CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS

PRE-EXPOSURE PROPHYLAXIS ASSISTANCE PROGRAM ("PrEP-AP")

Formulary (by Drug Class)

Effective Date: April 6, 2022

Phone: 1-800-424-6812 https://cdphprep-ap.magellanrx.com/ **Fax:** 1-800-424-5927

CDPH/OA/PrEP-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 3 tests in a 6-month period.*
STI TREATMENTS			
	acyclovir	Zovirax	
	azithromycin	Zithromax	250 mg, 500 mg, and 1 g formulations; max of up to 2 grams per fill; no more than 5 doses in a calendar year.
	cefixime	Suprax	Excludes labeler codes 50268, 54569, and 54868.
	ceftriaxone		
	clindamycin	Cleocin	Oral and intravaginal forms.
	doxycycline	Vibramycin	Oral generic forms only; 100mg strength only.
	famciclovir	Famvir	
	fluconazole	Diflucan	
	gemifloxacin	Factive	Oral form only; 320mg only; *Temporary lift* of Clinical PA requirements
	gentamicin	Gentamicin	IM only; 240mg only; *Temporary lift* of Clinical PA requirements
	imiquimod	Aldara	
	metronidazole	Flagyl	Oral forms only.
	moxifloxacin		*Temporary lift* of Clinical PA requirements.
	penicillin G benzathine	Bicillin LA	1.2 MU per syringe (2ml) or 2.4MU per syringe (4ml) covered only.
	valacyclovir	Valtrex 500mg Valtrex 1000mg	Valtrex 1,000mg NDCs 00173-0565-04 and 00173-0565-10 are not covered.
VACCINES			
	hepatitis A vaccine	Havrix, Vaqta	
	Generic Name	**Brand Name**	**Restrictions**
VACCINES *(continued)*			
	hepatitis A / hepatitis B vaccine	Twinrix	

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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.

	hepatitis B vaccine	Engerix-B, Recombivax HB	
	hepatitis B vaccine	Heplisav-B	
^	Human Papillomavirus (HPV) 9- valent recombinant vaccine	Gardasil 9	This vaccine is 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.
	meningococcal vaccine	Bexsero, Menactra, Menveo, Trumenba	
HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) MEDICATIONS			
	tenofovir alafenamide/emtricitabine	Descovy	Coverage depends on client type. See page 3 for the section on PrEP coverage.
	tenofovir disoproxil fumarate/emtricitabine	Truvada	Coverage depends on client type. See page 3 for the section on PrEP coverage. Labelers 51407 and 72189 are not eligible for reimbursement.
HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATIONS			
	bictegravir/tenofovir alafenamide/emtricitabine	Biktarvy	
	darunavir	Prezista	
	dolutegravir	Tivicay	
	raltegravir	Isentress, Isentress HD	
	ritonavir	Norvir	
	tenofovir alafenamide/emtricitabine	Descovy	Coverage depends on client type. See page 3 for the section on PrEP coverage.
	tenofovir disoproxil fumarate/emtricitabine	Truvada	Coverage depends on client type. See page 3 for the section on PrEP coverage. Labelers 51407 and 72189 are not eligible for reimbursement.
RAPID ANTIRETROVIRAL (ART) THERAPY MEDICATIONS			
	bictegravir/tenofovir alafenamide/emtricitabine	Biktarvy	
	dolutegravir	Tivicay	
	darunavir/cobicistat/emtricitabine/ tenofovir alafenamide	Symtuza	

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	raltegravir	Isentress, Isentress HD	
	tenofovir alafenamide/ emtricitabine	Descovy	Coverage depends on client type. See page 3 for the section on PrEP coverage.
	tenofovir disoproxil fumarate/emtricitabine	Truvada	Coverage depends on client type. See page 3 for the section on PrEP coverage. Labelers 51407 and 72189 are not eligible for reimbursement.

ADDITIONAL INFORMATION:

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

1. Dolutegravir 50 mg once daily (Tivicay®) plus tenofovir disoproxil fumarate 300 mg/emtricitabine 200 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/tenofovir alafenamide 25 mg/emtricitabine 200 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 CDC's Updated PEP Guidelines.

* Tenofovir alafenamide 25 mg/ emtricitabine 200 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 + tenofovir alafenamide/emtricitabine (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 + tenofovir alafenamide/emtricitabine (Descovy®)* 1 tablet once daily (raltegravir can also be dosed 400mg twice daily).

* Tenofovir disoproxil fumarate/emtricitabine (Truvada®) can be used instead of Descovy®.

PrEP Therapy (Truvada (TDF/FTC)), Descovy (TAF/FTC)) Coverage by Client Type

- **Uninsured Clients** (adjudication group 773701): may receive coverage for brand Truvada and Descovy through the Gilead Advancing Access Patient Assistance Program (call 1-800-226-2056).
  - For individuals who were enrolled into PrEP-AP as minors or as confidential:
    - Generic Truvada is preferred
    - Descovy claims don't require use of Gilead Advancing Access Patient Assistance Program.
- **Insured Clients** (adjudication groups 773702, 773704): As of January 1st, 2021, many health plans will begin covering PrEP with no cost sharing, to comply with the us USPSTF Grade A recommendation to cover PrEP to individuals at high risk for HIV.

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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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  - For individuals in adjudication group 773704 whose health plan doesn't fully cover PrEP therapy:
    - Brand Truvada and Descovy co-pay coverage may be received through the Gilead Advancing Access Co-Pay Assistance Program (call 1-800-226-2056).
    - Generic TDF/FTC co-pay coverage may be processed through PrEP-AP.
  - Kaiser Pharmacies:
    - Kaiser PrEP-AP clients whose plan has preventative benefits should have their PrEP therapy claims billed with a PA 125 code when billed to Kaiser. This will result in no co-pays for the client.
- **Medicare Part D Clients** (adjudication group 773703): Co-pay coverage of the generic or brand Truvada, and Descovy may be processed through PrEP-AP.

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CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS

TEMPORARY COVERAGE POST-EXPOSURE PROPHYLAXIS ("PEP Temporary Coverage") ASSISTANCE PROGRAM

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/tenofovir alafenamide/emtricitabine	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
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
tenofovir alafenamide/emtricitabine	Descovy	Max of 13-30 day PEP dispenses in a 1-year period
tenofovir disoproxil fumarate/emtricitabine	Truvada	Generic only. Max of 13-30 day PEP dispenses in a 1-year period

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

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CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS

TEMPORARY COVERAGE PRE-EXPOSURE PROPHYLAXIS ("PrEP Temporary Coverage") ASSISTANCE PROGRAM

Formulary (by Drug Class)

Phone: 1-800-424-6812 https://cdphprep-ap.magellanrx.com/ **Fax:** 1-800-424-5927

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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			
	tenofovir alafenamide/emtricitabine	Descovy	Max of 2-30 day PrEP dispenses in a 2-year period
	tenofovir disoproxil fumarate/emtricitabine	Truvada	Generic only. Max of 2-30 day PrEP dispenses in a 2-year period
HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATIONS			
	bictegravir/tenofovir alafenamide/emtricitabine	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
	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
	tenofovir alafenamide/emtricitabine	Descovy	Max of 2-30 day nPEP dispenses in a 2-year period
	tenofovir disoproxil fumarate/emtricitabine	Truvada	Generic only. Max of 2-30 day nPEP dispenses in a 2-year period

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CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, OFFICE OF AIDS

IMMEDIATE ACCESS POST-EXPOSURE PROPHYLAXIS ("PEP Immediate Access") ASSISTANCE PROGRAM- Group Codes 773707 and 773708

Formulary (by Drug Class)

Phone: 1-800-424-6812 **https://cdphprep-ap.magellanrx.com/** **Fax:** 1-800-424-5927

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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/tenofovir alafenamide/emtricitabine	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
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
tenofovir alafenamide/emtricitabine	Descovy	Max of 13-30 day nPEP dispenses in a 1-year period
tenofovir disoproxil fumarate/emtricitabine	Truvada	Generic only. 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)

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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		
tenofovir alafenamide/emtricitabine	Descovy	Max of 2-30 day PrEP dispenses in a 2-year period
tenofovir disoproxil fumarate/emtricitabine	Truvada	Generic only. Max of 2-30 day PrEP dispenses in a 2-year period
HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATIONS		
bictegravir/tenofovir alafenamide/emtricitabine	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
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
tenofovir alafenamide/emtricitabine	Descovy	Max of 2-30 day nPEP dispenses in a 2-year period
tenofovir disoproxil fumarate/emtricitabine	Truvada	Generic only. Max of 2-30 day nPEP dispenses in a 2-year period

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