



For information on updates to the PrEP Formulary, go to [cdphprep-ap.primetherapeutics.com](https://cdphprep-ap.primetherapeutics.com)



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

Effective Date: January 1, 2025

## Table of Contents

PRE-EXPOSURE PROPHYLAXIS ASSISTANCE PROGRAM (PrEP-AP)..... 2

TEMPORARY COVERAGE POST-EXPOSURE PROPHYLAXIS (“PEP TEMPORARY COVERAGE”) ASSISTANCE PROGRAM..... 8

TEMPORARY COVERAGE PRE-EXPOSURE PROPHYLAXIS (“PrEP TEMPORARY COVERAGE”) ASSISTANCE PROGRAM..... 9

IMMEDIATE ACCESS POST-EXPOSURE PROPHYLAXIS (“PEP IMMEDIATE ACCESS”) ASSISTANCE PROGRAM – GROUP CODES 773707 AND 773708 ..... 10

IMMEDIATE ACCESS PRE-EXPOSURE PROPHYLAXIS (“PrEP IMMEDIATE ACCESS”) ASSISTANCE PROGRAM – GROUP CODES 773705 AND 773706 ..... 11

Phone:  
1-800-424-6812

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

Fax:  
1-800-424-5927

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

## Formulary (by Drug Class)

Phone:  
1-800-424-6812

<https://cdphprep-ap.primetherapeutics.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 noted with a ^ symbol in the first column.

Generic Name	Brand Name	Restrictions
<b>SELF-TESTING</b>		
In-Home HIV Test	OraQuick	Max of 3 tests in a 6-month period*
<b>STI TREATMENTS</b>		
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: <a href="https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STI/STI-Prevention/STI-Prevention-Recommendations.aspx">CDPH Doxy-PEP Recommendations for Prevention of STIs (ca.gov)</a>
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

^ = Drug requires a prior authorization for specific diagnosis or circumstance or a request for information. Please call 1-800-424-6812 or check for diagnosis or specific forms at <https://cdphprep-ap.primetherapeutics.com/>.

\* = 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	
<b>SUBSTANCE USE DISORDER AGENTS</b>			
	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
<b>VACCINES</b>			
	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	

^ = Drug requires a prior authorization for specific diagnosis or circumstance or a request for information. Please call 1-800-424-6812 or check for diagnosis or specific forms at <https://cdphprep-ap.primetherapeutics.com/>.

\* = 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
	meningococcal vaccine	Bexsero, MenQuadfi, Menveo, Penbraya, Trumenba	
	smallpox and monkeypox vaccine	JYNNEOS	
<b>HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) MEDICATIONS</b>			
^	cabotegravir	Apretude	Coverage depends on client type, see <a href="#">Additional Information</a> for the section on PrEP coverage
	emtricitabine/tenofovir alafenamide	Descovy	Coverage depends on client type, see <a href="#">Additional Information</a> for the section on PrEP coverage
	emtricitabine/tenofovir disoproxil fumarate	Truvada	Coverage depends on client type, see <a href="#">Additional Information</a> for the section on PrEP coverage
<b>ANTIVIRALS - HEPATITIS</b>			
	sofosbuvir/velpatasvir	Epclusa	
	glecaprevir/pibrentasvir	Mavyret	
<b>GENDER AFFIRMING MEDICATIONS</b>			
	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

^ = Drug requires a prior authorization for specific diagnosis or circumstance or a request for information. Please call 1-800-424-6812 or check for diagnosis or specific forms at <https://cdphprep-ap.primetherapeutics.com/>.

\* = 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
<b>HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATIONS</b>			
	bictegravir/emtricitabine/ tenofovir alafenamide	Biktarvy	
	darunavir	Prezista	
	dolutegravir	Tivicay	
	emtricitabine/tenofovir alafenamide	Descovy	Coverage depends on client type, see <a href="#">Additional Information</a> for the section on PrEP coverage
	emtricitabine/tenofovir disoproxil fumarate	Truvada	Coverage depends on client type, see <a href="#">Additional Information</a> for the section on PrEP coverage
	raltegravir	Isentress, Isentress HD	
	ritonavir	Norvir	
<b>RAPID ANTIRETROVIRAL THERAPY (ART) MEDICATIONS</b>			
	bictegravir/emtricitabine/ tenofovir alafenamide	Biktarvy	
	darunavir/cobicistat/ emtricitabine/ tenofovir alafenamide	Symtuza	
	dolutegravir	Tivicay	
	emtricitabine/tenofovir alafenamide	Descovy	Coverage depends on client type, see <a href="#">Additional Information</a> for the section on PrEP coverage
	emtricitabine/tenofovir disoproxil fumarate	Truvada	Coverage depends on client type, see the <a href="#">Additional Information</a> for the section on PrEP coverage.
	raltegravir	Isentress, Isentress HD	

^ = Drug requires a prior authorization for specific diagnosis or circumstance or a request for information. Please call 1-800-424-6812 or check for diagnosis or specific forms at <https://cdphprep-ap.primetherapeutics.com/>.

\* = 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.

## 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):
  - Generic Truvada (emtricitabine/tenofovir disoproxil fumarate) is directly covered through PrEP-AP
  - Brand Truvada is not covered through PrEP-AP; some clients who are female sex assigned at birth may be able to access brand Truvada through the Gilead Advancing Access Patient Assistance Program until July 31, 2025 ([gileadadvancingaccess.com](https://gileadadvancingaccess.com) or 1-800-226-2056)
  - Descovy is not covered through PrEP-AP; clients may receive coverage through the Gilead Advancing Access Patient Assistance Program ([gileadadvancingaccess.com](https://gileadadvancingaccess.com) or 1-800-226-2056)
  - Apretude is not covered through PrEP-AP; clients may receive coverage through the ViiVConnect Patient Assistance Program ([viivconnect.com](https://viivconnect.com) or 1-844-588-3288)

---

^ = Drug requires a prior authorization for specific diagnosis or circumstance or a request for information. Please call 1-800-424-6812 or check for diagnosis or specific forms at <https://cdphprep-ap.primetherapeutics.com/>.

\* = 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.

- **Alternative Coverage Clients** (adjudication group 773701):
  - Includes clients enrolled into PrEP-AP as **Minors** or **Confidential**, or Uninsured Clients with an **income between 500 - 600% of the federal poverty level (FPL)**
  - Clients in this category have eligibility limitations that prevent them from using manufacturer assistance or insurance
  - Generic Truvada (emtricitabine/tenofovir disoproxil fumarate) is directly covered through PrEP-AP
  - 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):
  - Descovy and brand Truvada 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 copay or deductible is covered through PrEP-AP
- **Medicare Part D Clients** (adjudication group 773703):
  - Descovy and brand Truvada copay or deductible are covered after Gilead Copay Coupon Card has been exhausted (1-877-505-6986)
  - Apretude copay or deductible covered
  - Generic Truvada copay or deductible is covered through PrEP-AP
- **Private Insurance Clients** (adjudication group 773704):
  - Descovy and brand Truvada 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 copay or deductible is 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

---

^ = Drug requires a prior authorization for specific diagnosis or circumstance or a request for information. Please call 1-800-424-6812 or check for diagnosis or specific forms at <https://cdphprep-ap.primetherapeutics.com/>.

\* = 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.

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

**Phone:**  
1-800-424-6812

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

**Fax:**  
1-800-424-5927

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
<b>SELF-TESTING</b>			
	In-Home HIV Test	OraQuick	Max of 13 tests in a 1-year period*
<b>HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATIONS</b>			
	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

^ = Drug requires a prior authorization for specific diagnosis or circumstance or a request for information. Please call 1-800-424-6812 or check for diagnosis or specific forms at <https://cdphprep-ap.primetherapeutics.com/>.

\* = 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.



# TEMPORARY COVERAGE PRE-EXPOSURE PROPHYLAXIS (“PrEP TEMPORARY COVERAGE”) ASSISTANCE PROGRAM Formulary (by Drug Class)

**Phone:**  
1-800-424-6812

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

**Fax:**  
1-800-424-5927

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
<b>SELF-TESTING</b>			
	In-Home HIV Test	OraQuick	Max of 4 tests in a 2-year period*
<b>HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) MEDICATIONS</b>			
	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
<b>HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATIONS</b>			
	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

^ = Drug requires a prior authorization for specific diagnosis or circumstance or a request for information. Please call 1-800-424-6812 or check for diagnosis or specific forms at <https://cdphprep-ap.primetherapeutics.com/>.

\* = 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.

**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.primetherapeutics.com/>

**Fax:**  
1-800-424-5927

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
<b>SELF-TESTING</b>			
	In-Home HIV Test	OraQuick	Max of 13 tests in a 1-year period*
<b>HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATIONS</b>			
	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

^ = Drug requires a prior authorization for specific diagnosis or circumstance or a request for information. Please call 1-800-424-6812 or check for diagnosis or specific forms at <https://cdphprep-ap.primetherapeutics.com/>.

\* = 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.

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

**Phone:**  
1-800-424-6812

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

**Fax:**  
1-800-424-5927

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
<b>SELF-TESTING</b>			
	In-Home HIV Test	OraQuick	Max of 4 tests in a 2-year period*
<b>HIV PRE-EXPOSURE PROPHYLAXIS (PrEP) MEDICATIONS</b>			
	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
<b>HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATIONS</b>			
	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

^ = Drug requires a prior authorization for specific diagnosis or circumstance or a request for information. Please call 1-800-424-6812 or check for diagnosis or specific forms at <https://cdphprep-ap.primetherapeutics.com/>.

\* = 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.