

ADAP

AIDS Drug Assistance Program

Annual Report: State Fiscal Year 2023–2024

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 (CDPH), Office of AIDS (OA), AIDS Drug Assistance Program (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) to manage client eligibility and enrollment. Since then, the AES has evolved to meet the needs of ADAP Advisors and

Enrollment Workers. The AES functionalities now includes secure messaging, auto-notifications, secondary review, and ADAP Enrollment Worker and Advisor User management.

During this reporting period, 28,847 clients were served, and 319 medications were available through ADAP, including 47 antiretroviral medications to treat HIV and 8 medications to treat Hepatitis C. ADAP covered medications were available through approximately 4,557 California pharmacies, ensuring access statewide.

ADAP Eligibility Criteria

To be eligible for ADAP in California FY 2023–24 (July 1, 2023–June 30, 2024), ADAP clients must have met the following requirements:

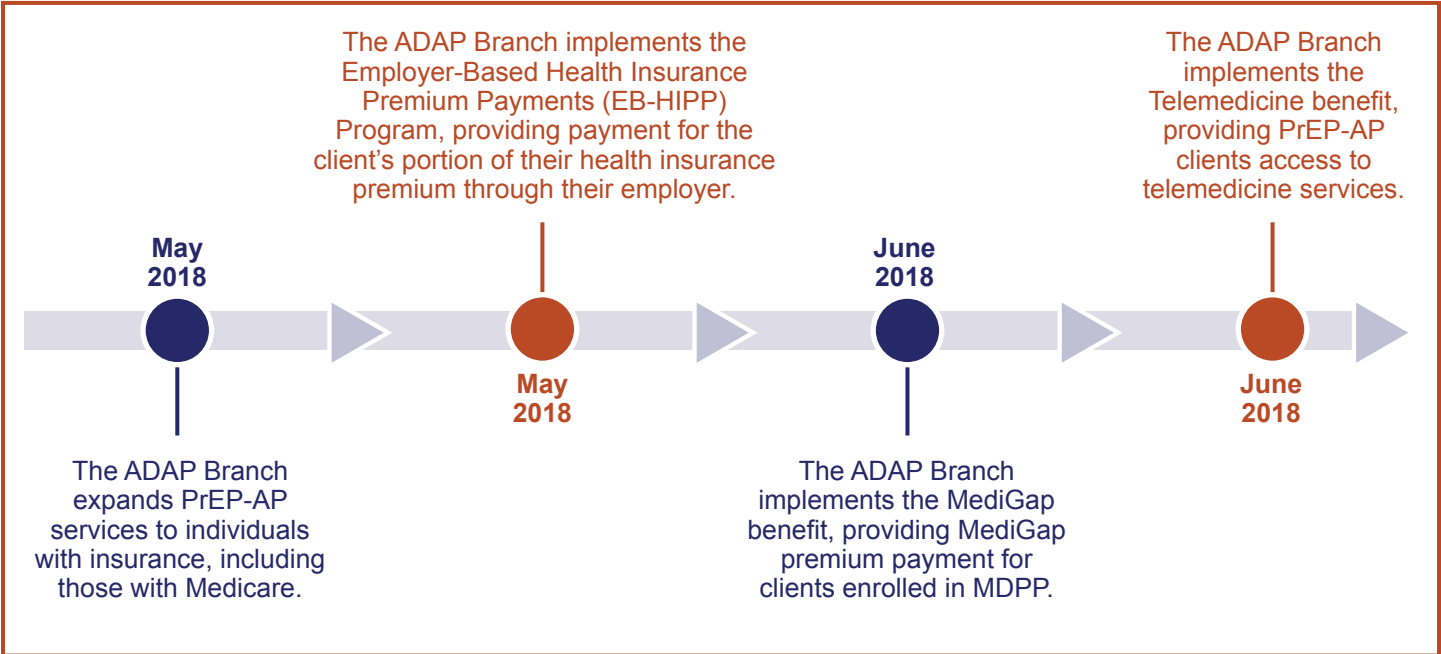
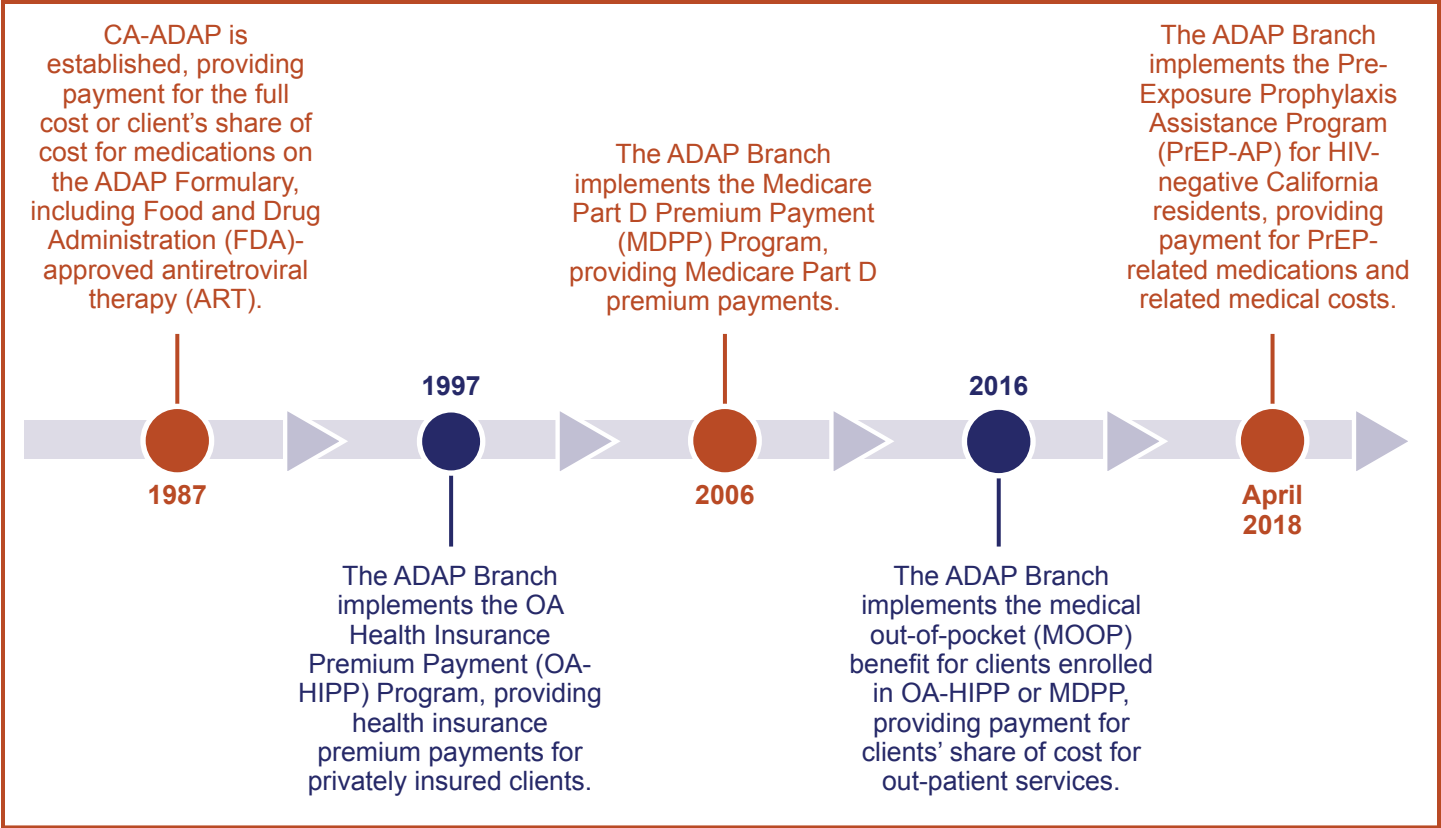
- Was a resident of California.
- Had a positive HIV/AIDS diagnosis.
- Was at least 18 years old.
- Had an annual Modified Adjusted Gross Income (MAGI) that did not exceed 500% Federal Poverty Level based on household size and income.
- Was not fully covered by Medi-Cal or any other third-party payers.

ADAP Program Types and Benefits

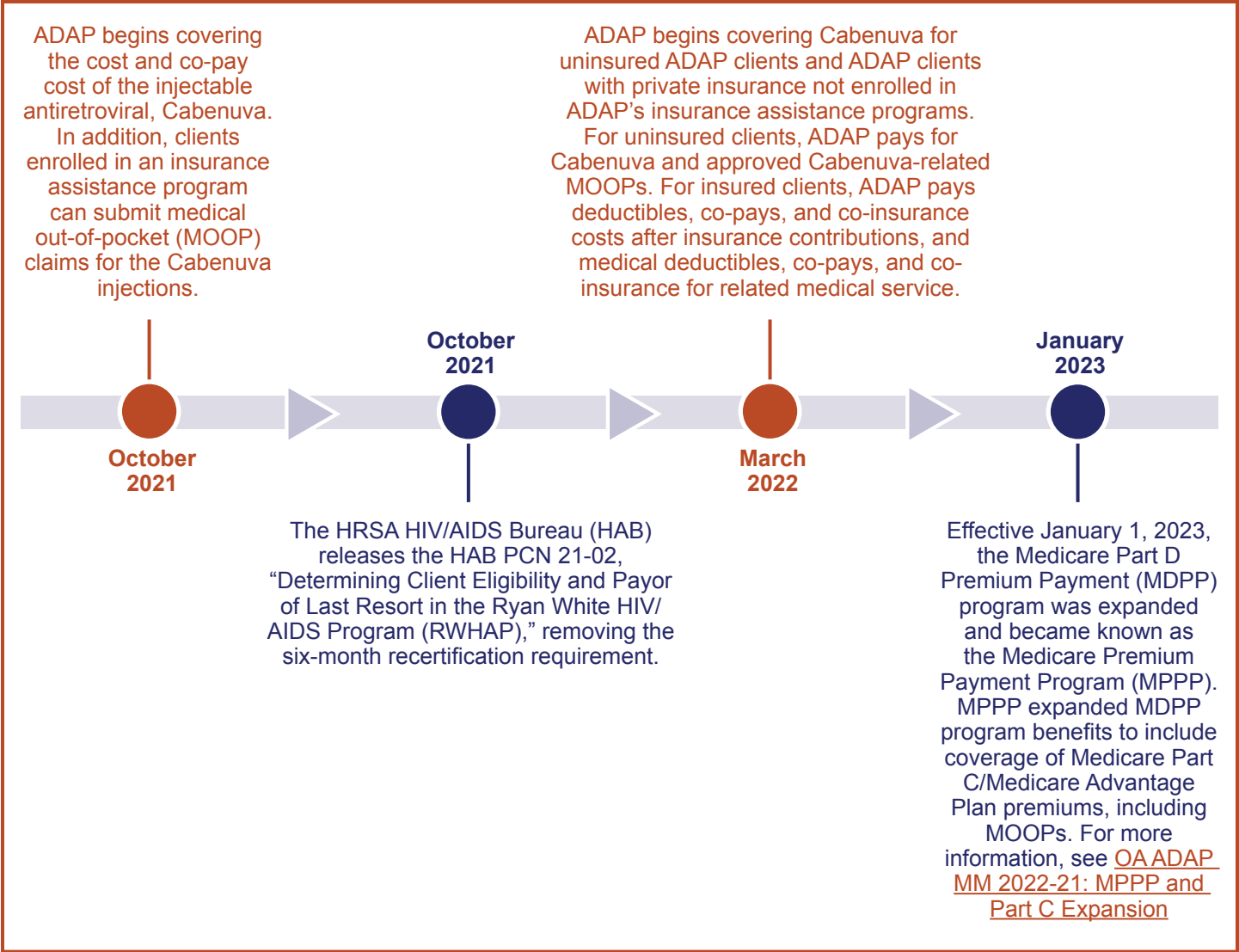
Programs	Benefits			
	Medication	Premium Assistance	Medical Out-of-Pocket Costs (MOOPs)	Spousal/Dependent
AIDS Drug Assistance Program (ADAP)				
Medication Only	✓			
Office of AIDS Health Insurance Premium Payments (OA-HIPP)	✓	✓	✓	✓
Employer-Based Health Insurance Premium Payments (EB-HIPP)	✓	✓	✓	✓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

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 Premium Payment Program (MPPP)

MPPP is a subsidy program that pays Medicare Part C, Part D and Medigap insurance premiums for eligible California residents co-enrolled in the ADAP and a Medicare Part C or Part D plan. Medigap (also known as Medicare Supplemental Health Insurance Policies) is a benefit of MPPP 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 MPPP. MPPP 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 MPPP 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 MPPP, 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, MPPP, 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.

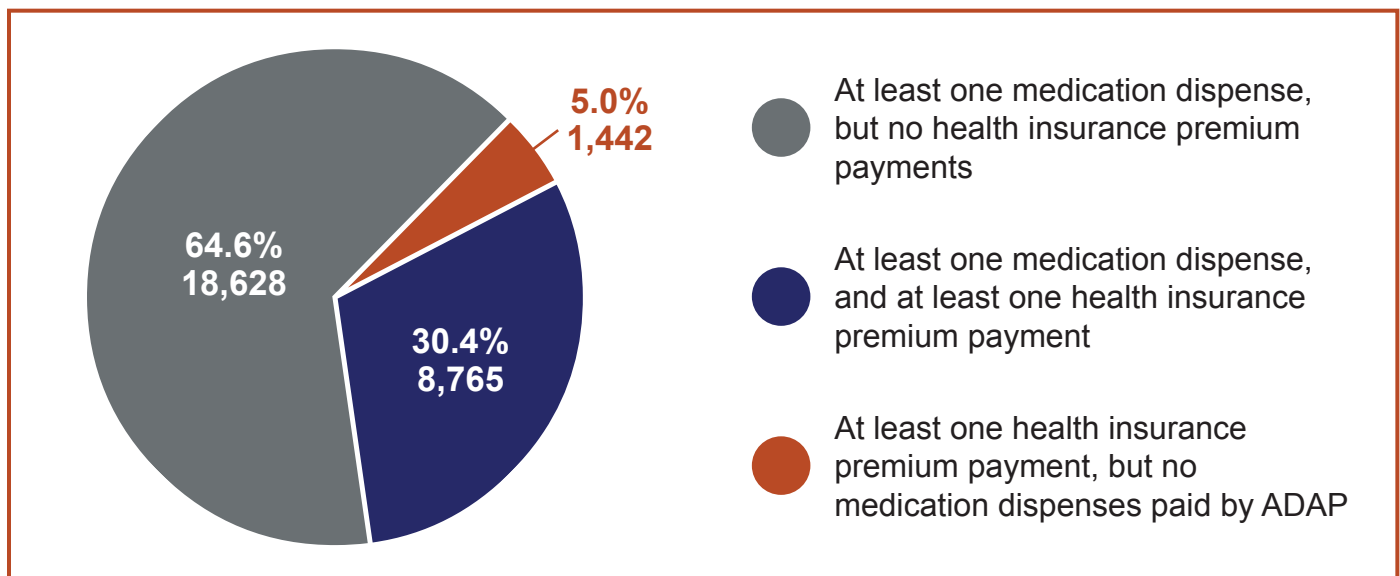
Spousal/Dependent MOOP

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 2023–2024

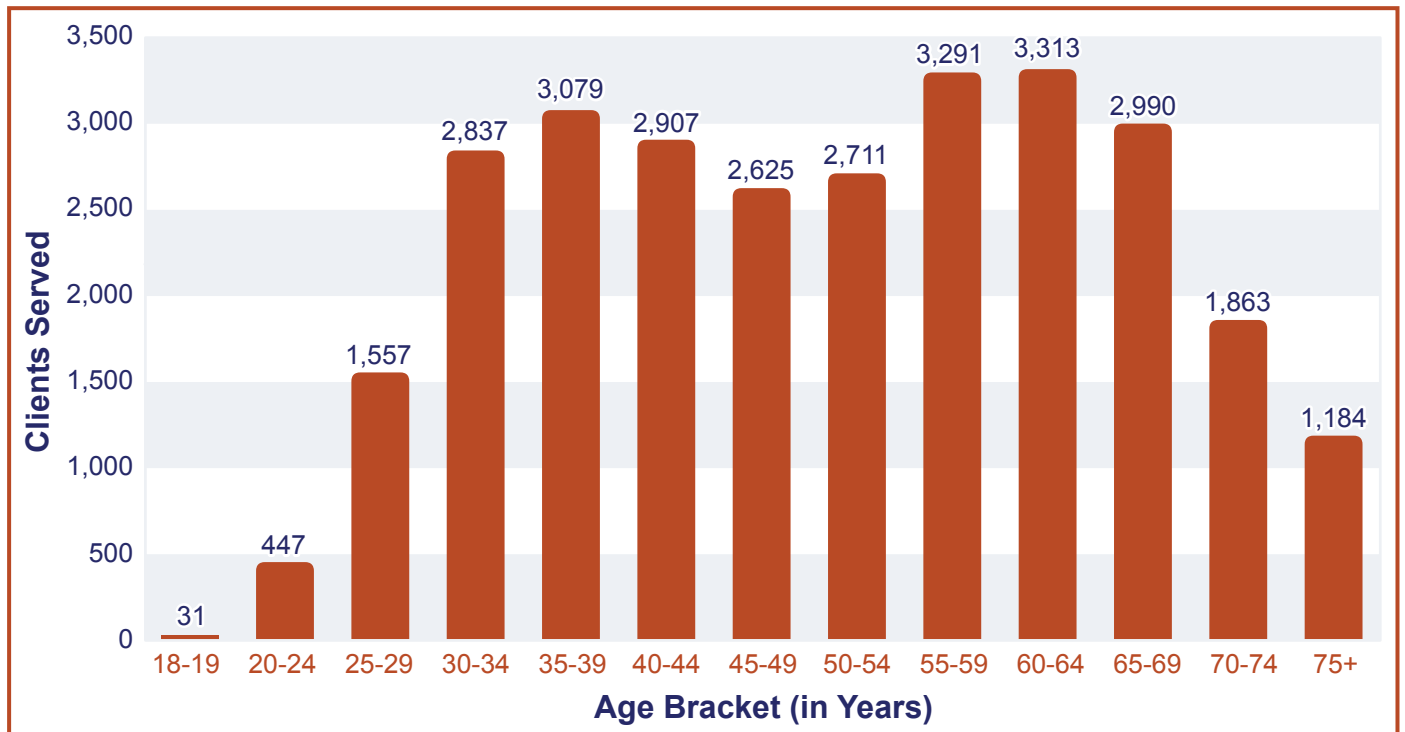
Type of ADAP Benefits Received During FY 2023–2024	Number of Clients	Percent of Total
At least one medication dispense, but no health insurance premium payments	18,628	64.6%
At least one medication dispense, and at least one health insurance premium payment*	8,765	30.4%
At least one health insurance premium payment, but no medication dispenses paid by ADAP*	1,442	5.0%
TOTAL	28,835	100.0%

Figure 1. California ADAP Clients Served by Benefit Type, FY 2023–2024

***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 Premium Payment Program (MPPP). **Source:** ADAP Enrollment System, December 23, 2024.

Table 2. California ADAP Clients Served by Age Group, FY 2023–2024

Age Bracket (in Years)	Number of Clients	Percent of Total
18–19	31	0.1%
20–24	447	1.6%
25–29	1,557	5.4%
30–34	2,837	9.8%
35–39	3,079	10.7%
40–44	2,907	10.1%
45–49	2,625	9.1%
50–54	2,711	9.4%
55–59	3,291	11.4%
60–64	3,313	11.5%
65–69	2,990	10.4%
70–74	1,863	6.5%
75+	1,184	4.1%
TOTAL	28,835	100.0%

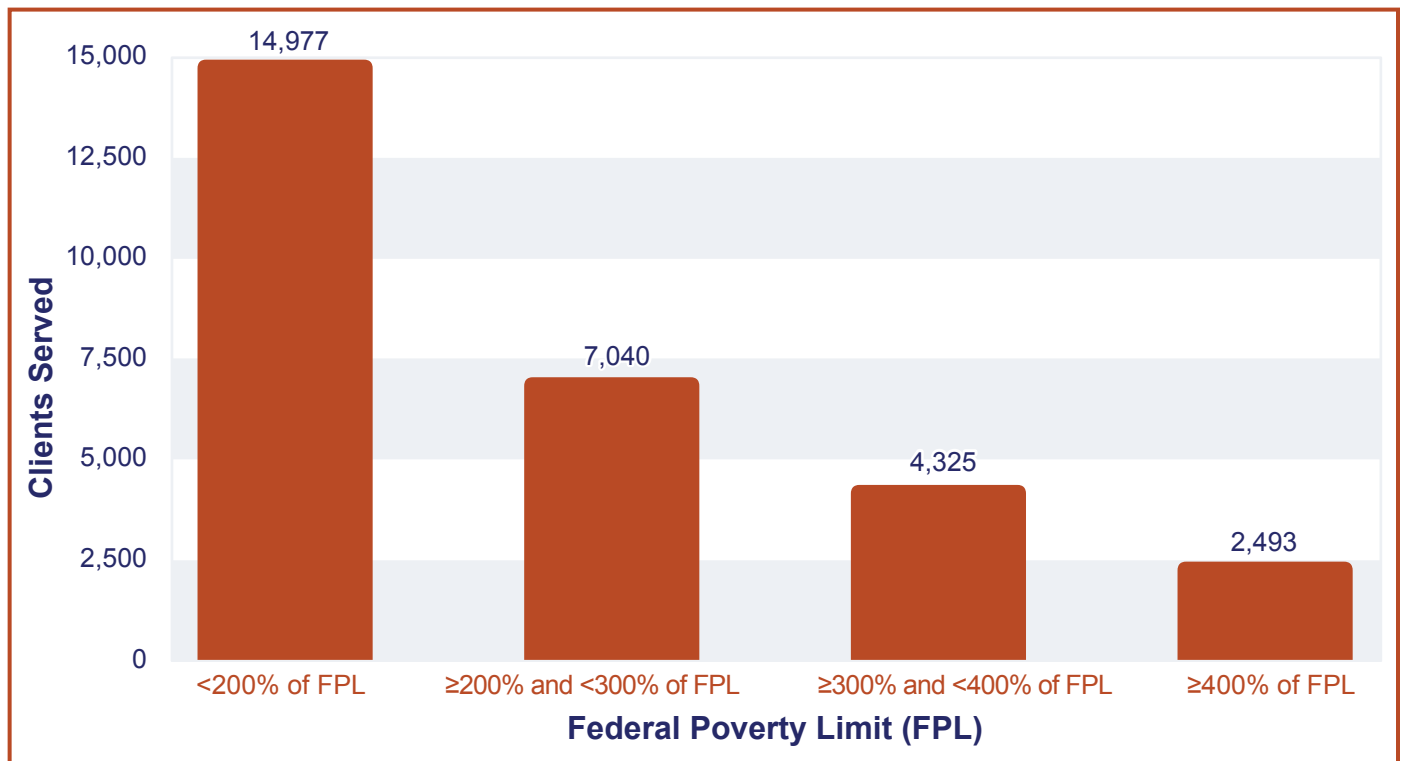
Figure 2. California ADAP Clients Served by Age Group, FY 2023–2024

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 23, 2024.

Table 3. California ADAP Clients Served by Income, FY 2023–2024

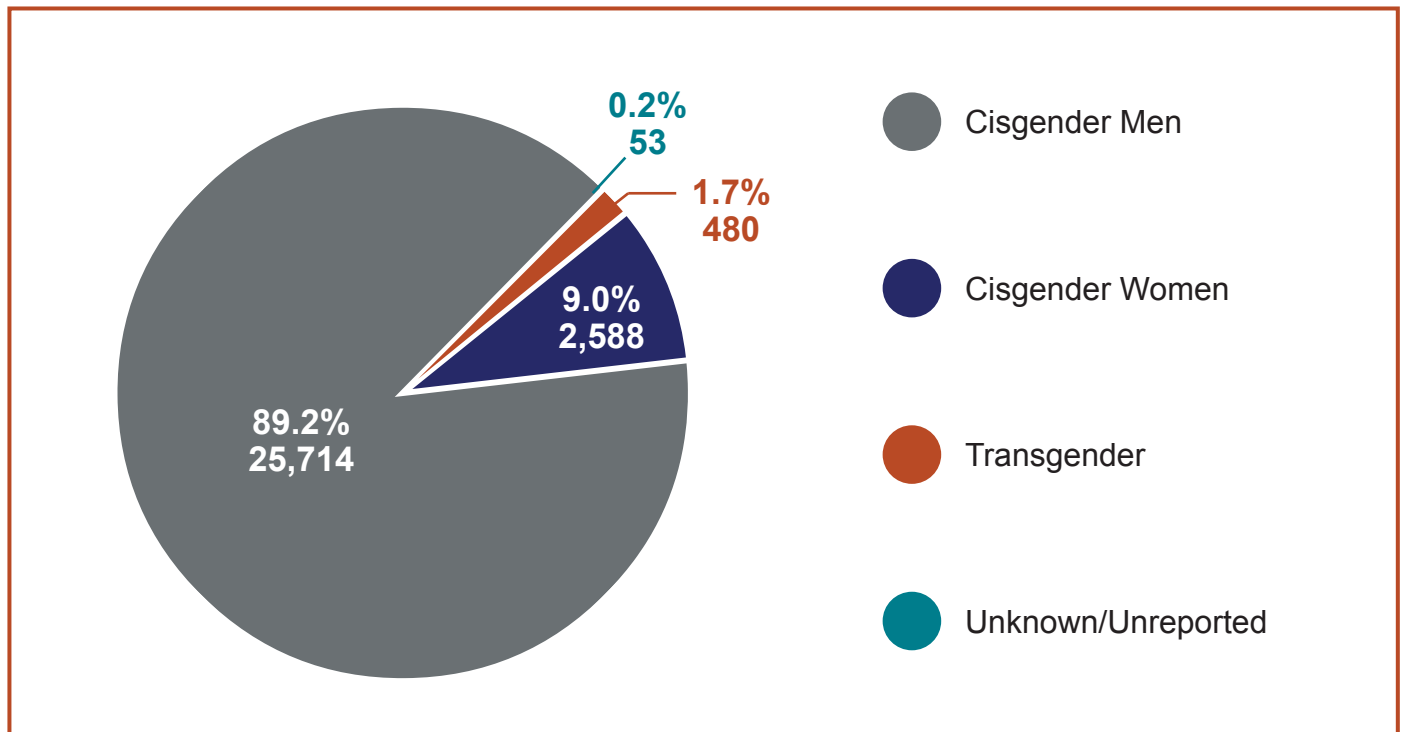
Federal Poverty Level (FPL)	Number of Clients	Percent of Total
<200% of FPL	14,977	51.9%
≥200% and <300% of FPL	7,040	24.4%
≥300% and <400% of FPL	4,325	15.0%
≥400% of FPL	2,493	8.6%
TOTAL	28,835	100.0%

Figure 3. California ADAP Clients Served by Income, FY 2023–2024

Note on the Table and Figure Above: FPL thresholds are based on household size and income. In FY 2023–2024, a household size of one with an annual household income of \$14,580.00 (2023) and \$15,060.00 (2024) 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 23, 2024.

Table 4. California ADAP Clients Served by Gender, FY 2023–2024

Gender	Number of Clients	Percent of Total
Cisgender Men	25,714	89.2%
Cisgender Women	2,588	9.0%
Transgender	480	1.7%
Unknown/Unreported	53	0.2%
TOTAL	28,835	100.0%

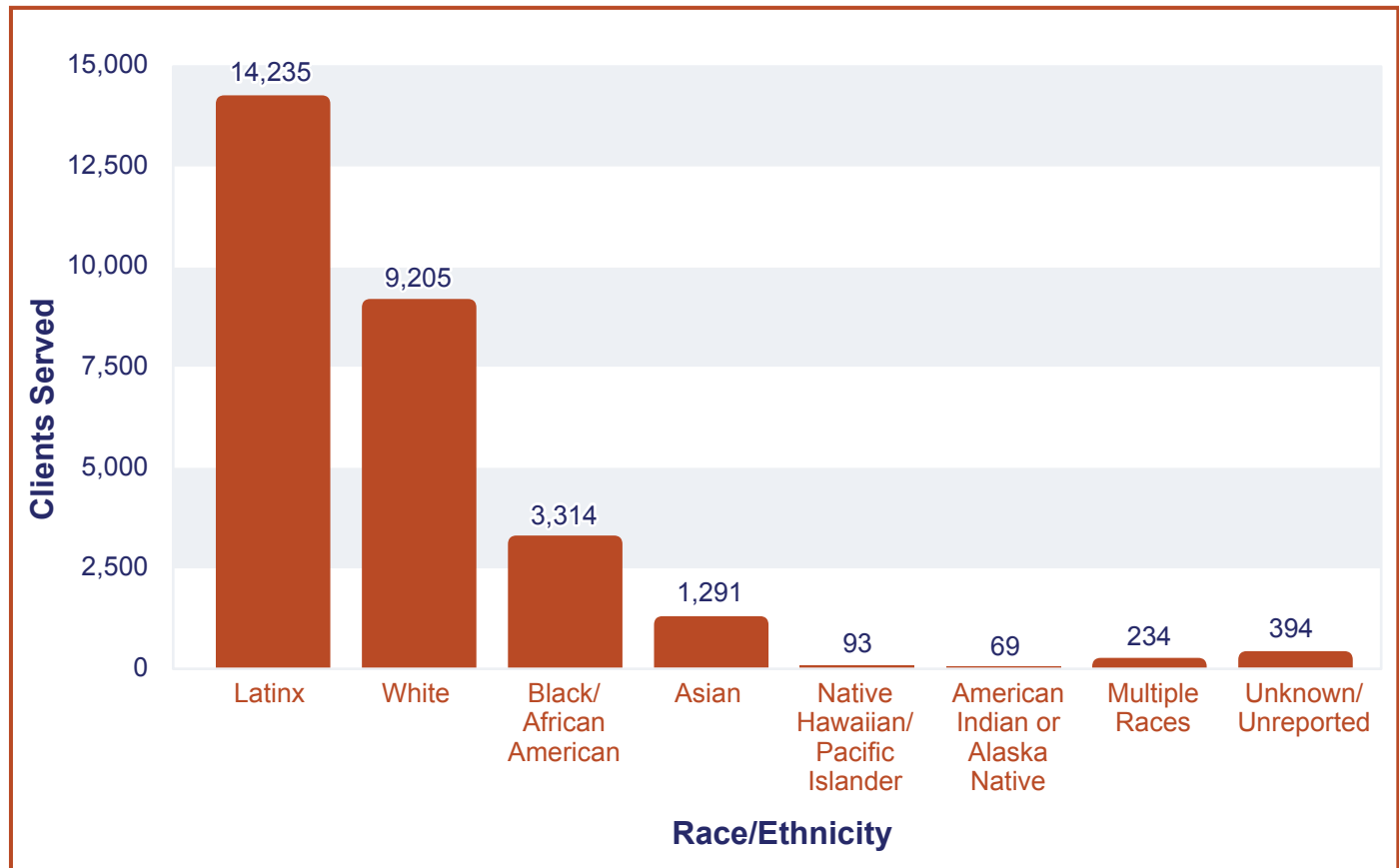
Figure 4. California ADAP Clients Served by Gender, FY 2023–2024

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 23, 2024.

Table 5. California ADAP Clients Served by Race/Ethnicity, FY 2023–2024

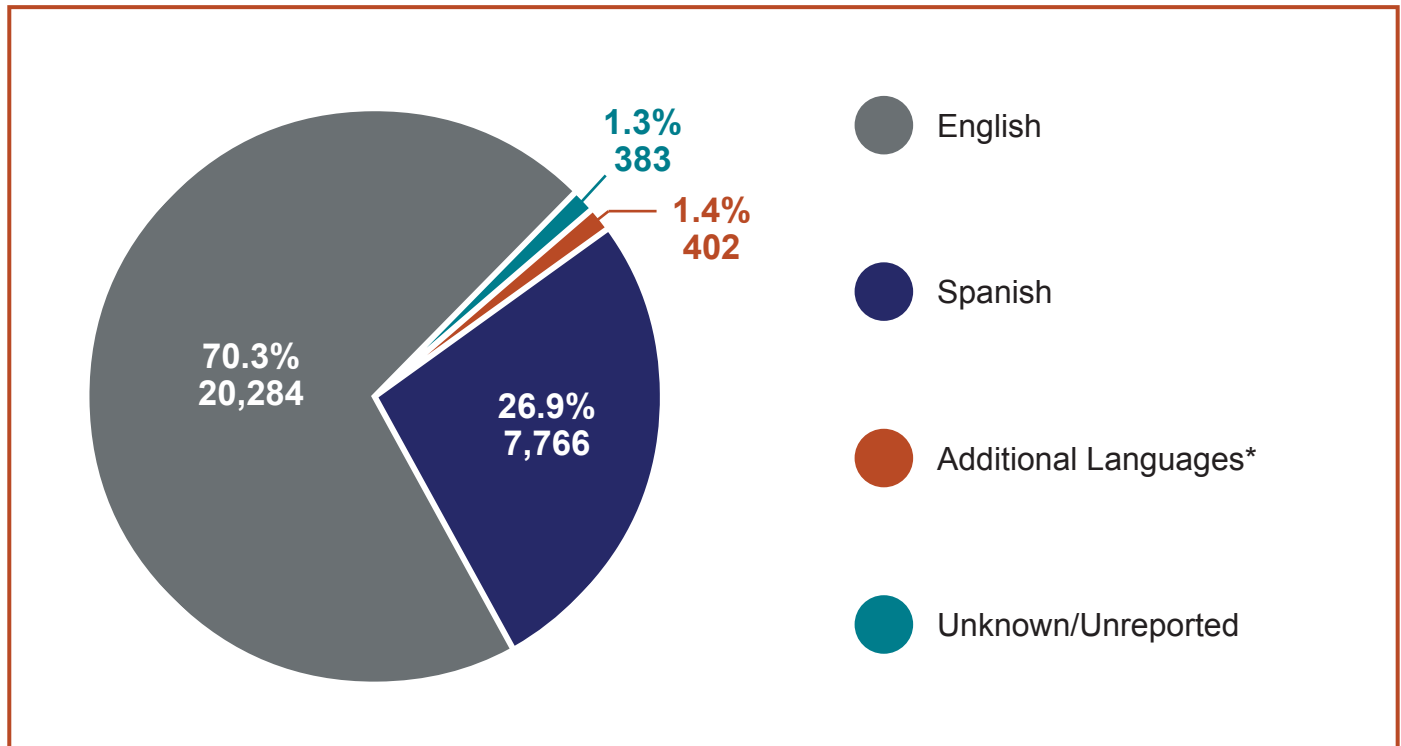
Race/Ethnicity	Number of Clients	Percent of Total
Latinx	14,235	49.4%
White	9,205	31.9%
Black/African American	3,314	11.5%
Asian	1,291	4.5%
Native Hawaiian/Pacific Islander	93	0.3%
American Indian or Alaska Native	69	0.2%
Multiple Races	234	0.8%
Unknown/Unreported	394	1.4%
TOTAL	28,835	100.0%

Figure 5. California ADAP Clients Served by Race/Ethnicity, FY 2023–2024

Note on the Table and Figure Above: Latinx includes all individuals reporting Hispanic ethnicity, regardless of race.
Source: ADAP Enrollment System, December 23, 2024.

Table 6. California ADAP Clients Served by Selected Preferred Language, FY 2023–2024

Selected Preferred Language	Number of Clients	Percent of Total
English	20,284	70.3%
Spanish	7,766	26.9%
Additional Languages*	402	1.4%
Unknown/Unreported	383	1.3%
TOTAL	28,835	100.0%

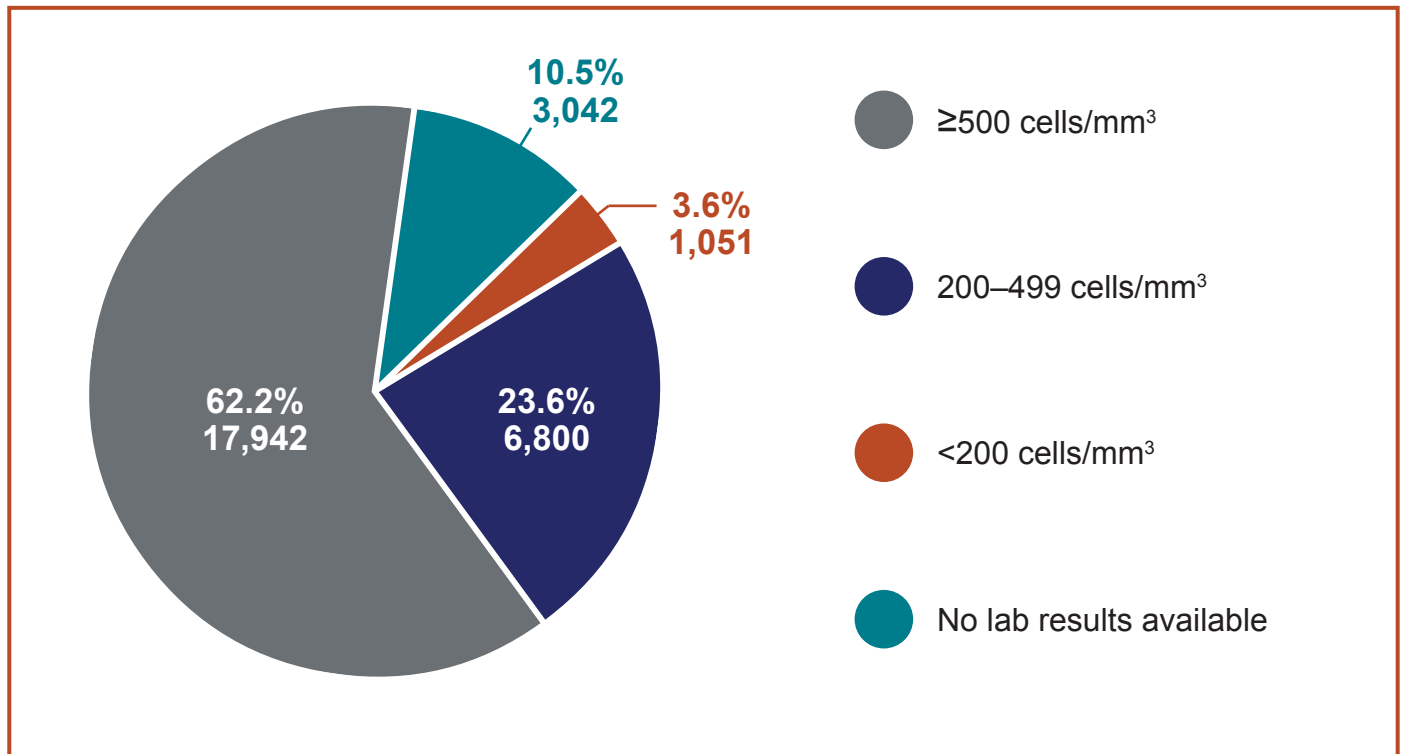
Figure 6. California ADAP Clients Served by Selected Preferred Language, FY 2023–2024

***Note on the Table and Figure Above:** Additional languages include ASL, Amharic, Arabic, Armenian, Burmese, Cambodian, Cantonese, Chinese, Eritrean, Farsi, French, Haitian Creole, Hindi, Indonesian, Italian, Kazakh, Korean, Lao, Lithuanian, Mandarin, Mandingo, Obscure Dialect, Portuguese, Punjabi, Romanian, Russian, Swahili, Tagalog, Taiwanese, Thai, Tigrinya, Turkish, Ukrainian, Vietnamese, and Wolof. 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 23, 2024

Table 7. California ADAP Clients Served by CD4 Count, FY 2023–2024

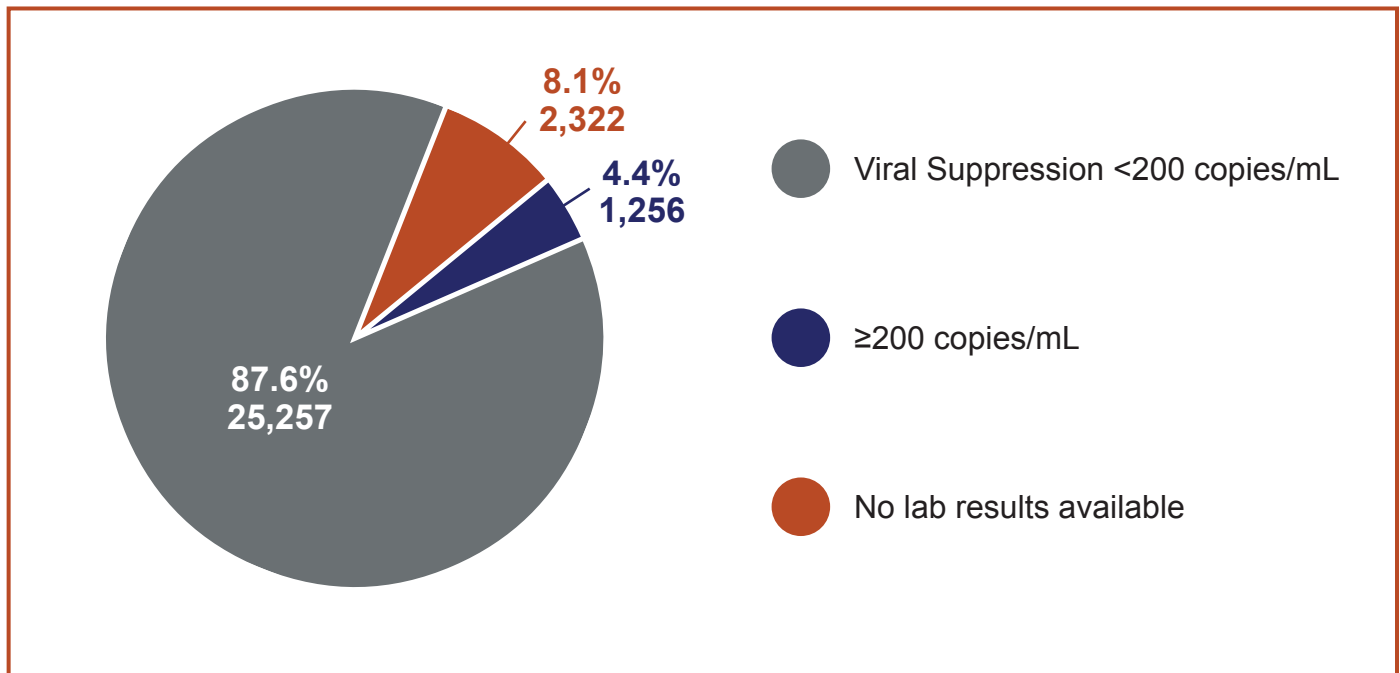
CD4 Cell Count	Number of Clients	Percent of Total
≥500 cells/mm ³	17,942	62.2%
200–499 cells/mm ³	6,800	23.6%
<200 cells/mm ³	1,051	3.6%
No lab results available	3,042	10.5%
TOTAL	28,835	100.0%

Figure 7. California ADAP Clients Served by CD4 Count, FY 2023–2024

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) 2023–2024 (July 1, 2023–June 30, 2024). 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 23, 2024.

Table 8a. California ADAP Clients Served by Viral Load, FY 2023–2024

Viral Load	Number of Clients	Percent of Total
Viral Suppression <200 copies/mL	25,257	87.6%
≥200 copies/mL	1,256	4.4%
No lab results available	2,322	8.1%
TOTAL	28,835	100.0%

Figure 8a. California ADAP Clients Served by Viral Load, FY 2023–2024

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) 2023–2024 (July 1, 2023–June 30, 2024). 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 23, 2024.

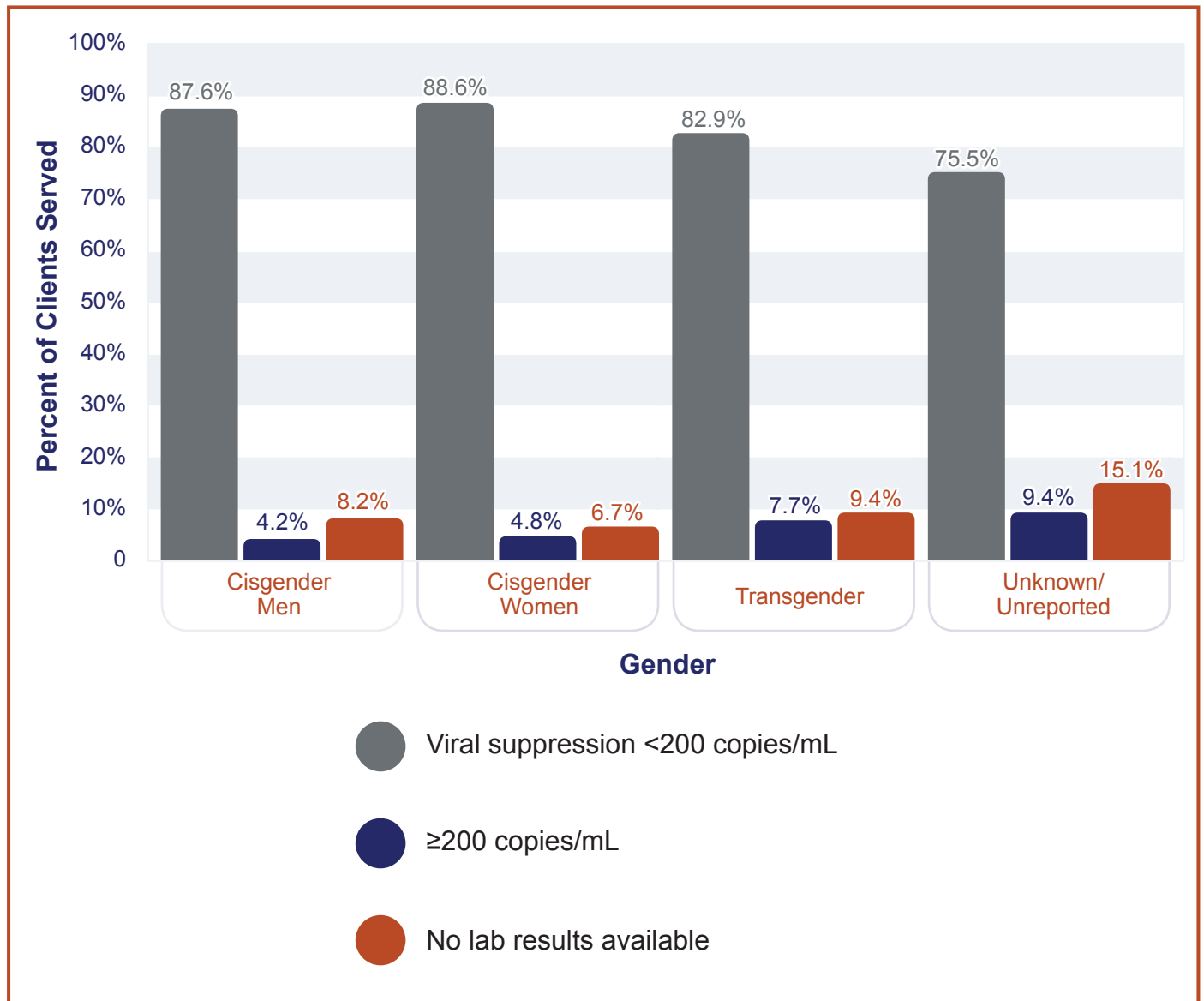
Table 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2023–2024

Viral Suppression Status by Gender	Number of Clients	Percent of Total by Gender Group
Cisgender Men		
Viral suppression <200 copies/mL	22,527	87.6%
≥200 copies/mL	1,091	4.2%
No lab results available	2,096	8.2%
SUBTOTAL	25,714	100.0%
Cisgender Women		
Viral suppression <200 copies/mL	2,292	88.6%
≥200 copies/mL	123	4.8%
No lab results available	173	6.7%
SUBTOTAL	2,588	100.0%
Transgender		
Viral suppression <200 copies/mL	398	82.9%
≥200 copies/mL	37	7.7%
No lab results available	45	9.4%
SUBTOTAL	480	100.0%
Unknown/Unreported		
Viral suppression <200 copies/mL	40	75.5%
≥200 copies/mL	5	9.4%
No lab results available	8	15.1%
SUBTOTAL	53	100.0%
TOTAL	28,835	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2023–2024 (July 1, 2023–June 30, 2024). 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 23, 2024.

Figure 8b. California ADAP Clients Served by Gender and Viral Suppression Status, FY 2023–2024



Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2023–2024 (July 1, 2023–June 30, 2024). 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.

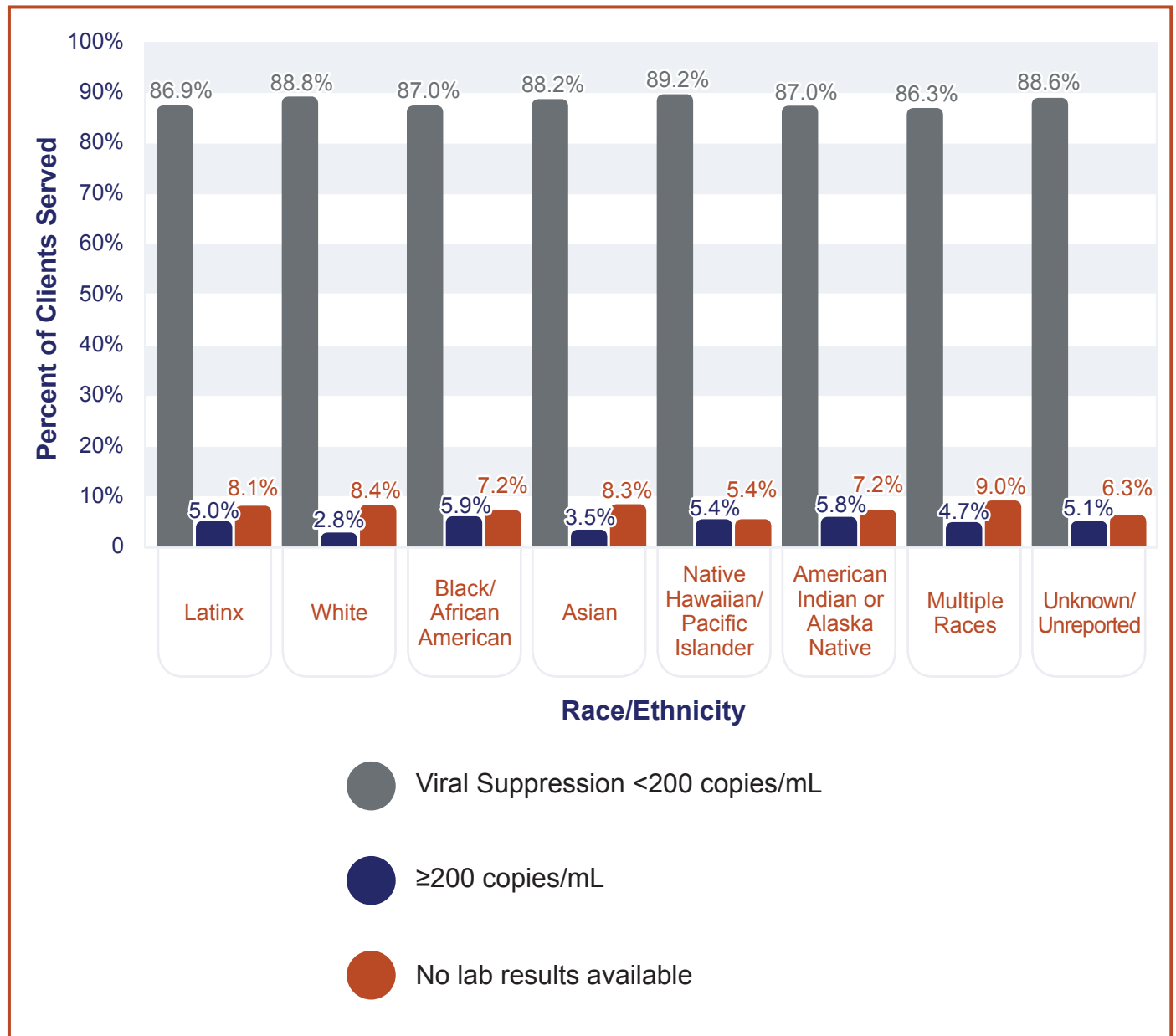
Source: ADAP Enrollment System, December 23, 2024.

Table 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2023–2024

Viral Suppression Status by Race/Ethnicity	Number of Clients	Percent of Total by Race/Ethnicity
Latinx		
Viral suppression <200 copies/mL	12,372	86.9%
≥200 copies/mL	716	5.0%
No lab results available	1,147	8.1%
SUBTOTAL	14,235	100.0%
White		
Viral suppression <200 copies/mL	8,170	88.8%
≥200 copies/mL	260	2.8%
No lab results available	775	8.4%
SUBTOTAL	9,205	100.0%
Black/African American		
Viral suppression <200 copies/mL	2,882	87.0%
≥200 copies/mL	195	5.9%
No lab results available	237	7.2%
SUBTOTAL	3,314	100.0%
Asian		
Viral suppression <200 copies/mL	1,139	88.2%
≥200 copies/mL	45	3.5%
No lab results available	107	8.3%
SUBTOTAL	1,291	100.0%
Native Hawaiian/Pacific Islander		
Viral suppression <200 copies/mL	83	89.2%
≥200 copies/mL	5	5.4%
No lab results available	5	5.4%
SUBTOTAL	93	100.0%
American Indian or Alaska Native		
Viral suppression <200 copies/mL	60	87.0%
≥200 copies/mL	4	5.8%
No lab results available	5	7.2%
SUBTOTAL	69	100.0%
Multiple Races		
Viral suppression <200 copies/mL	202	86.3%
≥200 copies/mL	11	4.7%
No lab results available	21	9.0%
SUBTOTAL	234	100.0%
Unknown/Unreported		
Viral suppression <200 copies/mL	349	88.6%
≥200 copies/mL	20	5.1%
No lab results available	25	6.3%
SUBTOTAL	394	100.0%
TOTAL	28,835	100.0%

Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2023–2024 (July 1, 2023–June 30, 2024). 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 23, 2024.

Figure 8c. California ADAP Clients Served by Race/Ethnicity and Viral Suppression Status, FY 2023–2024



Note: Laboratory results were obtained from California HIV Surveillance records with test dates occurring in California state fiscal year (FY) 2023–2024 (July 1, 2023–June 30, 2024). 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 23, 2024.

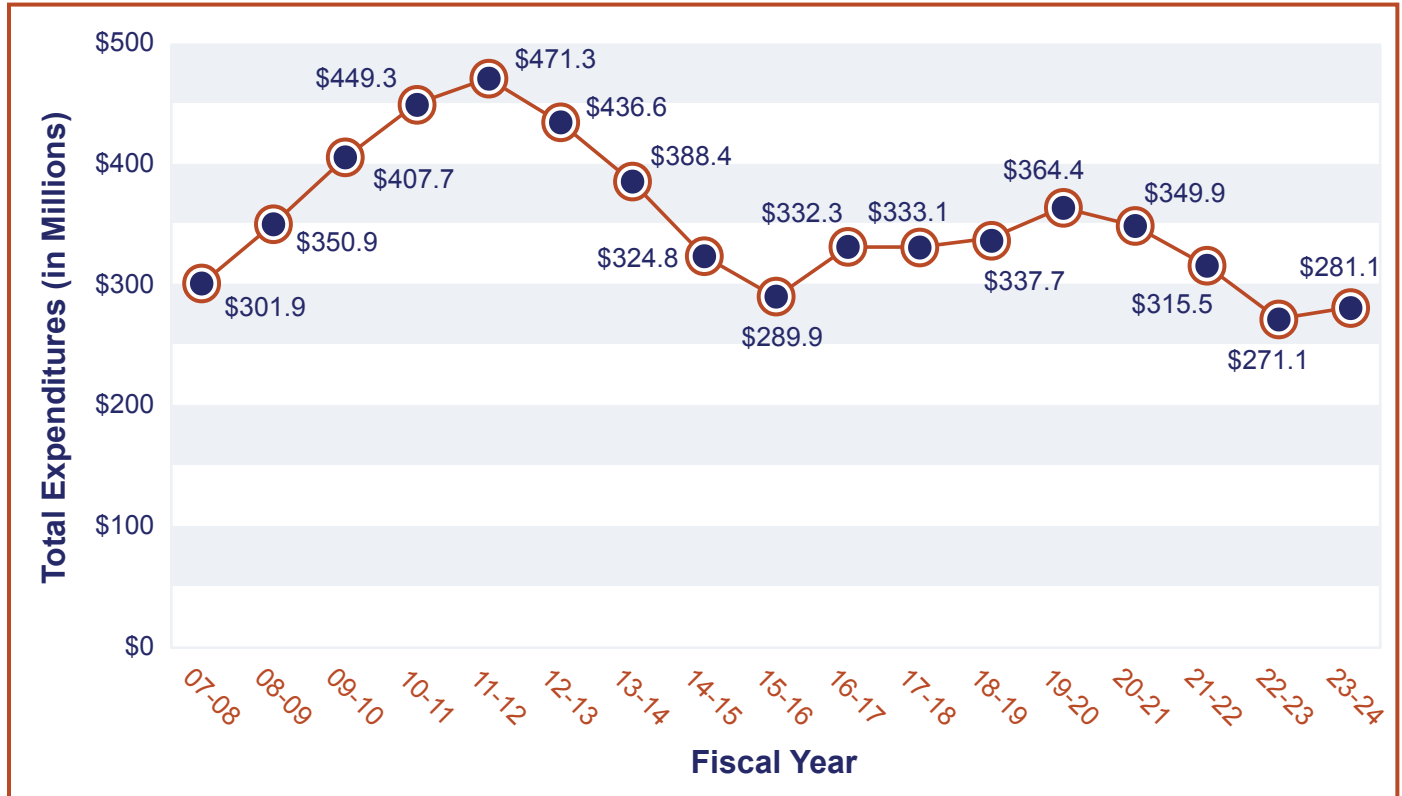
Table 9. California ADAP Clients Served by Local Health Jurisdiction, FY 2023–2024

Local Health Jurisdiction	Number of Clients	Percent of Total
Alameda	1,563	5.4%
Amador	<10	<0.1%
Butte	63	0.2%
Calaveras	<10	<0.1%
Colusa	<10	<0.1%
Contra Costa	321	1.1%
El Dorado	27	<0.1%
Fresno	340	1.2%
Glenn	<10	<0.1%
Humboldt	62	0.2%
Imperial	70	0.2%
Kern	287	1.0%
Kings	24	<0.1%
Lake	14	<0.1%
Long Beach	186	0.6%
Los Angeles	11,283	39.1%
Madera	55	0.2%
Marin	88	0.3%
Mendocino	45	0.2%
Merced	56	0.2%
Monterey	203	0.7%
Napa	35	0.1%
Nevada	36	0.1%
Orange	1,757	6.1%
Pasadena	102	0.4%

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

Placer	19	<0.1%
Plumas	<10	<0.1%
Riverside	1,826	6.3%
Sacramento	1,037	3.6%
San Bernardino	731	2.5%
San Diego	3,056	10.6%
San Francisco	2,624	9.1%
San Joaquin	272	0.9%
San Luis Obispo	89	0.3%
San Mateo	251	0.9%
Santa Barbara	114	0.4%
Santa Clara	813	2.8%
Santa Cruz	67	0.2%
Siskiyou	39	0.1%
Solano	223	0.8%
Sonoma	437	1.5%
Stanislaus	134	0.5%
Sutter	19	<0.1%
Tulare	107	0.4%
Tuolumne	<10	<0.1%
Ventura	306	1.1%
Yolo	16	<0.1%
Yuba	11	<0.1%
TOTAL	28,835	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) 2023–2024 (July 1, 2023–June 30, 2024) and are not shown in the table: Del Norte, Inyo, Lassen, Mariposa, Mono, Shasta, 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 23, 2024.

Figure 9. California ADAP Medication Expenditures by Fiscal Years, 2007–2024

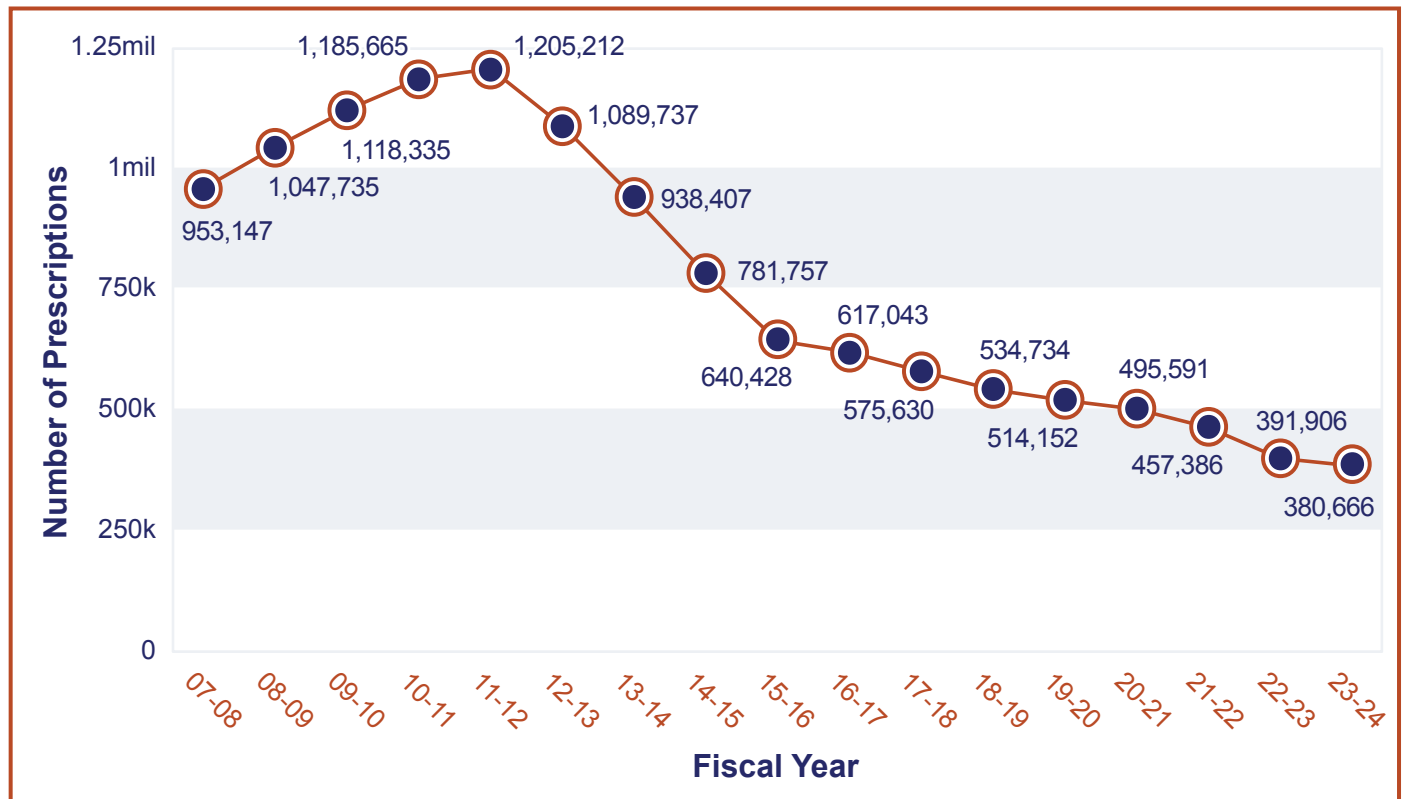
Note: For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>. **Source:** ADAP Enrollment System December 23, 2024.

Table 10. California ADAP Medication Dispenses and Expenditures, FY 2023–2024

Number of Clients	Medications Dispensed	Medication Expenditures	Median Number of Prescriptions Per Client, Per Year	Median Expenditures Per Client, Per Year
27,393	380,666	\$281,346,916	9	\$3,939.52

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 23, 2024.

Figure 10. California ADAP Medication Prescriptions Dispensed, Historical Trends, by Fiscal Years 2007–2024

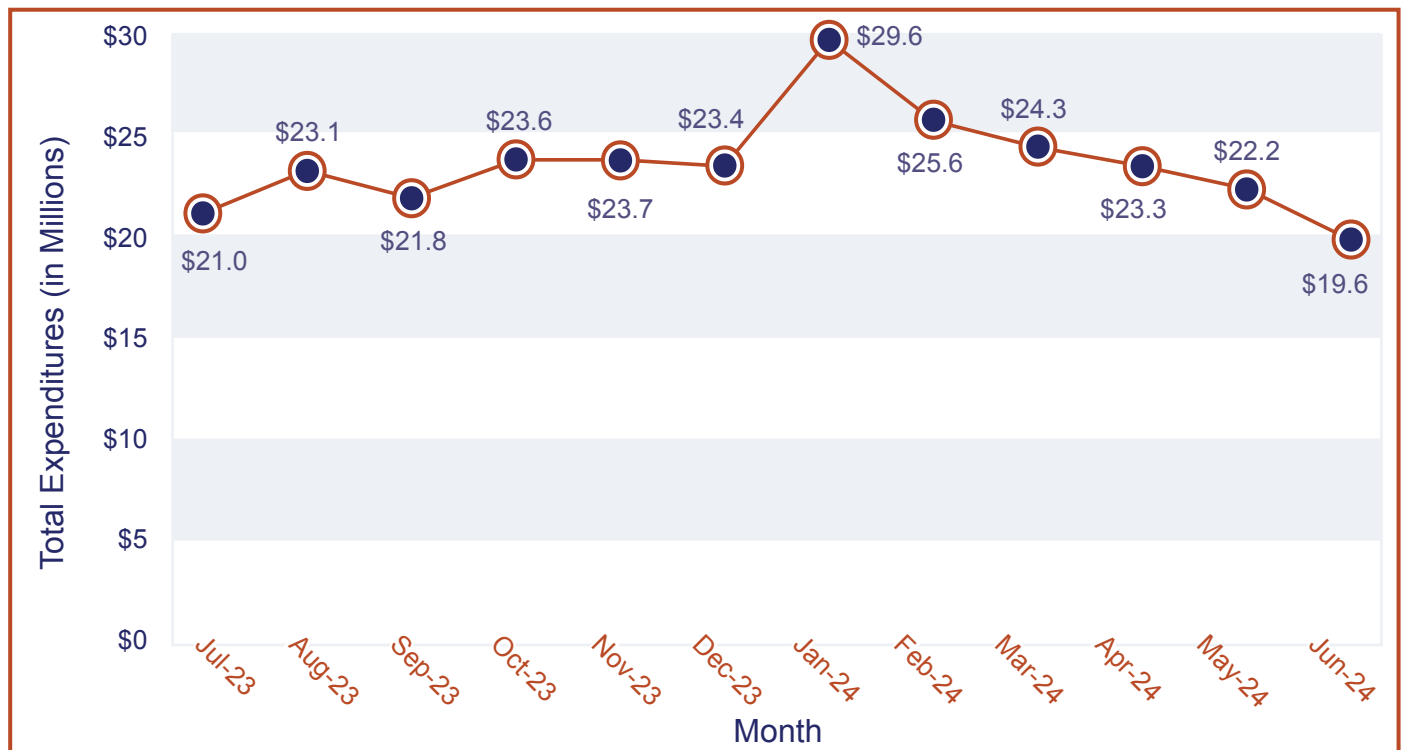


Note: For more information, visit <https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OABudget.aspx> or [Department of Finance](https://www.ebudget.ca.gov) at <https://www.ebudget.ca.gov>. **Source:** ADAP Enrollment System December 23, 2024.

Table 11. California ADAP Medication Expenditures by Month, FY 2023–2024

Month	Number of Clients	Medications Dispensed	Medication Expenditures
July 2023	13,273	30,007	\$21,012,136
August 2023	13,537	32,086	\$23,094,373
September 2023	13,267	30,111	\$21,843,733
October 2023	13,575	32,335	\$23,624,487
November 2023	13,495	32,143	\$23,684,537
December 2023	13,229	31,692	\$23,407,257
January 2024	15,710	41,739	\$29,646,497
February 2024	15,197	38,209	\$25,609,650
March 2024	14,644	34,494	\$24,346,952
April 2024	12,816	29,471	\$23,269,483
May 2024	11,272	25,897	\$22,207,484
June 2024	9,998	22,482	\$19,600,327
TOTAL	27,393	380,666	\$281,346,916

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 23, 2024.

Figure 11. California ADAP Medication Expenditures by Month, FY 2023–2024

Note: Includes all medications dispensed by ADAP. **Source:** ADAP Enrollment System, December 23, 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 2023–2024

Drug Class	Number of Clients	Percent of Total
Integrase Strand Inhibitor (INSTI)	21,032	60.2%
Other Combination Antiretroviral Treatments	5,217	14.9%
Nucleoside Reverse Transcriptase Inhibitors (NRTI)	3,704	10.6%
Protease Inhibitor	1,805	5.2%
Long Acting Injectable Antiretrovirals	1,067	3.1%
Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)	1,062	3.0%
Other Antiretrovirals	250	0.7%
No Antiretroviral Medication Dispenses	772	2.2%
TOTAL	27,393	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 23, 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 2023–2024

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.	12,280	23.4%
Cardiovascular: includes statins and other antihyperlipidemic drugs.	8,543	16.2%
Miscellaneous: includes androgens, wasting syndrome treatment, glucocorticoids, antineoplastics, glycoprotein or peptide cytokine/hormone, and anabolic steroids.	6,296	12.0%
Mental Health: includes medications such as antidepressants, benzodiazepines, and antipsychotics, which are used to treat mental health conditions.	5,570	10.6%
Pain: includes non-steroidal anti-inflammatory drugs (NSAID) and opioid analgesics which are used for pain management.	3,844	7.3%
Gastrointestinal (GI) Agents: includes medications used to treat GI issues such as ulcers, gastroesophageal reflux disease, and heartburn.	2,742	5.2%
Neurologic: includes anticonvulsants, which can be used to treat seizure disorders.	2,583	4.9%
Diabetes Treatment: includes medications used to help control high blood sugar.	2,578	4.9%
No Non-Antiretroviral Medication Dispenses	8,146	15.5%
TOTAL	27,393	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 23, 2024.

Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2023–2024

Local Health Jurisdiction	Clients	Prescriptions	Expenditures
Alameda	1,509	17,987	\$10,298,822
Amador	<10	107	\$28,503
Butte	60	1,075	\$378,567
Calaveras	<10	76	\$35,396
Colusa	<10	5	\$494
Contra Costa	307	2,961	\$1,619,069
El Dorado	26	267	\$67,520
Fresno	330	2,992	\$1,758,586
Glenn	<10	38	\$4,703
Humboldt	60	948	\$355,765
Imperial	68	587	\$1,530,061
Kern	274	2,360	\$4,124,862
Kings	23	222	\$343,369
Lake	14	276	\$71,918
Long Beach	180	2,335	\$1,259,784
Los Angeles	10,923	163,637	\$137,359,396
Madera	48	375	\$203,726
Marin	87	862	\$508,629
Mendocino	45	971	\$289,639
Merced	53	466	\$485,487
Monterey	194	3,162	\$1,219,016
Napa	26	211	\$188,974
Nevada	33	433	\$114,100
Orange	1,645	22,363	\$20,500,287
Pasadena	98	1,498	\$1,130,967
Placer	23	233	\$110,541

Table 13. California ADAP Medication Assistance Clients, Prescriptions, and Expenditures by Local Health Jurisdiction, FY 2023–2024 (continued)

Plumas	<10	16	\$11,557
Riverside	1,687	27,061	\$8,112,356
Sacramento	1,011	10,509	\$6,710,436
San Bernardino	742	7,279	\$9,321,315
San Diego	2,961	48,349	\$33,381,626
San Francisco	2,508	31,771	\$14,782,922
San Joaquin	271	1,837	\$2,916,717
San Luis Obispo	86	1,858	\$353,337
San Mateo	236	2,054	\$2,671,205
Santa Barbara	116	1,516	\$1,993,053
Santa Clara	775	7,897	\$8,617,619
Santa Cruz	65	803	\$792,175
Siskiyou	37	473	\$179,835
Solano	223	1,553	\$1,270,955
Sonoma	413	4,346	\$2,209,718
Stanislaus	127	1,495	\$609,799
Sutter	19	156	\$55,618
Tulare	97	1,437	\$803,535
Tuolumne	<10	98	\$38,738
Ventura	275	3,384	\$2,431,289
Yolo	17	196	\$27,061
Yuba	<10	131	\$67,868
TOTAL	27,393	380,666	\$281,346,916

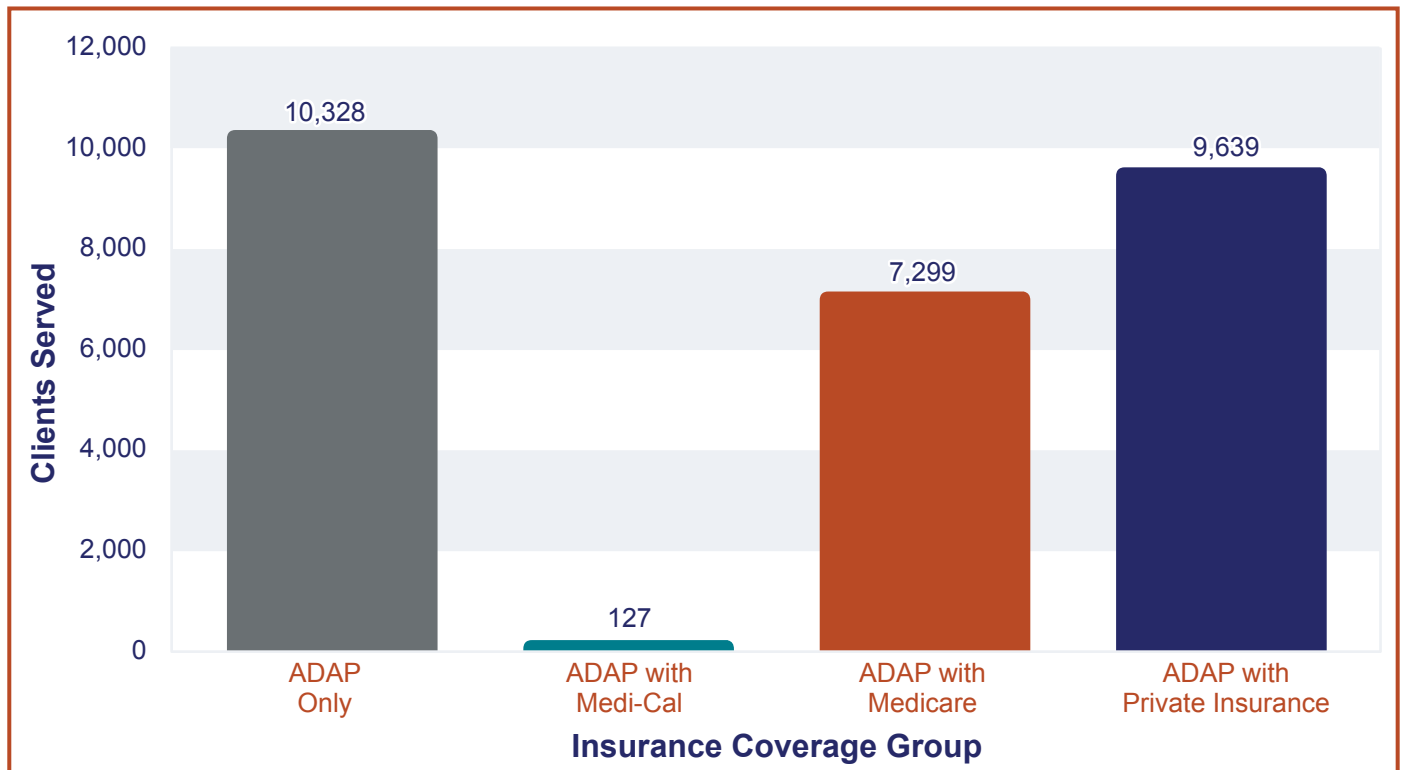
Note: Total clients reflect the unduplicated count of individuals with at least one medication dispense during the FY 2023–2024. Allowing for small cell size suppression, the client total will not equal the column sum of clients. Additionally, some clients received services in multiple counties. For 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, Inyo, Lassen, Mariposa, Mono, Shasta, Tehama, and Trinity. The LHJ reflects the LHJ of the client's enrollment site, not the residential county. **Source:** ADAP Enrollment System, December 23, 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 2023–2024

Insurance Coverage Group	Number of Clients	Percent of Total
ADAP Only	10,328	37.7%
ADAP with Medi-Cal	127	0.5%
ADAP with Medicare	7,299	26.6%
ADAP with Private Insurance	9,639	35.2%
TOTAL	27,393	100.0%

Note: Clients include those with at least one medication dispense during the FY 2023–2024. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. **Source:** ADAP Enrollment System, December 23, 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 2023–2024



Note: Clients include those with at least one medication dispense during the FY 2023–2024. Insurance coverage group reflects the insurance coverage reported for the last dispense in the fiscal year. **Source:** ADAP Enrollment System, December 23, 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 2023–2024

Program	Clients	Payments	Median Annual Premium Amount, Per Client	Health Insurance Premium Expenditures
EB-HIPP	756	12,219	\$2,040	\$1,997,061
MPPP	2,313	36,551	\$1,111	\$4,825,307
OA-HIPP	7,376	116,972	\$7,919	\$66,070,637
TOTAL	10,067	165,742	---	\$72,893,005

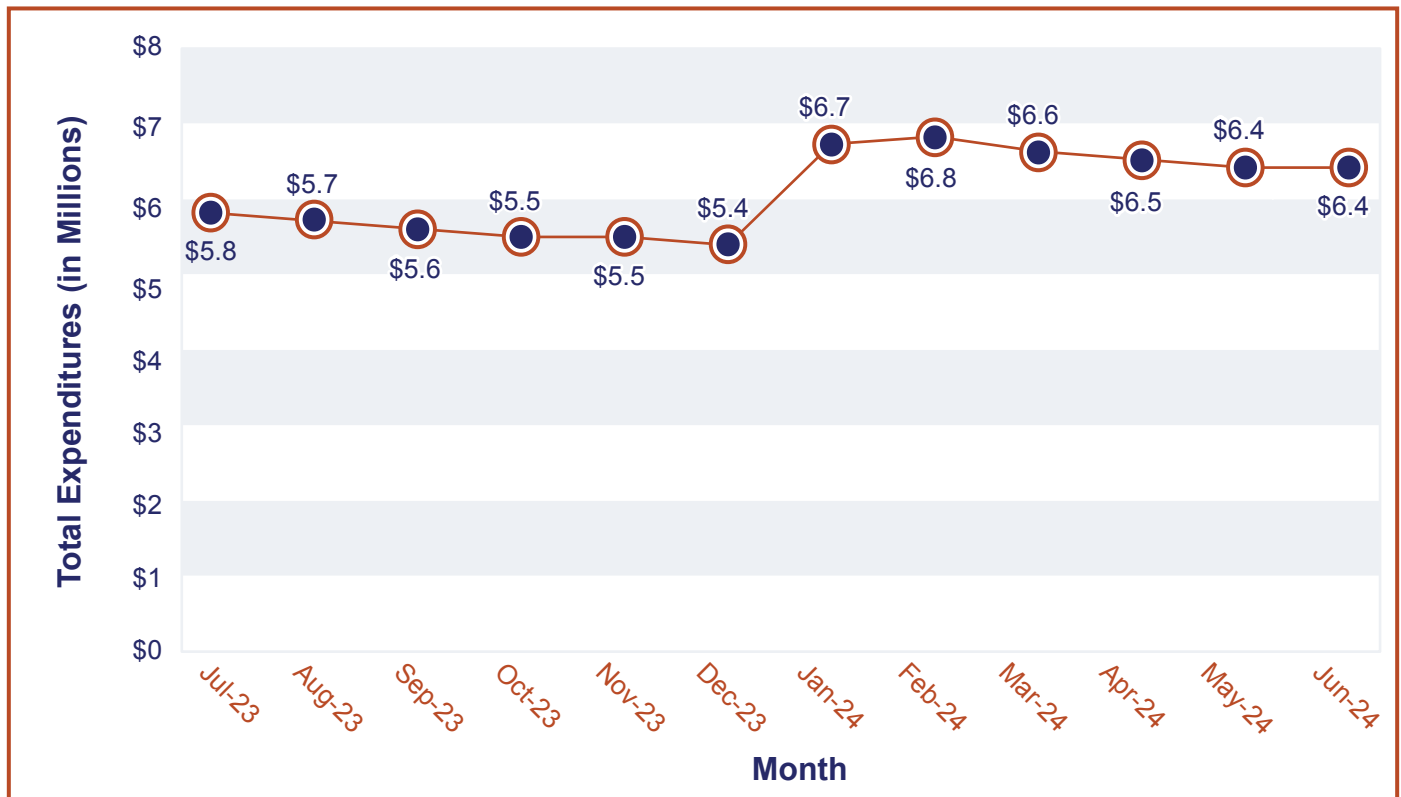
Note: Total clients are less than the sum of clients by program as some clients received both Employer-Based Health Insurance Premium Payment Program (EB-HIPP) or Office of AIDS Health Insurance Premium Payment Program (OA-HIPP) and Medicare Premium Payment Program (MPPP) health insurance premium benefits during the course of the fiscal year. Expenditures reflect payments and adjustments made during the fiscal year. **Source:** ADAP Enrollment System, December 23, 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 2023–2024

Month	Number of Clients	Expenditures
July 2023	8,216	\$5,762,444
August 2023	8,151	\$5,680,186
September 2023	8,029	\$5,563,699
October 2023	7,973	\$5,516,672
November 2023	7,937	\$5,471,858
December 2023	7,905	\$5,439,177
January 2024	8,406	\$6,715,582
February 2024	8,504	\$6,785,724
March 2024	8,470	\$6,606,147
April 2024	8,444	\$6,526,938
May 2024	8,344	\$6,433,783
June 2024	8,277	\$6,390,796
TOTAL	10,067	\$72,893,005

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 Health Insurance Premium Payment Program (MPPP). Expenditures reflect payments and adjustments made during the fiscal year. **Source:** ADAP Enrollment System, December 23, 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 2023–2024



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 Health Insurance Premium Payment Program (MPPP). Expenditures reflect payments and adjustments made during the fiscal year. **Source:** ADAP Enrollment System, December 23, 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 2023–2024

Local Health Jurisdiction	Clients	Premium Expenditures
Alameda	545	\$3,087,755
Amador	<10	\$1,177
Butte	36	\$268,306
Calaveras	<10	\$10,770
Colusa	<10	\$9,370
Contra Costa	147	\$799,727
El Dorado	16	\$77,770
Fresno	131	\$480,434
Glenn	<10	\$32,588
Humboldt	31	\$196,114
Imperial	<10	\$18,726
Kern	59	\$277,711
Kings	<10	\$14,801
Lake	<10	\$28,123
Long Beach	92	\$713,942
Los Angeles	3,163	\$25,031,071
Madera	36	\$234,718
Marin	49	\$248,226
Mendocino	22	\$88,979
Merced	18	\$152,776
Monterey	118	\$1,302,640
Napa	23	\$228,800
Nevada	31	\$183,738
Orange	800	\$6,573,570
Pasadena	27	\$188,873
Placer	<10	\$25,978

Table 17. California ADAP Health Insurance Premium Expenditures by Local Health Jurisdiction, FY 2023–2024 (continued)

Riverside	840	\$4,897,638
Sacramento	431	\$3,141,038
San Bernardino	124	\$592,614
San Diego	1,063	\$9,005,305
San Francisco	1,148	\$7,096,992
San Joaquin	82	\$298,297
San Luis Obispo	62	\$643,627
San Mateo	85	\$369,369
Santa Barbara	15	\$23,745
Santa Clara	319	\$1,786,166
Santa Cruz	28	\$145,943
Siskiyou	17	\$92,135
Solano	61	\$261,470
Sonoma	232	\$1,269,668
Stanislaus	69	\$532,461
Sutter	11	\$162,250
Tulare	58	\$611,041
Tuolumne	<10	\$4,620
Ventura	166	\$1,481,130
Yolo	<10	\$83,943
Yuba	<10	\$113,009
TOTAL	10,067	\$72,893,005

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 Health Insurance Premium Payment Program (MPPP). 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 2023–2024 and are not shown in the table: Del Norte, Inyo, Lassen, Mariposa, Mono, Shasta, 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 23, 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 2023–2024

Clients Served	MOOPS Paid	Expenditures	Median Annual Claims per Client	Median Cost per Claim
4,628	34,113	\$2,329,470	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 Health Insurance Premium Payment Program (MPPP). **Source:** ADAP Enrollment System, December 23, 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 Dispenses and Expenditures: Measures of Central Tendency and Spread, FY 2023–2024

Category	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of Prescription Medications Dispensed	1	1	4	9	18	143
Medication Expenditures	\$3,299	\$2	\$338	\$3,940	\$15,007	\$237,107

Note: Number of clients included in analysis = 27,393; number of prescription medication dispenses included = 380,666. **Source:** ADAP Enrollment System, December 23, 2024.

Appendix B. Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Premium Payment Program (MPPP) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2023–2024

Category	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of EB-HIPP, OA-HIPP, and MPPP Payments per client	12	1	11	14	25	52
EB-HIPP, OA-HIPP, and MPPP Expenditures per client	\$840	\$1	\$2,021	\$5,412	\$10,968	\$46,461

Note: Number of clients included in analysis = 10,067; number of prescription medication dispenses included = 165,742. **Source:** ADAP Enrollment System, December 23, 2024.

Appendix C. Employer-Based Health Insurance Premium Payment Program (EB-HIPP), Office of AIDS Health Insurance Premium Payment Program (OA-HIPP), and Medicare Premium Payment Program (MPPP) Medical-Out-Of-Pocket (MOOPs) Claims and Expenditures: Measures of Central Tendency and Spread, FY 2023–2024

Category	Mode	Minimum	25 th Percentile	Median	75 th Percentile	Maximum
Number of EB-HIPP, OA-HIPP, or MPPP MOOPs Claims per client	1	1	2	4	8	140
MOOPs Expenditures per client	\$15	\$0	\$45	\$121	\$373	\$20,495

Note: Number of clients included in analysis = 4,628; number of prescription medication dispenses included = 34,113.

Source: ADAP Enrollment System, December 23, 2024.

Appendix D. Summary of Statistical Measures and Definitions, FY 2023–2024

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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