



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH,
OFFICE OF AIDS, AIDS DRUG ASSISTANCE PROGRAM (CDPH/OA/ADAP)
Formulary by Class**

Effective Date: February 22, 2021

Phone: 1-800-424-5906

<https://cdph.magellanrx.com/>

Fax: 1-800-424-5927

CDPH/OA/ADAP 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
ANALGESICS		
capsaicin	Qutenza	Topical patch only
codeine sulfate		Oral form only
codeine/APAP		Oral form only
codeine/ASA		Oral form only
fenopropfen		Oral form only
^ fentanyl	Duragesic	Restricted to hospice patients only with intolerance to oral analgesics; must indicate circumstance on PA.
hydrocodone/APAP	Vicodin	Oral form only
hydrocodone/ibuprofen	Vicoprofen	Oral form only
ibuprofen	Motrin	Oral form only; prescription strength only. Excludes labeler code 11788.
indomethacin	Indocin	Oral form only
ketoprofen	Orudis	Oral form only
ketorolac tromethamine	Toradol	Injectable form only; limited to a max of 120mg/day and 5 days' therapy.
levorphanol	Levo-Dromoran	Injectable, oral forms only
^ methadone		Not payable for detoxification treatment; must indicate diagnosis on PA; oral generic form only.
morphine sulfate (immediate release)		Oral form only
morphine sulfate (sustained release)		Oral form only
naproxen	Naprosyn	Oral form only
oxycodone		Immediate release form only; Oral form only.
oxycodone/APAP	Percocet	Oral form only
oxycodone/ASA	Percodan	Oral form only
sulindac	Clinoril	Oral form only
tramadol	Ultram, Ultram ER, Ryzolt	Excludes oral solution and extended release capsules
ANTI-ANXIETY AGENTS		
alprazolam	Xanax	Oral form only
bupropion	BuSpar	Oral form only. Excludes labeler code 24689.
lorazepam	Ativan	Oral form only

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ANTIBIOTICS		
amikacin sulfate	Amikin	Injectable and generic forms only
amoxicillin	Amoxil	Oral form only
amoxicillin/clavulanic acid	Augmentin, Augmentin XR, Augmentin ES	Excludes chewable tablet and 125 mg-31.25 mg/5ml and 200 mg-28.5 mg/5ml oral suspensions
atovaquone	Mepron	Brand Only; generic covered for co-pay only.
azithromycin	Zithromax	
cefixime	Suprax	Excludes labeler codes 50268, 54569, and 54868
ceftriaxone		
cephalexin		Oral generic forms only
ciprofloxacin	Cipro	
clarithromycin	Biaxin	
clindamycin	Cleocin	Oral and injectable forms only
dapsone		Oral forms only
dicloxacillin		Oral forms only
doxycycline		Oral generic forms only; 50mg and 100mg strength only.
erythromycin base		Oral forms only
erythromycin ethylsuccinate		Oral forms only
erythromycin stearate		Oral forms only
gemifloxacin	Factive	Oral forms only; 320mg only; <i>Temporary lift</i> of Clinical PA requirements
gentamicin	Gentamicin	IM only; 240mg only
imipenem/cilastatin	Primaxin	500mg IM/IV vials only; <i>Temporary lift</i> of Clinical PA requirements
levofloxacin	Levaquin	250mg, 500mg, and 750mg tablets only
linezolid	Zyvox	<i>Temporary lift</i> of Clinical PA requirements
metronidazole	Flagyl	Oral forms only
minocycline HCL	Minocin	Oral forms only
moxifloxacin	Avelox	<i>Temporary lift</i> of Clinical PA requirements
neomycin sulfate		Oral generic forms only
paromomycin		
penicillin G benzathine	Bicillin LA	Only the 1.2MU per syringe (2ml) and 2.4MU per syringe (4ml) covered.
penicillin V potassium	Pen-Vee K	Oral forms only
pentamidine	NebuPent, Pentam	Inhaled or injections forms only
pyrimethamine	Daraprim	
sulfadiazine		Oral forms only
sulfamethoxazole/TMP	Bactrim, Septra	Oral or injectable forms only
tetracycline	Sumycin	Oral forms only
trimethoprim	Trimpex, Proloprim	Oral forms only
vancomycin	Vancocin	Oral capsule form only; IV not covered.
ANTICHOLESTEROL		
atorvastatin	Lipitor	
fenofibrate	Tricor	48mg, 54mg, 145mg, and 160mg tablets only
gemfibrozil	Lopid	
pitavastatin	Zypitamag	
pravastatin	Pravachol	

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ANTICHOLESTEROL (continued)			
	rosuvastatin	Crestor	5mg, 10mg, 20mg, and 40mg tablets only
	simvastatin	Zocor	
ANTICONVULSANTS			
	divalproex	Depakote	
	gabapentin	Neurontin	Oral form only
	lamotrigine	Lamictal	
	phenytoin	Dilantin	100mg Extended Release Capsules only; generic form only.
	pregabalin	Lyrica	Excludes oral solution and extended release tablets.
	topiramate	Topamax, Qudexy XR	Excludes sprinkle capsule
ANTIDEPRESSANTS			
	amitriptyline	Elavil	Oral form only
	bupropion	Wellbutrin, Wellbutrin XL, Wellbutrin SR	
	citalopram	Celexa	
	desipramine	Norpramin	Oral form only
^	dextroamphetamine	Dexedrine, Dextrostat	Restricted to treatment of severe debilitating depression; only 5mg and 10mg tablet form covered; must indicate diagnosis on PA.
	fluoxetine	Prozac	Prozac weekly not covered
^	methylphenidate	Ritalin	Restricted to treatment of severe debilitating depression; restricted to 5mg, 10mg, 20mg tablets, and 20mg ER tablets only; must indicate diagnosis on PA.
	mirtazapine	Remeron	SoITabs not covered; 15mg, 30mg, 45mg tablets form only.
	nefazodone	Serzone	
	nortriptyline	Pamelor	Oral forms only
	paroxetine	Paxil	
	sertraline	Zoloft	
	trazodone	Desyrel	Oral forms only
	venlafaxine	Effexor, Effexor XR	
ANTIDIABETIC			
	glipizide	Glucotrol	
	glyburide/metformin	Glucovance	1.25mg/250mg, 2.5mg/500mg, and 5mg/500mg tablets only
	metformin	Glucophage, Glucophage XR	500mg, 850mg, 1,000mg tablets, and 500mg ER and 750mg ER tablets only
	pioglitazone	Actos	15mg, 30mg, and 45mg tablets only. NDC 67544-0066-45 not covered.
ANTIDIARRHEALS			
	crofelemer	Mytesi	<i>Temporary lift of Clinical PA requirements</i>
	diphenoxylate/atropine	Lomotil	
	loperamide	Imodium	Generic form only.
	opium tincture		

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ANTIEMETICS		
metoclopramide	Reglan	
ondansetron	Zofran	
prochlorperazine	Compazine	
promethazine	Phenergan	Oral and suppository forms only.
ANTIFUNGALS		
amphotericin B	Fungizone	Injectable and oral solutions only
caspofungin	Cancidas	50mg and 70mg IV forms only
clotrimazole	Lotrimin, Mycelex	Oral, topical, and vaginal forms only
fluconazole	Diflucan	
flucytosine	Ancobon	
itraconazole	Sporanox	
ketoconazole	Nizoral	Oral and topical creams only
nystatin	Mycostatin	Oral, topical, and vaginal forms only
voriconazole	Vfend	50mg and 200mg tablets and 200mg IV forms only; <i>Temporary lift of Clinical PA requirements</i>
ANTHELMINTICS		
albendazole	Albenza	
ANTIHYPERTENSIVES		
clonidine	Catapres	
ANTINEOPLASTICS		
<i>Must Provide a copy of the original RX with first fill request (Hydroxyurea is exempt from this requirement)</i>		
bleomycin	Blenoxane	Generic and injectable forms only
cyclophosphamide	Cytosan	Oral, injectable, and generic forms only
daunorubicin	DaunoXome	
doxorubicin	Adriamycin	Generic form only
Hydroxyurea	Hydrea	
leucovorin		
methotrexate	Rheumatrex, Trexall	Oral and injectable forms only
[^] paclitaxel	Taxol	Restricted for use in Kaposi's Sarcoma; must indicate diagnosis on PA.
vinblastine	Velban	Injectable and generic forms only
vincristine	Oncovin	
ANTIPSYCHOTICS		
aripiprazole	Abilify	Discmelt not covered; 2mg, 5mg, 10mg, 15mg, 20mg, and 30mg tablets only.
olanzapine	Zyprexa	
quetiapine	Seroquel	
risperidone	Risperdal	
ziprasidone	Geodon	20mg, 40mg, 60mg, and 80mg capsules only

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Generic Name	Brand Name	Restrictions
ANTIRETROVIRALS		
<i>Brand only—exception noted; generic covered for co-pay only when generic is available</i>		
NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
abacavir	Ziagen	
abacavir/lamivudine	Epzicom	Generic covered for co-pay only
abacavir/lamivudine/zidovudine	Trizivir	Generic covered for co-pay only
didanosine	Videx, Videx EC	Generic only
emtricitabine	Emtriva	Generic covered for co-pay only
lamivudine	Epivir	Epivir HB is NOT covered
tenofovir alafenamide	Vemlidy	<i>Temporary lift of Clinical PA requirements</i>
tenofovir disoproxil fumarate	Viread	Generic covered for co-pay only
tenofovir/emtricitabine	Truvada	Generic covered for co-pay only
tenofovir alafenamide/emtricitabine	Descovy	
zidovudine	Retrovir	Generic only
zidovudine/lamivudine	Combivir	Generic covered for co-pay only. Labeler 72865 is not eligible for reimbursement.
delavirdine	Rescriptor	
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS		
doravirine	Pifeltro	<i>Temporary lift of Clinical PA requirements</i>
efavirenz	Sustiva	Generic covered for co-pay only
etravirine	Intelence	
nevirapine	Viramune	IR and XR formulations covered. Generic for copay only (exception is 200 mg tablets)
rilpivirine	Edurant	
FUSION INHIBITORS		
enfuvirtide	Fuzeon	<i>Temporary lift of Clinical PA requirements</i>
COMBINATION TREATMENT		
atazanavir/cobicistat	Evotaz	
bictegravir sodium/emtricitabine/tenofovir alafenamide	Biktarvy	
darunavir/cobicistat	Prezcobix	
darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Symtuza	
doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	<i>Temporary lift of Clinical PA requirements</i>
efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi, Symfi Lo	Generic covered for co-pay only
elvitegravir/cobicistat/emtricitabine/tenofovir	Stribild	
elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Genvoya	
emtricitabine/tenofovir/efavirenz	Atripla	Generic covered for co-pay only

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COMBINATION TREATMENT (continued)		
emtricitabine/tenofovir/rilpivirine	Complera	
emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
dolutegravir/lamivudine/abacavir	Triumeq	
dolutegravir/rilpivirine	Juluca	
lamivudine/tenofovir disoproxil fumarate	Cimduo, Temixys	
dolutegravir/lamivudine	Dovato	
PROTEASE INHIBITORS		
atazanavir	Reyataz	Generic covered for co-pay only
darunavir (TMC-114)	Prezista	
fosamprenavir	Lexiva	Generic covered for co-pay only
lopinavir/ritonavir	Kaletra	Generic covered for co-pay only
nelfinavir	Viracept	
ritonavir	Norvir	Generic covered for co-pay only
saquinavir mesylate	Invirase	
tipranavir	Aptivus	
CCR5 CO-RECEPTOR ANTAGONISTS		
maraviroc	Selzentry	
GP120 ATTACHMENT INHIBITOR		
[^] fostemsavir	Rukobia	Clinical PA required (attestation)
INTEGRASE INHIBITOR		
raltegravir	Isentress	
dolutegravir	Tivicay	
BOOSTING AGENT		
cobicistat	Tybost	
MONOCLONAL ANTIBODY		
[^] ibalizumab	Trogarzo	Clinical PA required.
ANTITUBERCULOSIS		
amikacin sulfate	Amikin	Injectable and generic forms only
capreomycin	Capastat	1-gram injection only; <i>Temporary lift</i> of Clinical PA requirements
cycloserine	Seromycin	250mg capsules only; <i>Temporary lift</i> of Clinical PA requirements
ethambutol	Myambutol	
ethionamide	Trecator	<i>Temporary lift</i> of Clinical PA requirements
imipenem/cilastatin	Primaxin	500mg IM/IV vials only; <i>Temporary lift</i> of Clinical PA requirements
isoniazid		
linezolid	Zyvox	<i>Temporary lift</i> of Clinical PA requirements
para-aminosalicylate	Paser	4-gram packets only; <i>Temporary lift</i> of Clinical PA requirements
pyrazinamide		

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ANTITUBERCULOSIS (continued)		
rifabutin	Mycobutin	
rifampin	Rifadin	
rifampin/isoniazid	Rifamate	
ANTIVIRALS		
HEPATITIS		
^ grazoprevir/elbasvir	Zepatier	Clinical PA required.
interferon alfa-2b	Intron-A	
interferon alfacon 1	Infergen	
interferon alfa-2a	Roferon-A	
interferon alfa-N3	Alferon-N	
^ pegylated interferon	Peg-Intron, Pegasys	Clinical PA required.
^ ribavirin	Rebetol	Capsule formulation only; Clinical PA required.
ribavirin/interferon alfa 2B	Rebetron	
^ sofosbuvir	Sovaldi	Clinical PA required.
^ sofosbuvir and velpatasvir	Epclusa	Clinical PA required. Generic covered for co-pay only
^ sofosbuvir/velpatasvir/voxilaprevir	Vosevi	Clinical PA required.
^ glecaprevir/pibrentasvir	Mavyret	Clinical PA required.
^ ledipasvir/sofosbuvir	Harvoni	Clinical PA required. Generic covered for co-pay only.
OTHER ANTIVIRALS		
acyclovir	Zovirax	
famciclovir	Famvir	
valacyclovir	Valtrex 500mg	Generic OK.
	Valtrex 1000mg	Generic OK. Valtrex 1,000mg NDCs 00173-0565-04 and 00173-0565-10 are not covered.
cidofovir	Vistide	
fomivirsen	Vitravene	
foscarnet	Foscavir	
ganciclovir	Cytovene	Oral form does not require a PA; implant or injectable forms have a <i>temporary lift</i> of Clinical PA requirements
oseltamivir	Tamiflu	
valganciclovir	Valcyte	<i>Temporary lift</i> of Clinical PA requirements
DIGESTIVE ENZYMES		
pancrelipase		Enteric coated encapsulated microspheres/ micro tablets. (Axcan Products: Ultrase MT 12, Ultrase MT 20, Ultrase MT 18, and Ultrase MS4 are not covered.)
GI STIMULANT/GERD		
metoclopramide	Reglan	

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Generic Name		Brand Name	Restrictions
GROWTH HORMONE MODIFIER			
^	tesamorelin	Egrifta SV	Clinical PA required.
H2 ANTAGONISTS			
	famotidine	Pepcid	Prescription strength only
	ranitidine	Zantac	***Temporarily suspended from the formulary due to FDA recalls over the concern for potential contamination with N-nitrosodimethylamine (NDMA).
HEMATOLOGICAL AGENTS			
<i>Must Provide a copy of the original RX with first fill request</i>			
	epoetin alpha	Procrit	Procrit brand only; Epogen is NOT covered.
	filgrastim	Neupogen	
PROTON PUMP INHIBITORS			
	lansoprazole	Prevacid	
	omeprazole	Prilosec	
SKELETAL MUSCLE RELAXANTS			
	baclofen	Lioresal	Oral tablet only
STEROIDS			
	dexamethasone	Decadron	Oral or injectable forms only
	prednisone	Deltasone	Oral and generic forms only
SUBSTANCE ABUSE AGENTS			
	acamprosate	Campral	
	buprenorphine	Subutex	
	buprenorphine/naloxone	Bunavail, Suboxone, Zubsolv	
	disulfiram	Antabuse	
	naloxone	Narcan	
	naltrexone	ReVia, Vivitrol	
	nicotine		Transdermal patch, Gum, and mini Lozenge formulations only
	varenicline	Chantix	
TOPICAL AGENTS			
	alitretinoin gel	Panretin	Gel form only
	imiquimod	Aldara	
URICOSURIC AGENTS			
	probenecid	Benemid	
VACCINES			
	hepatitis A vaccine	Havrix, Vaqta	
	hepatitis B vaccine	Engerix-B, Recombivax HB, Heplisav-B	
	hepatitis A/hepatitis B vaccine	Twinrix	
^	Human Papillomavirus (HPV) 9- valent recombinant vaccine	Gardasil 9	This vaccine will be available to clients up to 45 years of age. Clients who turn 46 years of age after the vaccine series has

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Generic Name		Brand Name	Restrictions
			begun will continue to be covered to ensure completion of the treatment series.
VACCINES (continued)			
	influenza virus vaccine	Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, Fluzone, Fluzone-High Dose	
	measles, mumps, rubella vaccine	M-M-R II	
	meningococcal vaccine		
^	pneumococcal vaccine	Pneumovax, Pnu-Immune	Single dose dispensing; 1 time dispensing every 5 years.
	pneumococcal conjugate vaccine (PCV13)		
	tetanus, diphtheria, and pertussis vaccine	Adacel TDAP, Boostrix TDAP	
^	varicella-zoster	Shingrix	Restricted to clients 50 years of age or older
WASTING AND HYPOGONADISM			
	dronabinol	Marinol	
	megestrol	Megace, Megace ES	
^	oxandrolone	Anavar, Oxandrin	Clinical PA required
^	somatropin	Serostim	Clinical PA required
^	testosterone	Androderm, Testoderm TTS, AndroGel, Testim	Injectable weekly maximum of 200mg weekly. Topical and transdermal forms are limited to 700mg/week with some limitations and exceptions. Generic covered for co-pay only

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CDPH/OA/ADAP Program Dispensing Policies

- Drugs marked with “ ^ ” require a prior authorization for specific diagnosis or circumstance. Magellan Rx Management will request additional information (client and drug specific) before considering the authorization. Please call 1-800-424-5906 or check website for diagnosis or specific PA form at <https://cdph.magellanrx.com>.
- All drugs are to be dispensed with a maximum 30-day supply for uninsured clients. Insured clients may receive a dispense of up to a 90-day supply.
- Refills may be obtained after 80 percent of the previously dispensed days’ supply has been used; however, there is an annual maximum of 13 fills per prescription.
- All ADAP prescriptions must be reauthorized by the prescriber every six months. The claims adjudication system will accept five as the maximum number of refills.
- DEA class II and III drugs when quantity exceeds 120 and 240 respectively, require an override from the Pharmacy Call Center by calling 1-800-424-5906.
- Formulary brand ARVs are preferred except where noted. Generics are covered for a co-pay only when available.
- CDPH/OA/ADAP mandates the use of generic products whenever possible in accordance with applicable law or regulations.
- Dispensing a brand name product when a generic is available requires a DAW 1 code and calling the Pharmacy Call Center at 1-800-424-5906. Exceptions are noted by drug. Brand ARVs preferred.
- Hematological and Antineoplastic agents- Must provide a copy of the original RX for first fill.
- All Antiretroviral combinations are screened against the most recent DHHS guidelines for the use antiretroviral therapy in adolescents and adults <https://clinicalinfo.hiv.gov/sites/default/files/guidelines/documents/AdultandAdolescentGL.pdf> for high dosage and non-recommended combinations. Regimens not conforming to these guidelines may be rejected at adjudication.
- Medications from manufacturers who are noted to be re-packagers are excluded from reimbursement through CDPH/OA/ADAP.
- The following drug manufacturers or manufacturer label code(s) are excluded from reimbursement through the CDPH/OA/ADAP Program:

Labeler Code	Labeler Name	Labeler Code	Labeler Name
00089, 21200, 51119, 55326	3M Professional Health	00179	Kaiser Foundation Hospital
42549	4Uortho LLC	68258, 68387	Keltman Pharmaceuticals
53265	Able LABS, INC	00440	Liberty Pharmaceutical
48964	Acura Pharmaceuticals (aka Halsey)	10135	Marlex Pharmaceuticals Inc.
60687	AHP	63739	McKesson Pharmaceuticals
11788	AiPing Pharmaceuticals, Inc.	69235	MHC Pharma LLC
43353, 67544, 71610	Aphena Pharma Solutions	55370	MOVA Pharmaceuticals
24689	Apnar Pharmaceuticals	53150	Mylan Institution
54569	A-S Medication Solutions	58517	New Horizon Rx Group
35561	AustarPharma LLC	66267, 68071	Nucare Pharmacy
42291	AvKare, Inc.	23490	Palmetto State
50268	Avpak	38396	Perrigo Diabetes
49848	Biogen Pharmaceuticals	54868	Physicians Total Care
63629, 71335	Bryant Ranch Prepack	55289, 72789	Pre-Package Specialists/PD-RX Pharmaceuticals
70882	Cambridge Therapeutics Technologies LLC	00247	Prescript Pharmaceuticals
08189, 57565	Can-Am Surgical	62451	Prescription Solution
70934	Denton Pharma	71205	Proficient Rx L
55887	DHS Inc.	55700, 60346, 62682	Quality Care/Lake Eerie Medical and Surgical Supply

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61919, 70934, 72189	Direct Rx	33358	RxChange Co
12280, 55045, 60429, 66336, 68115	Dispense Express, Inc. Dispensing Solutions Inc. GSMS, Inc.	00490, 58016	Southwood Pharmaceuticals
71921	Florida Pharmaceuticals	16590	Stat Rx USA
13453, 15456	Graceway Pharmaceuticals, LLC	00363, 11917, 49022	Walgreens Co.
53041	Guardian Drug	72865	XLCare Pharmaceuticals
50580	J&J Consumer Inc.		

PLEASE NOTE: There may be some SPECIFIC DOSE FORMS of products on this formulary that may NOT BE COVERED OR REQUIRE PRIOR AUTHORIZATION. You can verify drug coverage by dialing the toll-free Magellan Rx Management phone number listed below and select option 8 to speak with a live Pharmacy Call Center Representative. You will need your pharmacy National Provider Identifier (NPI) number and the drug's 11-digit national drug code (NDC). (Magellan Rx Management at 1-800-424-5906).