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California Department of Public Health, Office of AIDS, Pre-Exposure Prophylaxis Assistance Program (CDPH/OA/PrEP-AP) Formulary (by Drug Class)

Effective Date: November 18, 2024

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Phone:
1-800-424-6812

<https://cdphprep-ap.primetherapeutics.com/>

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1-800-424-5927

PRE-EXPOSURE PROPHYLAXIS ASSISTANCE PROGRAM (PrEP-AP)

Formulary (by Drug Class)

Phone:
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CDPH/OA/PrEP-AP mandates the use of generic products whenever possible in accordance with applicable law or regulations. Exceptions noted with a ^ symbol in the first column.

Generic Name	Brand Name	Restrictions
SELF-TESTING		
In-Home HIV Test	OraQuick	Max of 3 tests in a 6-month period*
STI TREATMENTS		
acyclovir	Zovirax	
azithromycin	Zithromax	
benzathine benzylpenicillin	Extencilline, Lentocilin S	
cefixime	Suprax	Brand no longer available
ceftriaxone		
clindamycin	Cleocin	Oral and intravaginal forms
doxycycline	Vibramycin	Oral generic forms only; 100 mg strength only; including for use as doxy-PEP to prevent STIs, additional information may be found here: CDPH Doxy-PEP Recommendations for Prevention of STIs (ca.gov)
famciclovir	Famvir	Brand no longer available
fluconazole	Diflucan	
gemifloxacin	Factive	Clinical PA required
gentamicin	Gentamicin	IM only; brand no longer available
imiquimod	Aldara, Zyclara	Brand Aldara no longer available
levofloxacin	Levaquin	250 mg, 500 mg, and 750 mg tablets only; brand no longer available
metronidazole	Flagyl	Oral form only

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* = Maximum reimbursement of OraQuick In-Home HIV Test is \$39.99.

Medications from manufacturers who are noted to be re-packagers are excluded from reimbursement through CDPH/OA/PrEP-AP.

Descovy and generic Truvada dispensed as part of an nPEP regimen will not be counted towards the limit of 2 PrEP medication dispenses in a 2-year period for 'PrEP Temporary Coverage' clients.

PrEP-AP will cover vaccination and therapeutic injection series that require more than a single dose of medication; however, each dose must be billed individually at the time of injection administration.

	Generic Name	Brand Name	Restrictions
	moxifloxacin	Avelox	Clinical PA required
	penicillin G benzathine	Bicillin LA	1.2 MU per syringe (2 mL) and 2.4 MU per syringe (4 mL) only
	podofilox	Condylox	
	sinecatechins	Veregen	
	tinidazole		
	valacyclovir	Valtrex	
SUBSTANCE USE DISORDER AGENTS			
	buprenorphine	Subutex	Sublingual form only; brand no longer available
	buprenorphine/naloxone	Suboxone	
	naloxone	Kloxxado, Narcan, Zimhi	Injectable and nasal sprays included
	naltrexone	ReVia, Vivitrol	Oral and extended-release injectable included
VACCINES			
	hepatitis A vaccine	Havrix, Vaqta	
	hepatitis A/hepatitis B vaccine	Twinrix	
	hepatitis B vaccine	Engerix-B, Heplisav-B, PreHevbrio, Recombivax HB	
	Human Papillomavirus (HPV) 9-valent recombinant vaccine	Gardasil 9	Available to clients up to 45 years of age; clients who turn 46 years of age after the vaccine series has begun will continue to be covered to ensure completion of the treatment series
	Influenza virus vaccine	Afluria, Fluad, Fluarix, Flublok, Flucelvax, FluLaval, Fluzone, Fluzone-High Dose	

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	Generic Name	Brand Name	Restrictions
	meningococcal vaccine	Bexsero, MenQuadfi, Menveo, Penbraya, Trumenba	
	smallpox and monkeypox vaccine	JYNNEOS	
HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) MEDICATIONS			
^	cabotegravir	Apretude	Coverage depends on client type, see Additional Information for the section on PrEP coverage
	emtricitabine/tenofovir alafenamide	Descovy	Coverage depends on client type, see Additional Information for the section on PrEP coverage
	emtricitabine/tenofovir disoproxil fumarate	Truvada	Coverage depends on client type, see Additional Information for the section on PrEP coverage
GENDER AFFIRMING MEDICATIONS			
	estradiol	Delestrogen, Dotti, Estrace, Lyllana, Minivelle, Vivelle Dot	
	conjugated estrogens/bazedoxifene	Duavee	
	leuprolide	Eligard, Lupron Depot	
	raloxifene	Evista	
	spironolactone	Aldactone	
	testosterone	Androderm, AndroGel, Testim, Testoderm TTS, Vogelxo	Excludes Aveed

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PrEP-AP will cover vaccination and therapeutic injection series that require more than a single dose of medication; however, each dose must be billed individually at the time of injection administration.

	Generic Name	Brand Name	Restrictions
HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATIONS			
	bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy	
	darunavir	Prezista	
	dolutegravir	Tivicay	
	emtricitabine/tenofovir alafenamide	Descovy	Coverage depends on client type, see Additional Information for the section on PrEP coverage
	emtricitabine/tenofovir disoproxil fumarate	Truvada	Coverage depends on client type, see Additional Information for the section on PrEP coverage
	raltegravir	Isentress, Isentress HD	
	ritonavir	Norvir	
RAPID ANTIRETROVIRAL THERAPY (ART) MEDICATIONS			
	bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy	
	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Symtuza	
	dolutegravir	Tivicay	
	emtricitabine/tenofovir alafenamide	Descovy	Coverage depends on client type, see Additional Information for the section on PrEP coverage
	emtricitabine/tenofovir disoproxil fumarate	Truvada	Coverage depends on client type, see the Additional Information for the section on PrEP coverage.
	raltegravir	Isentress, Isentress HD	

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Descovy and generic Truvada dispensed as part of an nPEP regimen will not be counted towards the limit of 2 PrEP medication dispenses in a 2-year period for 'PrEP Temporary Coverage' clients.

PrEP-AP will cover vaccination and therapeutic injection series that require more than a single dose of medication; however, each dose must be billed individually at the time of injection administration.

ADDITIONAL INFORMATION

These nonoccupational **post-exposure prophylaxis (nPEP) regimens** are available on the PrEP-AP formulary:

1. Dolutegravir 50 mg once daily (Tivicay®) plus emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg once daily (Truvada®)*
2. Raltegravir (Isentress®) plus Truvada* (once daily): Raltegravir can be dosed 1200 mg (*HD* formulation: two 600 mg pills) once daily or 400 mg twice daily; 400 mg twice daily dosing is recommended in pregnancy
3. Bictegravir 50 mg/emtricitabine 200 mg/tenofovir alafenamide 25 mg once daily (Biktarvy®)
4. Darunavir 800 mg once daily (Prezista®) and ritonavir 100 mg once daily (Norvir®) plus Truvada* (once daily) is an alternative regimen in the CDC's Updated PEP Guidelines

*Emtricitabine 200 mg/tenofovir alafenamide 25 mg (Descovy®) can be substituted for Truvada

These **antiretroviral regimens for Rapid ART initiation** are available on the PrEP-AP formulary:

1. Bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy) fixed dose combination 1 tablet once daily
2. Dolutegravir (Tivicay) 50 mg once daily + emtricitabine/tenofovir alafenamide (Descovy)* 1 tablet once daily
3. Darunavir/cobicistat/emtricitabine/tenofovir alafenamide (Symtuza) fixed dose combination 1 tablet once daily (an option if drug resistance suspected)
4. Raltegravir (Isentress HD) 1200 mg (two pills) once daily + emtricitabine/tenofovir alafenamide (Descovy)* 1 tablet once daily (raltegravir can also be dosed 400 mg twice daily)

*Emtricitabine/tenofovir disoproxil fumarate (Truvada) can be used instead of Descovy

PrEP Therapy (Truvada, Descovy, Apretude) Coverage by Client Type

- **Uninsured Clients** (adjudication group 773701):
 - Brand Truvada and brand Descovy are not covered through PrEP-AP; clients may receive coverage through the Gilead Advancing Access Patient Assistance Program (gileadadvancingaccess.com or 1-800-226-2056) or through Ready, Set, PrEP (readyssetprep.hiv.gov or 1-855-447-8410)
 - Generic Truvada and generic Descovy are not covered through PrEP-AP; refer clients to brand Truvada or brand Descovy with assistance programs
 - Apretude is not covered through PrEP-AP; clients may receive coverage through the ViiVConnect Patient Assistance Program (viiivconnect.com or 1-844-588-3288)
 - Clients enrolled into PrEP-AP as **Minors or as Confidential**:
 - Generic Truvada and generic Descovy are covered through PrEP-AP

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* = Maximum reimbursement of OraQuick In-Home HIV Test is \$39.99.

Medications from manufacturers who are noted to be re-packagers are excluded from reimbursement through CDPH/OA/PrEP-AP.

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PrEP-AP will cover vaccination and therapeutic injection series that require more than a single dose of medication; however, each dose must be billed individually at the time of injection administration.

- Brand Truvada will reject as not covered and will request to submit for the generic
- Brand Descovy is covered through PrEP-AP
- Apretude is covered through PrEP-AP; completion of 'Request for Information' form is requested
- **Medi-CAL with SOC Clients** (adjudication group 773702):
 - Brand Truvada and brand Descovy copay or deductible are covered after Gilead Copay Coupon Card has been exhausted (1-877-505-6986)
 - Apretude copay or deductible covered after ViiVConnect Savings Program benefit has been exhausted (1-844-588-3288)
 - Generic Truvada and generic Descovy copay or deductible are covered through PrEP-AP
- **Medicare Part D Clients** (adjudication group 773703):
 - Brand Truvada and brand Descovy copay or deductible are covered after Gilead Copay Coupon Card has been exhausted (1-877-505-6986)
 - Apretude copay or deductible covered
 - Generic Truvada and generic Descovy copay or deductible are covered through PrEP-AP
- **Private Insurance Clients** (adjudication group 773704):
 - Brand Truvada and brand Descovy copay or deductible are covered after Gilead Copay Coupon Card has been exhausted (1-877-505-6986)
 - Apretude copay or deductible covered after ViiVConnect Savings Program benefit has been exhausted (1-844-588-3288)
 - Generic Truvada and generic Descovy copay or deductible are covered through PrEP-AP
 - Kaiser Pharmacies:
 - Kaiser PrEP-AP clients whose plan has preventative benefits should have their PrEP therapy claims billed to Kaiser with a PA code 125; this will result in no co-pays for the client

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TEMPORARY COVERAGE POST-EXPOSURE PROPHYLAXIS (“PEP TEMPORARY COVERAGE”) ASSISTANCE PROGRAM Formulary (by Drug Class)

Phone:
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Fax:
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CDPH/OA/PEP-AP mandates the use of generic products whenever possible in accordance with applicable law or regulations. Exceptions are noted by drug.

	Generic Name	Brand Name	Restrictions
SELF-TESTING			
	In-Home HIV Test	OraQuick	Max of 13 tests in a 1-year period*
HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATIONS			
	bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy	Max of 13 30-day PEP dispenses in a 1-year period
	darunavir	Prezista	Max of 13 30-day PEP dispenses in a 1-year period
	dolutegravir	Tivicay	Max of 13 30-day PEP dispenses in a 1-year period
	emtricitabine/tenofovir alafenamide	Descovy	Max of 13 30-day PEP dispenses in a 1-year period
	emtricitabine/tenofovir disoproxil fumarate	Truvada	Generic only; Max of 13 30-day PEP dispenses in a 1-year period
	raltegravir	Isentress, Isentress HD	Max of 13 30-day PEP dispenses in a 1-year period
	ritonavir	Norvir	Max of 13 30-day PEP dispenses in a 1-year period

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	Generic Name	Brand Name	Restrictions
SELF-TESTING			
	In-Home HIV Test	OraQuick	Max of 4 tests in a 2-year period*
HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) MEDICATIONS			
	emtricitabine/tenofovir alafenamide	Descovy	Max of 2 30-day PrEP dispenses in a 2-year period
	emtricitabine/tenofovir disoproxil fumarate	Truvada	Generic only; Max of 2 30-day PrEP dispenses in a 2-year period
HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATIONS			
	bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy	Max of 2 30-day nPEP dispenses in a 2-year period
	darunavir	Prezista	Max of 2 30-day nPEP dispenses in a 2-year period
	dolutegravir	Tivicay	Max of 2 30-day nPEP dispenses in a 2-year period
	emtricitabine/tenofovir alafenamide	Descovy	Max of 2 30-day nPEP dispenses in a 2-year period
	emtricitabine/tenofovir disoproxil fumarate	Truvada	Generic only; Max of 2 30-day nPEP dispenses in a 2-year period
	raltegravir	Isentress, Isentress HD	Max of 2 30-day nPEP dispenses in a 2-year period
	ritonavir	Norvir	Max of 2 30-day nPEP dispenses in a 2-year period

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**IMMEDIATE ACCESS POST-EXPOSURE PROPHYLAXIS (“PEP
IMMEDIATE ACCESS”)
ASSISTANCE PROGRAM – GROUP CODES 773707 AND 773708
Formulary (by Drug Class)**

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Generic Name	Brand Name	Restrictions
SELF-TESTING		
In-Home HIV Test	OraQuick	Max of 13 tests in a 1-year period*
HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATIONS		
bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy	Max of 13 30-day nPEP dispenses in a 1-year period
darunavir	Prezista	Max of 13 30-day nPEP dispenses in a 1-year period
dolutegravir	Tivicay	Max of 13 30-day nPEP dispenses in a 1-year period
emtricitabine/tenofovir alafenamide	Descovy	Max of 13 30-day nPEP dispenses in a 1-year period
emtricitabine/tenofovir disoproxil fumarate	Truvada	Generic only; Max of 13 30-day nPEP dispenses in a 1-year period
raltegravir	Isentress, Isentress HD	Max of 13 30-day nPEP dispenses in a 1-year period
ritonavir	Norvir	Max of 13 30-day nPEP dispenses in a 1-year period

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**IMMEDIATE ACCESS PRE-EXPOSURE PROPHYLAXIS (“PrEP
IMMEDIATE ACCESS”)
ASSISTANCE PROGRAM – GROUP CODES 773705 AND 773706
Formulary (by Drug Class)**

Phone:
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	Generic Name	Brand Name	Restrictions
SELF-TESTING			
	In-Home HIV Test	OraQuick	Max of 4 tests in a 2-year period*
HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) MEDICATIONS			
	emtricitabine/tenofovir alafenamide	Descovy	Max of 2 30-day PrEP dispenses in a 2-year period
	emtricitabine/tenofovir disoproxil fumarate	Truvada	Generic only; Max of 2 30-day PrEP dispenses in a 2-year period
HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATIONS			
	bictegravir/emtricitabine/tenofovir alafenamide	Biktarvy	Max of 2 30-day nPEP dispenses in a 2-year period
	darunavir	Prezista	Max of 2 30-day nPEP dispenses in a 2-year period
	dolutegravir	Tivicay	Max of 2 30-day nPEP dispenses in a 2-year period
	emtricitabine/tenofovir alafenamide	Descovy	Max of 2 30-day nPEP dispenses in a 2-year period
	emtricitabine/tenofovir disoproxil fumarate	Truvada	Generic only; Max of 2 30-day nPEP dispenses in a 2-year period
	raltegravir	Isentress, Isentress HD	Max of 2 30-day nPEP dispenses in a 2-year period
	ritonavir	Norvir	Max of 2 30-day nPEP dispenses in a 2-year period

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