State of California—Health and Human Services Agency
California Department of Public Health

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Governor

Office of AIDS (OA)	Management Memorandum
PrEP Assistance Program (PrEP-AP)	Memorandum Number: 2019-05

DATE: March 6, 2019

TO: ADAP ENROLLMENT WORKERS

SUBJECT: **ADDITION OF DARUNAVIR/COBICISTAT/EMTRICITABINE/TENOFOVIR ALAFENAMIDE (SYMTUZA™) TO THE ADAP FORMULARY**

Effective March 1, 2019, darunavir/cobicistat/emtricitabine/tenofovir alafenamide (Symtuza™) which received Food and Drug Administration approval on July 17, 2018, has been added to the ADAP formulary. Symtuza™ was approved as a once-daily single-tablet regimen for the treatment of HIV-1 infected adults who are treatment naïve or whose viral load has been suppressed (HIV-1 RNA less than 50 copies per mL) with a stable antiretroviral regimen for at least six months, and who have no evidence of darunavir or tenofovir resistance. The ADAP Medical Advisory Committee (MAC) recommended Symtuza™ for addition to the ADAP formulary on July 25, 2018, but its addition was delayed pending final pricing information. The dispensing of Symtuza™ will require prescribers to complete a prior authorization and its dispensing will be based on clinical criteria approved by the ADAP MAC.

ADAP management requests that you the share this information with your clinical leadership team and local prescribers. The ADAP drug formulary has been updated to reflect the addition of Symtuza™; it can be accessed at the following link: ADAP formulary (https://cdph.magellanrx.com/member/documents).

If you have any questions regarding the addition of this ARV to the ADAP formulary, please contact Cynthia Reed-Aguayo, ADAP Specialist, at (916) 449-5791.

Thank you,

Sandra Robinson, MBA
ADAP Branch Chief
California Department of Public Health