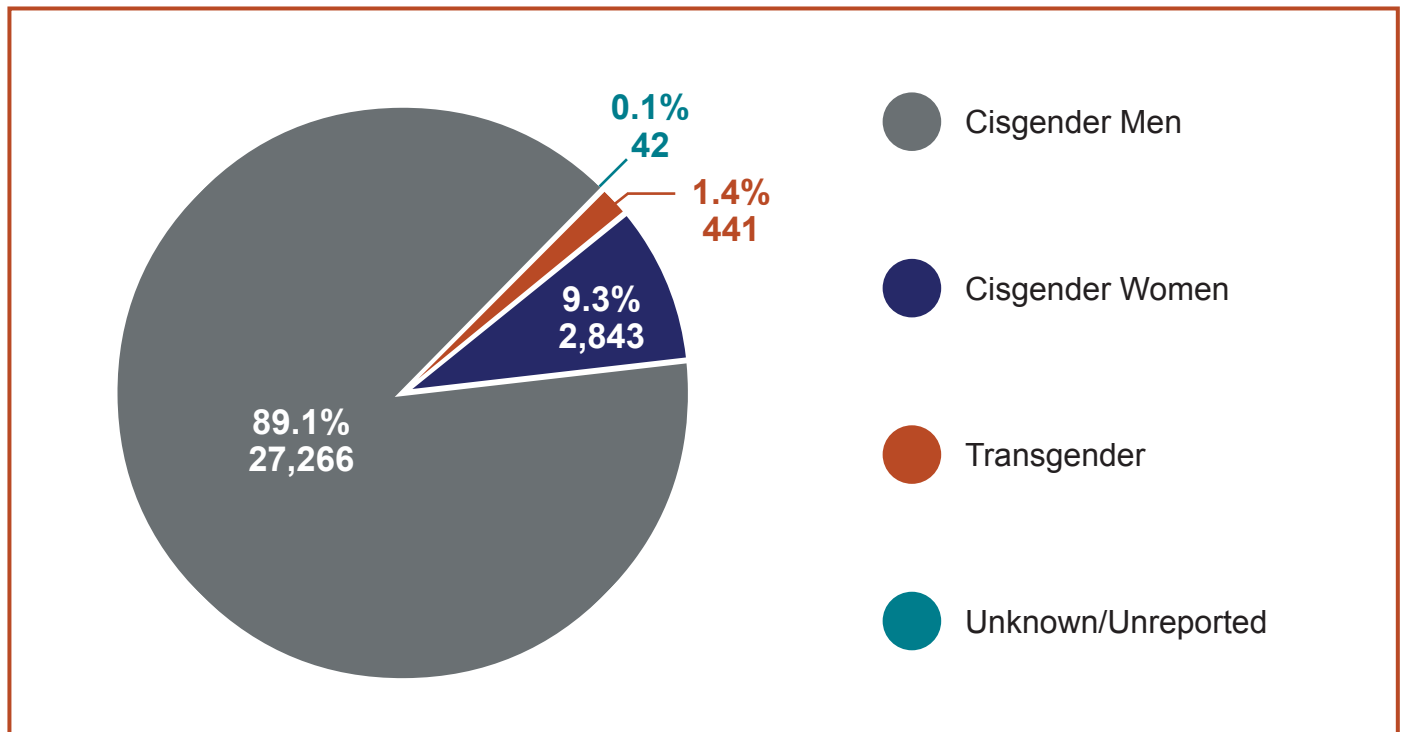
Federal Poverty Level (FPL)	Number of Clients	Percent of Total
<200% of FPL	17,181	56.2%
≥200% and <300% of FPL	6,841	22.4%
≥300% and <400% of FPL	4,173	13.6%
≥400% of FPL	2,397	7.8%
TOTAL	30,592	100.0%

Figure 3. California ADAP Clients Served by Income, FY 2021–2022

Note on the Table and Figure Above: FPL thresholds are based on household size and income. In FY 2021–2022, a household size of one with an annual household income of \$12,880.00 (2021) and \$13,590.00 (2022) 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 12, 2024.

Table 4. California ADAP Clients Served by Gender, FY 2021–2022

Gender	Number of Clients	Percent of Total
Cisgender Men	27,266	89.1%
Cisgender Women	2,843	9.3%
Transgender	441	1.4%
Unknown/Unreported	42	0.1%
TOTAL	30,592	100.0%

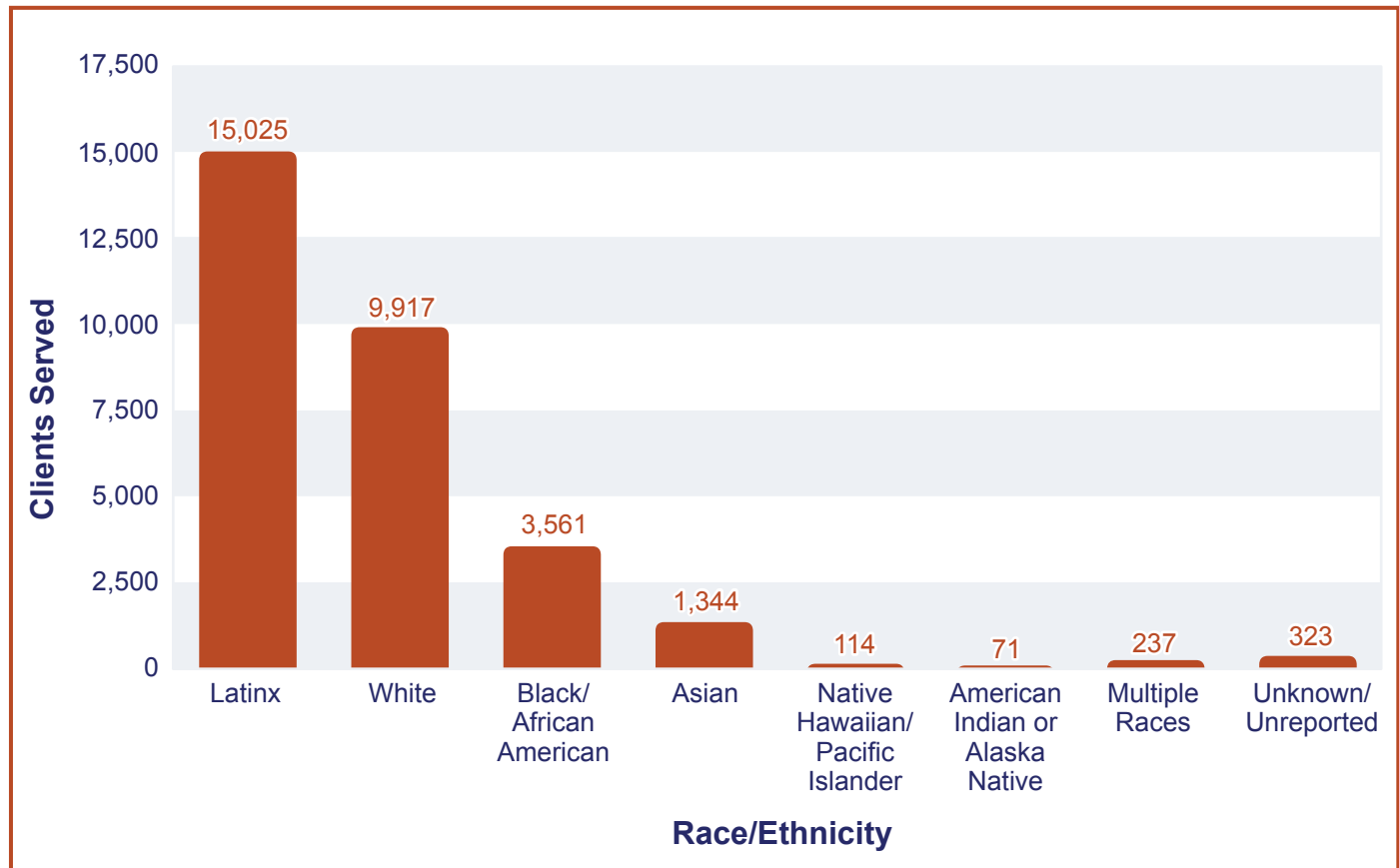
Figure 4. California ADAP Clients Served by Gender, FY 2021–2022

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 12, 2024.

Table 5. California ADAP Clients Served by Race/Ethnicity, FY 2021–2022

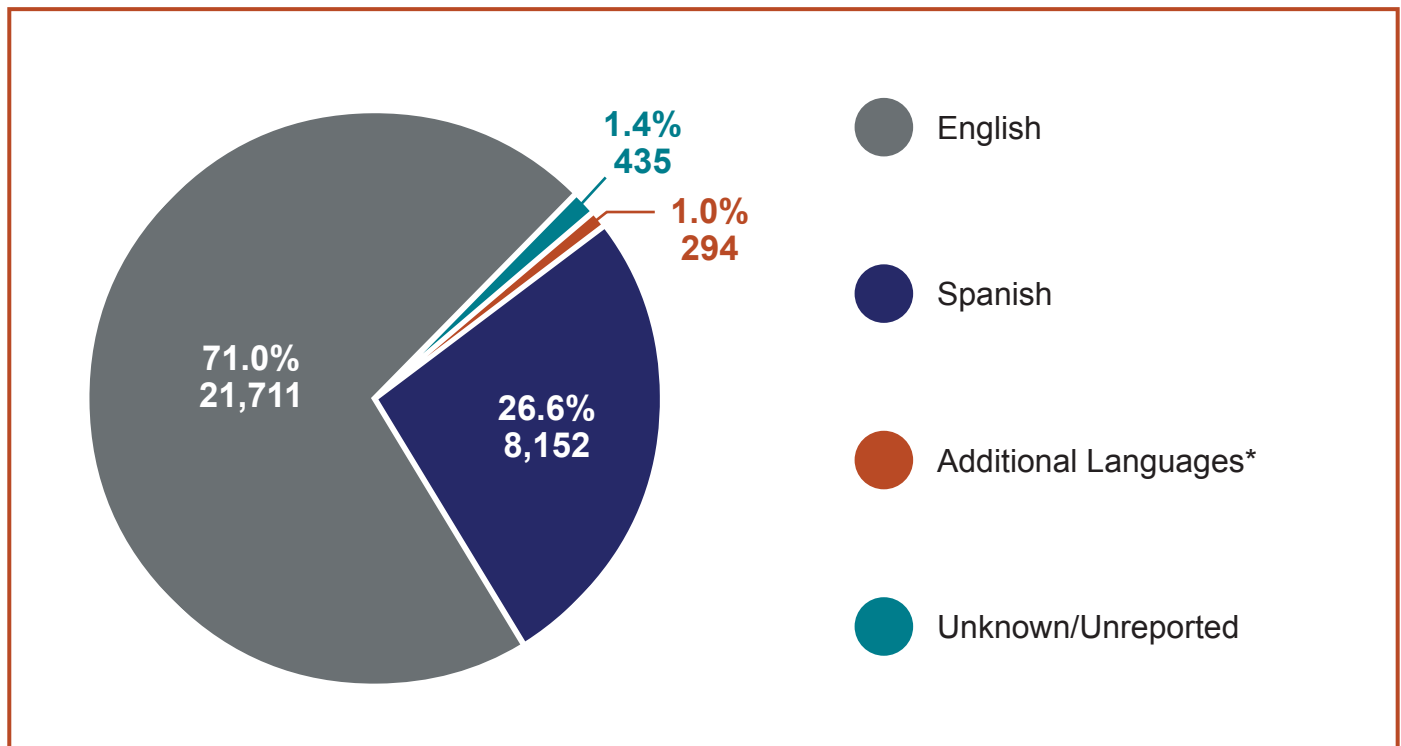
Race/Ethnicity	Number of Clients	Percent of Total
Latinx	15,025	49.1%
White	9,917	32.4%
Black/African American	3,561	11.6%
Asian	1,344	4.4%
Native Hawaiian/Pacific Islander	114	0.4%
American Indian or Alaska Native	71	0.2%
Multiple Races	237	0.8%
Unknown/Unreported	323	1.1%
TOTAL	30,592	100.0%

Figure 5. California ADAP Clients Served by Race/Ethnicity, FY 2021–2022

Note on the Table and Figure Above: Latinx includes all individuals reporting Hispanic ethnicity, regardless of race.
Source: ADAP Enrollment System, December 12, 2024.

Table 6. California ADAP Clients Served by Selected Preferred Language, FY 2021–2022

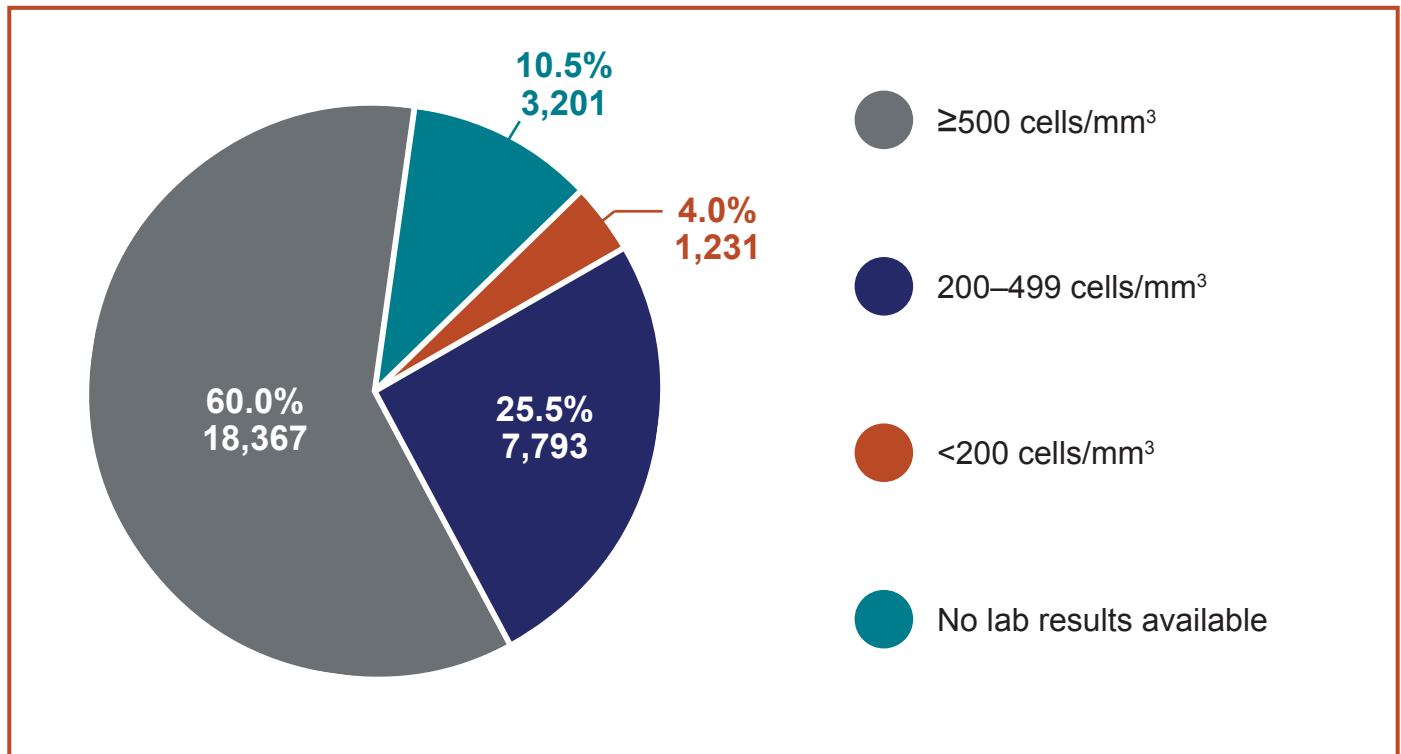
Selected Preferred Language	Number of Clients	Percent of Total
English	21,711	71.0%
Spanish	8,152	26.6%
Additional Languages*	294	1.0%
Unknown/Unreported	435	1.4%
TOTAL	30,592	100.0%

Figure 6. California ADAP Clients Served by Selected Preferred Language, FY 2021–2022

***Note on the Table and Figure Above:** Additional languages include ASL, Amharic, Arabic, Armenian, Burmese, Cambodian, Cantonese, Chinese, Eritrean, Filipino, French, Haitian Creole, Hindi, Igbo, Indonesian, Japanese, Kazakh, Korean, Lithuanian, Mandarin, Nepali, Portuguese, Punjabi, Russian, Shona, Tagalog, Thai, Tigrinya, Ukraine, Vietnamese, and 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 12, 2024.

Table 7. California ADAP Clients Served by CD4 Count, FY 2021–2022

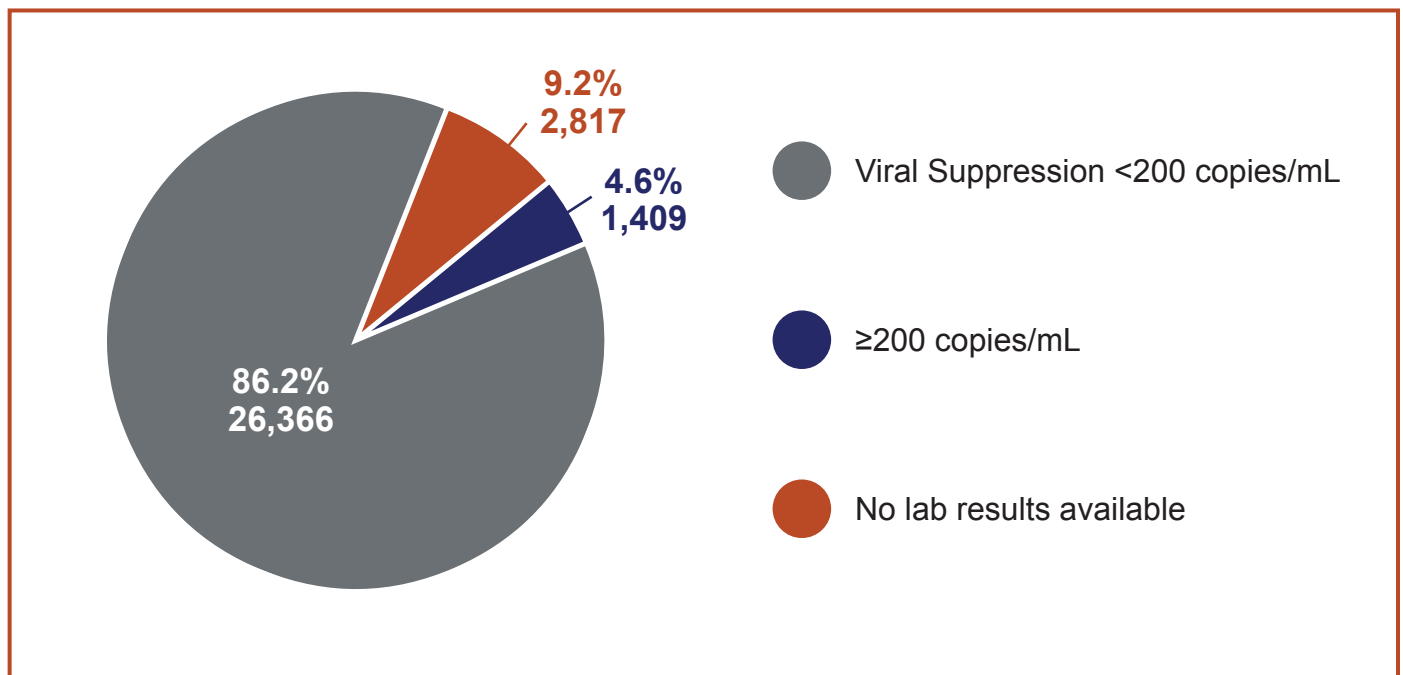
CD4 Cell Count	Number of Clients	Percent of Total
≥500 cells/mm ³	18,367	60.0%
200–499 cells/mm ³	7,793	25.5%
<200 cells/mm ³	1,231	4.0%
No lab results available	3,201	10.5%
TOTAL	30,592	100.0%

Figure 7. California ADAP Clients Served by CD4 Count, FY 2021–2022

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) 2021–2022 (July 1, 2021–June 30, 2022). 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 12, 2024.

Table 8a. California ADAP Clients Served by Viral Load, FY 2021–2022

Viral Load	Number of Clients	Percent of Total
Viral Suppression <200 copies/mL	26,366	86.2%
≥200 copies/mL	1,409	4.6%
No lab results available	2,817	9.2%
TOTAL	30,592	100.0%

Figure 8a. California ADAP Clients Served by Viral Load, FY 2021–2022

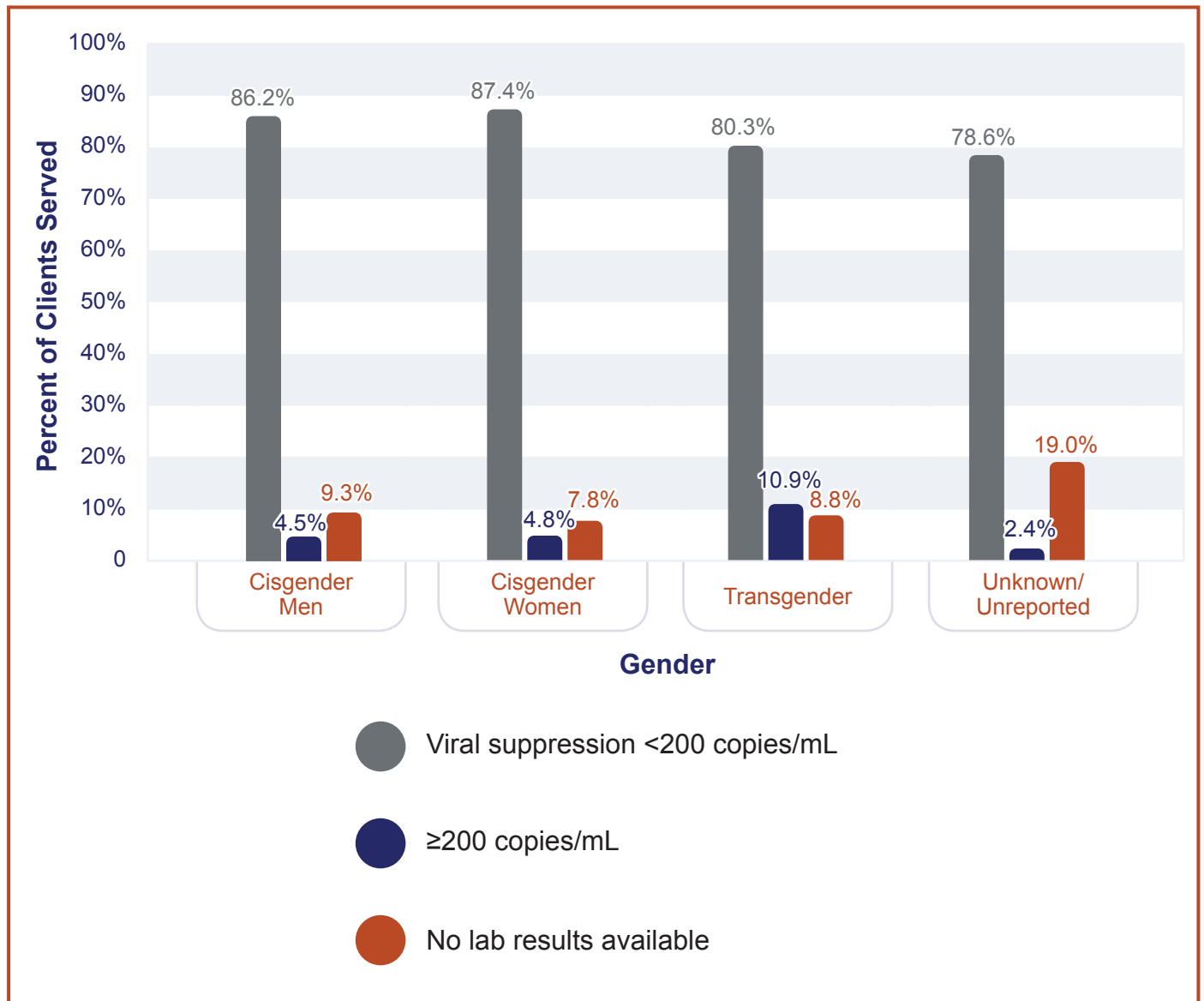
Note on the Table and Figure Above: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2021–2022 (July 1, 2021–June 30, 2022). Viral suppression status is based on the amount of HIV genetic material (RNA) in the blood, 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 12, 2024.

Table 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2021–2022

Viral Suppression Status by Gender	Number of Clients	Percent of Total by Gender Group
Cisgender Men		
Viral suppression <200 copies/mL	23,494	86.2%
≥200 copies/mL	1,223	4.5%
No lab results available	2,549	9.3%
SUBTOTAL	27,266	100.0%
Cisgender Women		
Viral suppression <200 copies/mL	2,485	87.4%
≥200 copies/mL	137	4.8%
No lab results available	221	7.8%
SUBTOTAL	2,843	100.0%
Transgender		
Viral suppression <200 copies/mL	354	80.3%
≥200 copies/mL	48	10.9%
No lab results available	39	8.8%
SUBTOTAL	441	100.0%
Unknown/Unreported		
Viral suppression <200 copies/mL	33	78.6%
≥200 copies/mL	1	2.4%
No lab results available	8	19.0%
SUBTOTAL	42	100.0%
TOTAL	30,592	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2021–2022 (July 1, 2021–June 30, 2022). 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 12, 2024.

Figure 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2021–2022



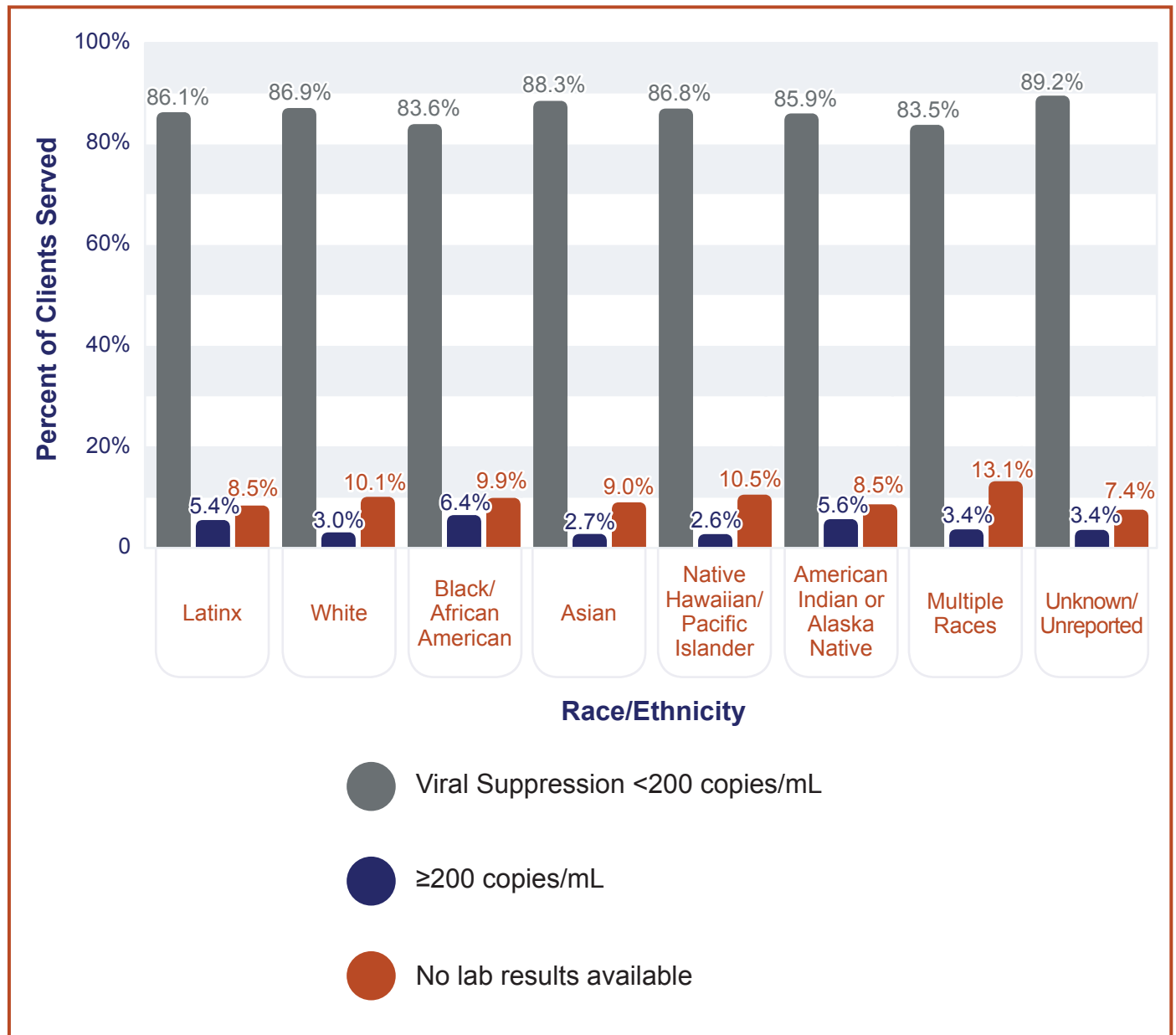
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Table 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2021–2022

Viral Suppression Status by Race/Ethnicity	Number of Clients	Percent of Total by Race/Ethnicity
Latinx		
Viral suppression <200 copies/mL	12,937	86.1%
≥200 copies/mL	818	5.4%
No lab results available	1,270	8.5%
SUBTOTAL	15,025	100.0%
White		
Viral suppression <200 copies/mL	8,618	86.9%
≥200 copies/mL	300	3.0%
No lab results available	999	10.1%
SUBTOTAL	9,917	100.0%
Black/African American		
Viral suppression <200 copies/mL	2,978	83.6%
≥200 copies/mL	229	6.4%
No lab results available	354	9.9%
SUBTOTAL	3,561	100.0%
Asian		
Viral suppression <200 copies/mL	1,187	88.3%
≥200 copies/mL	36	2.7%
No lab results available	121	9.0%
SUBTOTAL	1,344	100.0%
Native Hawaiian/Pacific Islander		
Viral suppression <200 copies/mL	99	86.8%
≥200 copies/mL	3	2.6%
No lab results available	12	10.5%
SUBTOTAL	114	100.0%
American Indian or Alaska Native		
Viral suppression <200 copies/mL	61	85.9%
≥200 copies/mL	4	5.6%
No lab results available	6	8.5%
SUBTOTAL	71	100.0%
Multiple Races		
Viral suppression <200 copies/mL	198	83.5%
≥200 copies/mL	8	3.4%
No lab results available	31	13.1%
SUBTOTAL	237	100.0%
Unknown/Unreported		
Viral suppression <200 copies/mL	288	89.2%
≥200 copies/mL	11	3.4%
No lab results available	24	7.4%
SUBTOTAL	323	100.0%
TOTAL	30,592	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2021–2022 (July 1, 2021–June 30, 2022). 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 12, 2024.

Figure 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2021–2022



Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2021–2022 (July 1, 2021–June 30, 2022). 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 12, 2024.

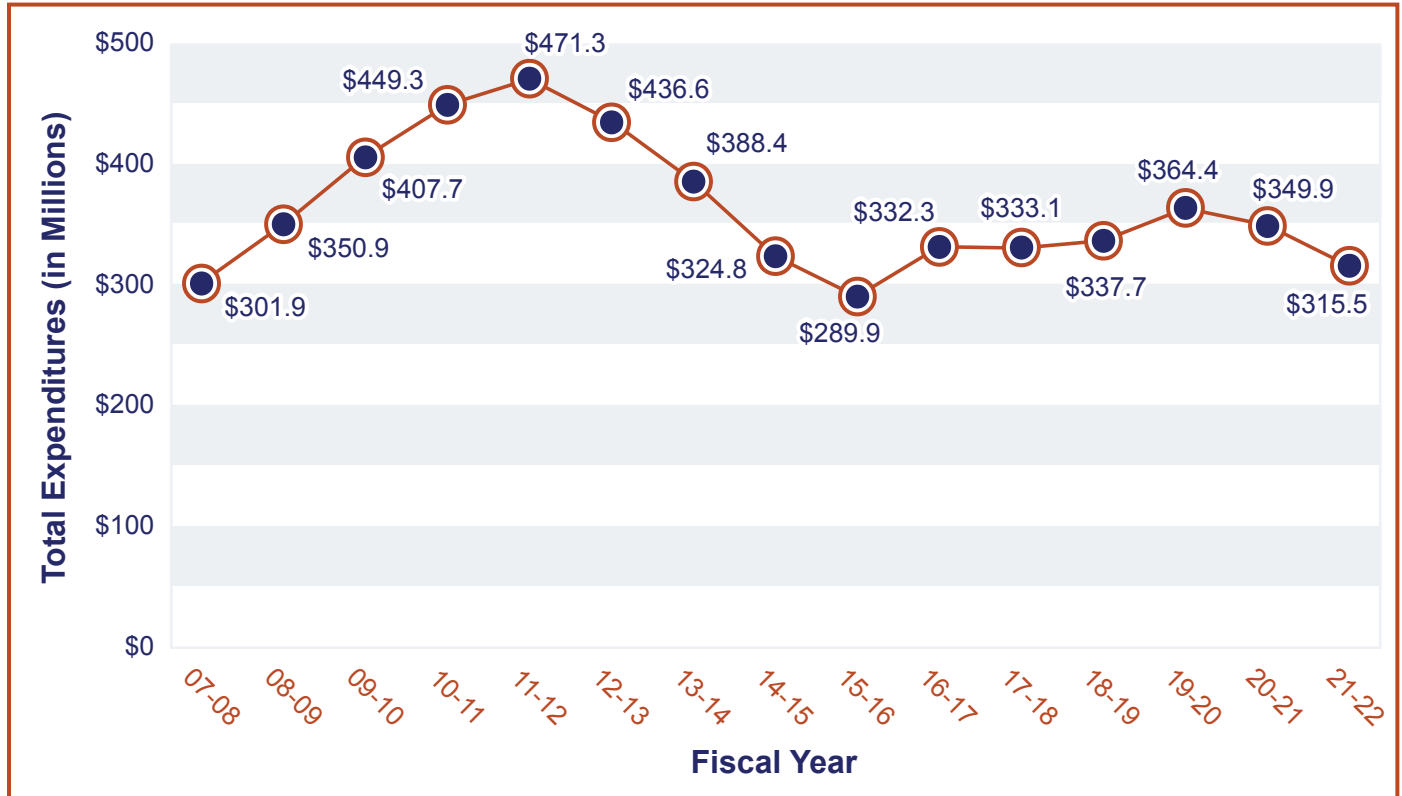
Table 9. California ADAP Clients Served by Local Health Jurisdiction, FY 2021–2022

Local Health Jurisdiction	Number of Clients	Percent of Total
Alameda	1,592	5.2%
Butte	60	0.2%
Calaveras	17	<0.1%
Colusa	<10	<0.1%
Contra Costa	315	1.0%
El Dorado	25	<0.1%
Fresno	373	1.2%
Glenn	<10	<0.1%
Humboldt	53	0.2%
Imperial	64	0.2%
Inyo	<10	<0.1%
Kern	276	0.9%
Kings	25	<0.1%
Lake	14	<0.1%
Lassen	<10	<0.1%
Long Beach	168	0.5%
Los Angeles	12,492	40.8%
Madera	29	<0.1%
Marin	103	0.3%
Mariposa	<10	<0.1%
Mendocino	45	0.1%
Merced	35	0.1%
Monterey	212	0.7%
Napa	26	<0.1%
Nevada	40	0.1%
Orange	1,859	6.1%
Pasadena	108	0.4%

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

Placer	24	<0.1%
Plumas	<10	<0.1%
Riverside	2,006	6.6%
Sacramento	1,069	3.5%
San Bernardino	633	2.1%
San Diego	3,215	10.5%
San Francisco	2,843	9.3%
San Joaquin	168	0.5%
San Luis Obispo	86	0.3%
San Mateo	215	0.7%
Santa Barbara	117	0.4%
Santa Clara	942	3.1%
Santa Cruz	64	0.2%
Shasta	34	0.1%
Siskiyou	10	<0.1%
Solano	217	0.7%
Sonoma	394	1.3%
Stanislaus	129	0.4%
Sutter	21	<0.1%
Tehama	<10	<0.1%
Tulare	105	0.3%
Ventura	316	1.0%
Yolo	21	<0.1%
Yuba	10	<0.1%
TOTAL	30,592	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) 2021–2022 (July 1, 2021–June 30, 2022) and are not shown in the table: Amador, Del Norte, Mono, Trinity, and Tuolumne. The counties reflect the county of the client's enrollment site, not necessarily the client's residential county. **Source:** ADAP Enrollment System, December 12, 2024.

Figure 9. California ADAP Medication Expenditures by Fiscal Years, 2007–2022

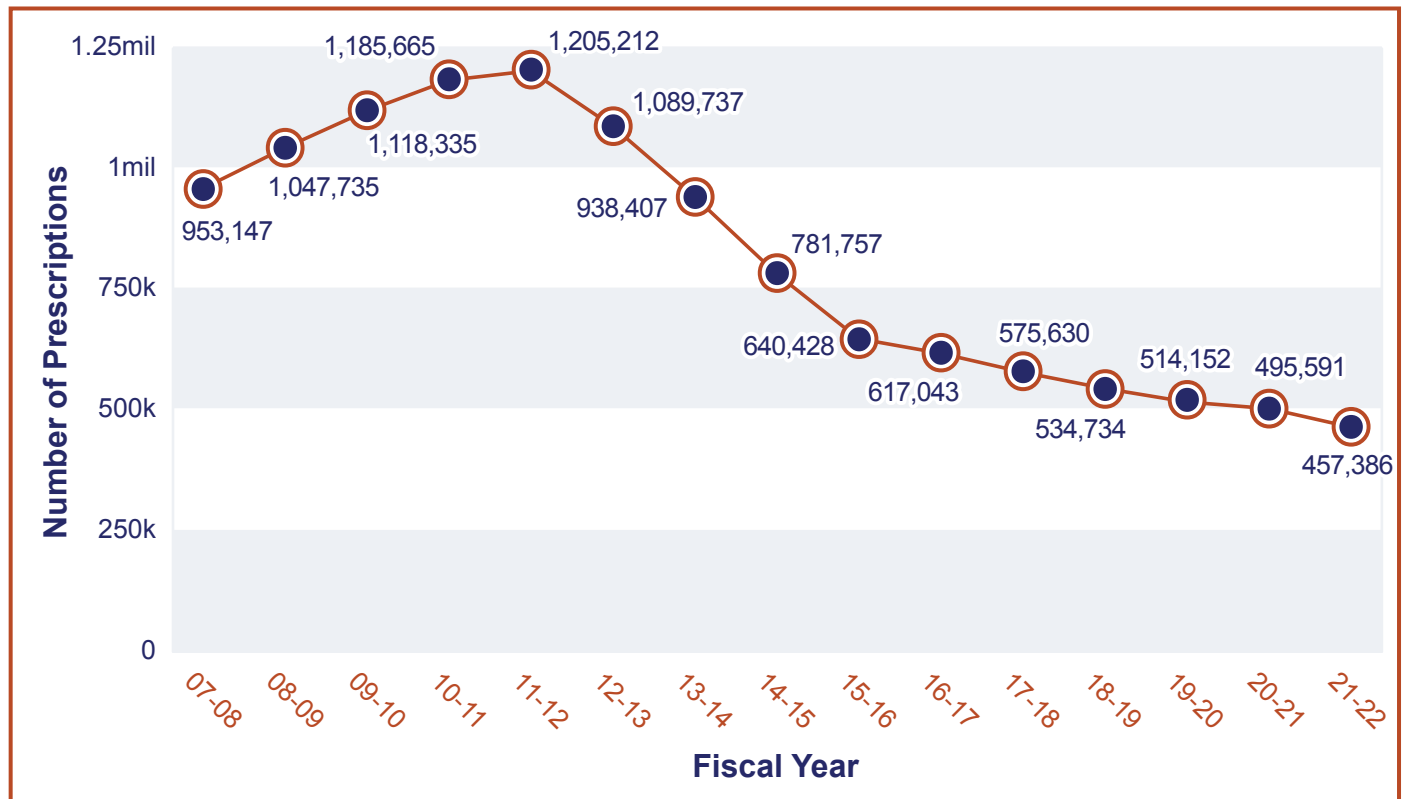
Note: For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>. **Source:** ADAP Enrollment System December 12, 2024.

Table 10. California ADAP Medication Dispenses and Expenditures, FY 2021–2022

Number of Clients	Medications Dispensed	Medication Expenditures	Median Number of Prescriptions Per Client, Per Year	Median Expenditures Per Client, Per Year
28,990	457,386	\$315,138,596	11	\$3,425.47

Note: For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>. **Source:** ADAP Enrollment System December 12, 2024.

Figure 10. California ADAP Medication Prescriptions Dispensed, Historical Trends, by Fiscal Years 2007–2022

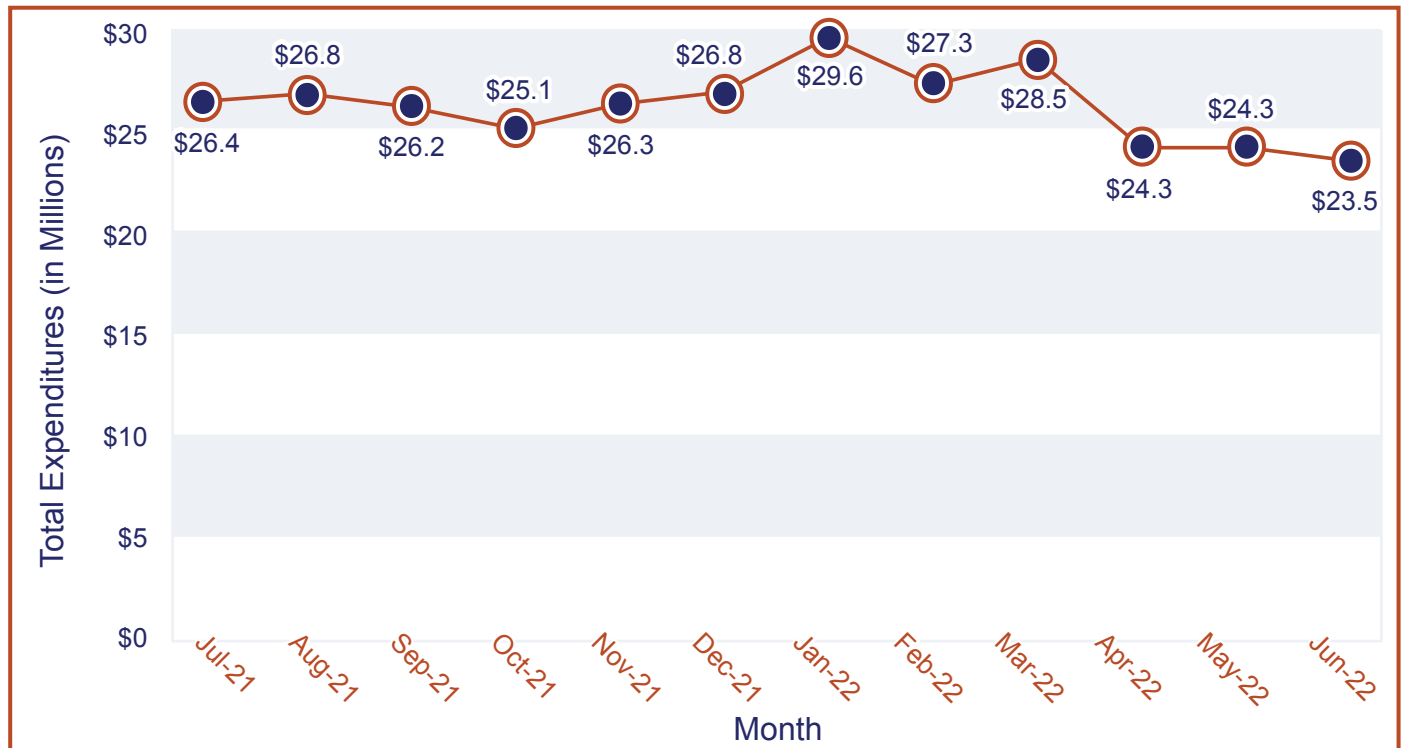


Note: For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>. **Source:** ADAP Enrollment System December 12, 2024.

Table 11. California ADAP Medication Expenditures by Month, FY 2021–2022

Month	Number of Clients	Medications Dispensed	Medication Expenditures
July 2021	16,799	38,387	\$26,364,949
August 2021	16,802	39,361	\$26,765,300
September 2021	16,552	38,219	\$26,233,179
October 2021	16,263	36,998	\$25,129,289
November 2021	16,108	37,257	\$26,303,109
December 2021	16,241	37,846	\$26,797,632
January 2022	18,110	42,251	\$29,556,785
February 2022	17,753	40,207	\$27,317,534
March 2022	17,997	41,910	\$28,543,689
April 2022	16,141	35,700	\$24,309,228
May 2022	15,588	34,937	\$24,326,559
June 2022	15,257	34,313	\$23,491,344
TOTAL	28,990	457,386	\$315,138,596

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 12, 2024.

Figure 11. California ADAP Medication Expenditures by Month, FY 2021–2022

Note: Includes all medications dispensed by ADAP. **Source:** ADAP Enrollment System, December 12, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

Table 12a. California ADAP Antiretroviral Medication Dispenses, FY 2021–2022

Drug Class	Number of Clients	Percent of Total
Integrase Strand Inhibitor (INSTI)	21,210	56.2%
Other Combination Antiretroviral Treatments	6,875	18.2%
Nucleoside Reverse Transcriptase Inhibitors (NRTI)	4,412	11.7%
Protease Inhibitor	2,673	7.1%
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)	1,428	3.8%
Other Antiretrovirals	319	0.8%
Long Acting Injectable Antiretrovirals	196	0.5%
No Antiretroviral Medication Dispenses	634	1.7%
TOTAL	28,990	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 12, 2024. [For more information](https://cdph.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary.pdf), visit https://cdph.primetherapeutics.com/cms/cdph/static-assets/documents/formulary-and-documents/CDPH_Formulary.pdf.

Table 12b. California ADAP Non-Antiretroviral Medication Dispenses, FY 2021–2022

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.	11,704	22.7%
Cardiovascular: includes statins and other antihyperlipidemic drugs.	6,826	13.2%
Mental Health: includes medications such as antidepressants, benzodiazepines, and antipsychotics, which are used to treat mental health conditions.	6,360	12.3%
Pain: includes non-steroidal anti-inflammatory drugs (NSAID) and opioid analgesics which are used for pain management.	4,693	9.1%
Miscellaneous: includes androgens, wasting syndrome treatment, glucocorticoids, antineoplastics, glycoprotein or peptide cytokine/hormone, and anabolic steroids.	3,874	7.5%
Gastrointestinal (GI) Agents: includes medications used to treat GI issues such as ulcers, gastroesophageal reflux disease, and heartburn.	3,244	6.3%
Neurologic: includes anticonvulsants, which can be used to treat seizure disorders.	3,050	5.9%
Diabetes Treatment: includes medications used to help control high blood sugar.	2,229	4.3%
No Non-Antiretroviral Medication Dispenses	9,581	18.6%
TOTAL	28,990	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 12, 2024.

Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2021–2022

Local Health Jurisdiction	Clients	Prescriptions	Expenditures
Alameda	1,546	20,677	\$10,178,810
Butte	56	985	\$292,510
Calaveras	17	249	\$114,137
Colusa	<10	66	\$1,673
Contra Costa	303	3,372	\$1,760,038
El Dorado	28	439	\$109,209
Fresno	356	3,478	\$1,990,319
Glenn	<10	39	\$14,347
Humboldt	55	794	\$309,270
Imperial	63	601	\$1,030,255
Inyo	<10	20	\$21,096
Kern	272	2,602	\$4,514,270
Kings	25	231	\$231,085
Lake	16	334	\$58,144
Lassen	<10	1	\$3
Long Beach	159	2,349	\$1,466,810
Los Angeles	12,019	204,393	\$173,000,937
Madera	30	405	\$243,629
Marin	87	916	\$508,986
Mariposa	<10	2	\$7,340
Mendocino	42	907	\$276,778
Merced	31	355	\$196,765
Monterey	204	3,726	\$1,312,533
Napa	23	189	\$72,061
Nevada	35	584	\$119,835
Orange	1,743	25,677	\$21,502,724
Pasadena	115	2,227	\$1,555,171
Placer	22	281	\$132,682

Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2021–2022 (continued)

Plumas	<10	47	\$27,280
Riverside	1,850	35,256	\$9,446,298
Sacramento	1,042	12,968	\$4,871,678
San Bernardino	650	8,124	\$9,005,383
San Diego	3,125	51,334	\$30,473,745
San Francisco	2,703	39,077	\$15,703,168
San Joaquin	168	2,102	\$2,079,392
San Luis Obispo	78	1,367	\$292,876
San Mateo	190	2,241	\$2,474,321
Santa Barbara	115	1,950	\$2,179,515
Santa Clara	902	10,307	\$9,647,816
Santa Cruz	63	966	\$812,244
Shasta	41	551	\$339,095
Siskiyou	11	63	\$18,408
Solano	217	2,128	\$1,327,182
Sonoma	361	4,758	\$1,452,510
Stanislaus	129	2,050	\$703,995
Sutter	22	314	\$143,778
Tehama	<10	78	\$9,748
Trinity	<10	3	\$50
Tulare	104	1,320	\$1,185,477
Ventura	306	4,099	\$1,776,698
Yolo	19	202	\$117,973
Yuba	10	182	\$28,551
TOTAL	28,990	457,386	\$315,138,596

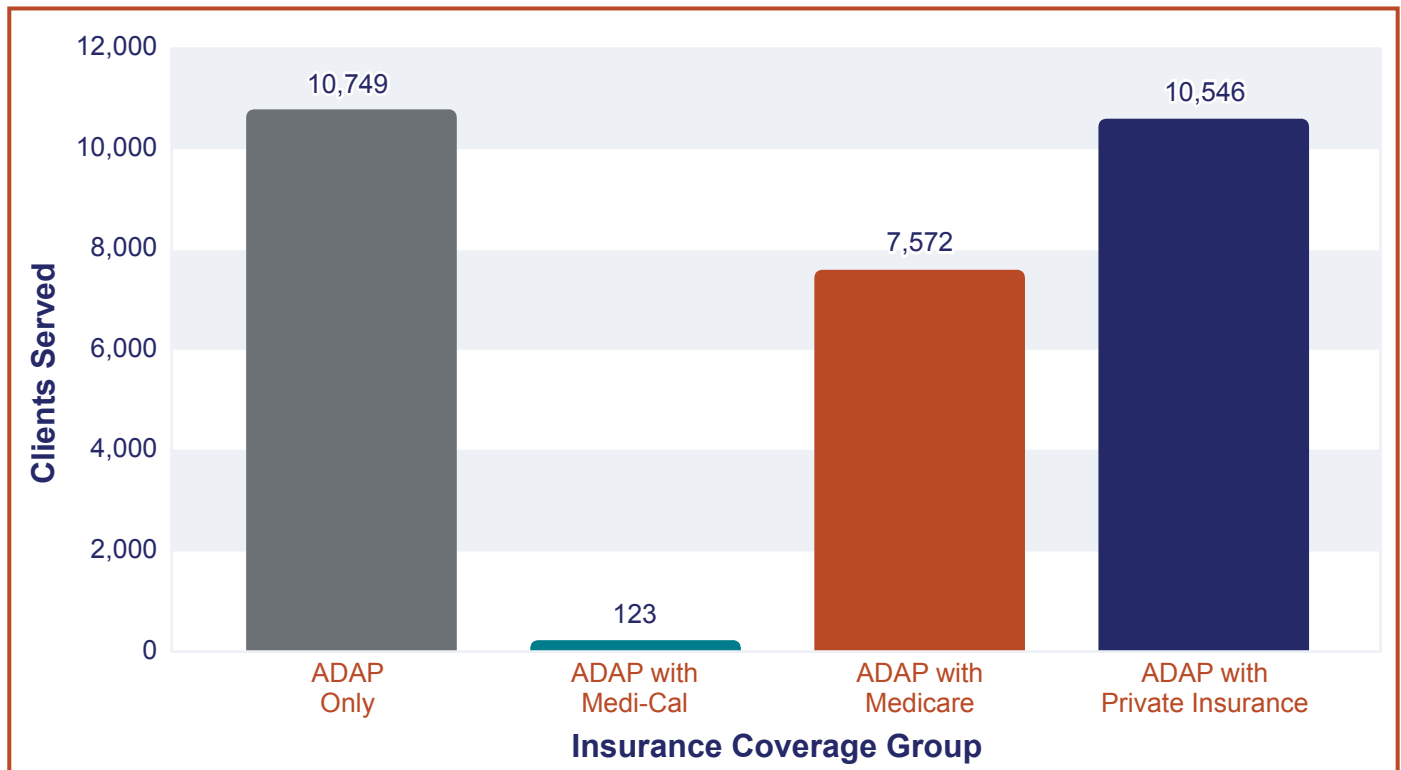
Note: Total clients reflect the unduplicated count of individuals with at least one medication dispense during the FY 2021–2022. Allowing for small cell size suppression, the client total will not equal the column sum of clients. Additionally, some clients received services in multiple counties. For 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: Amador, Del Norte, Mono, and Tuolumne. The counties reflect the county of the client's enrollment site, not the residential county. **Source:** ADAP Enrollment System, December 12, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

Table 14. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2021–2022

Insurance Coverage Group	Number of Clients	Percent of Total
ADAP Only	10,749	37.1%
ADAP with Medi-Cal	123	0.4%
ADAP with Medicare	7,572	26.1%
ADAP with Private Insurance	10,546	36.4%
TOTAL	28,990	100.0%

Note: Clients include those with at least one medication dispense during the FY 2021–2022. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. **Source:** ADAP Enrollment System, December 12, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

Figure 12. California ADAP Medication Assistance Clients by Insurance Coverage Group, FY 2021–2022



Note: Clients include those with at least one medication dispense during the FY 2021–2022. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. **Source:** ADAP Enrollment System, December 12, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

Table 15. Health Insurance Premium Clients, Payments, and Expenditures by Program, FY 2021–2022

Program	Clients	Payments	Median Annual Premium Amount, Per Client	Health Insurance Premium Expenditures
EB-HIPP	838	13,378	\$1,890	\$1,998,519
MDPP	2,229	34,425	\$705	\$3,673,154
OA-HIPP	8,197	137,580	\$6,875	\$62,921,623
TOTAL	10,853	185,383	---	\$68,593,295

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 12, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

Table 16. California ADAP Health Insurance Premium Assistance Clients and Expenditures by Month, FY 2021–2022

Month	Number of Clients	Expenditures
July 2021	9,502	\$5,931,076
August 2021	9,429	\$5,845,925
September 2021	9,380	\$5,726,225
October 2021	9,319	\$5,637,113
November 2021	8,971	\$5,183,172
December 2021	9,205	\$5,239,003
January 2022	9,404	\$5,970,163
February 2022	9,347	\$5,956,150
March 2022	9,357	\$5,899,093
April 2022	9,249	\$5,812,819
May 2022	9,121	\$5,726,046
June 2022	9,017	\$5,666,512
TOTAL	10,853	\$68,593,295

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 12, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

Figure 13. California ADAP Health Insurance Premium Expenditures by Month, FY 2021–2022



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 12, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2021–2022

Local Health Jurisdiction	Clients	Premium Expenditures
Alameda	610	\$3,022,202
Butte	40	\$249,073
Calaveras	<10	\$243
Colusa	<10	\$20,777
Contra Costa	142	\$693,546
El Dorado	15	\$60,794
Fresno	146	\$436,377
Glenn	<10	\$30,438
Humboldt	34	\$167,093
Imperial	<10	\$15,359
Kern	44	\$168,687
Kings	<10	\$10,398
Lake	10	\$25,813
Long Beach	73	\$478,240
Los Angeles	3,356	\$22,708,464
Madera	12	\$90,853
Marin	66	\$412,907
Mendocino	24	\$67,297
Merced	15	\$83,172
Monterey	119	\$1,376,135
Napa	21	\$183,871
Nevada	31	\$145,178
Orange	847	\$6,246,266
Pasadena	39	\$189,416
Placer	<10	\$46,631

Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2021–2022 (continued)

Riverside	956	\$4,760,086
Sacramento	532	\$3,142,663
San Bernardino	110	\$432,286
San Diego	1,254	\$8,923,023
San Francisco	1,292	\$7,209,444
San Joaquin	32	\$173,337
San Luis Obispo	58	\$600,768
San Mateo	92	\$321,069
Santa Barbara	16	\$29,452
Santa Clara	356	\$1,806,116
Santa Cruz	26	\$125,800
Shasta	15	\$53,180
Siskiyou	<10	\$26,303
Solano	64	\$198,817
Sonoma	229	\$1,055,089
Stanislaus	67	\$476,221
Sutter	11	\$144,418
Tehama	<10	\$15,908
Trinity	<10	\$2,790
Tulare	45	\$460,028
Ventura	189	\$1,576,622
Yolo	<10	\$48,513
Yuba	<10	\$82,134
TOTAL	10,853	\$68,593,295

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. 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 2021–2022 and are not shown in the table: Amador, Del Norte, Inyo, Lassen, Mariposa, Mono, Plumas, and Tuolumne. The counties reflect the county of the client's enrollment site, not necessarily the client's residential county. **Source:** ADAP Enrollment System, December 12, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

Table 18. Medical Out-Of-Pocket (MOOP) Clients Served and Expenditures, FY 2021–2022

Clients Served	MOOPS Paid	Expenditures	Median Annual Claims per Client	Median Cost per Claim
5,528	39,144	\$1,820,557	4	\$105

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 12, 2024. [For more information](https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx), visit <https://www.cdph.ca.gov/Programs/CID/DOA/pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>.

APPENDICES

Appendix A. Medication Prescription Disburses and Expenditures: Measures of Central Tendency and Spread, FY 2021–2022

Category	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of Prescription Medications Dispensed	4	1	5	11	21	162
Medication Expenditures	\$17	\$2	\$294	\$3,425	\$18,449	\$393,373

Note: Number of clients included in analysis = 28,990; number of prescription medication disbursements included = 457,386. **Source:** ADAP Enrollment System, December 12, 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 2021–2022

Category	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of EB-HIPP, OA-HIPP, and MDPP Payments per client	12	1	12	14	25	57
EB-HIPP, OA-HIPP, and MDPP Expenditures per client	\$380	\$3	\$1,903	\$5,003	\$9,515	\$42,091

Note: Number of clients included in analysis = 10,853; number of prescription medication disbursements included = 185,383. **Source:** ADAP Enrollment System, December 12, 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 2021–2022


Category	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of EB-HIPP, OA-HIPP, or MDPP MOOPs Claims per client	1	1	2	4	8	157
MOOPs Expenditures per client	\$15	\$0	\$45	\$105	\$285	\$14,036

Note: Number of clients included in analysis = 5,528; number of prescription medication dispenses included = 39,144.

Source: ADAP Enrollment System, December 12, 2024.

Appendix D. Summary of Statistical Measures and Definitions, FY 2021–2022

Measure	Description
Mode	The most commonly or frequently occurring value in a data set.
Minimum	The lowest or smallest value in a data set.
25 th 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 (50 th 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.
75 th 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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