



Illinois Department of Public Health
 Pre-Exposure Prophylaxis Program (PrEP) Formulary
 Effective 1.1.2024
 Version 1

	GENERIC NAME	BRAND NAME (EXAMPLES)	RESTRICTION or NOTES
	emtricitabine-tenofovir DF	Truvada	
	emtricitabine-tenofovir AF	Descovy	
	cabotegravir IM	Apretude	See detailed PA criteria. Submit all with PA supplemental form.
<p>PRESCRIBING GUIDELINES</p> <p>Drugs provided by the Pre-Exposure Prophylaxis Program, also known as PrEP, MUST be prescribed in accordance with these guidelines. Revisions to prescribing guidelines may be made upon recommendations of either the Department's Medical Director, HIV/AIDS Section Chief, or PrEP Coordination Team.</p> <ol style="list-style-type: none"> 1. All medications must be ordered through the Department's network of dispensing pharmacies. 2. Clients have a choice in where they receive their prescriptions within the insured or uninsured network of pharmacies based on their program eligibility. 3. All prescriptions for multi-source drugs (drugs available in a brand-name and equal or greater than one generic formulation) will be filled with the lowest cost option available. Use of brand name drugs on the PrEP formulary is for informational purposes only. 			