



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
STATE OF NEVADA
FORMULARY ALPHA BY BRAND
Effective 8/5/2019**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 5, 2019

ADAP mandates the use of generic products for Opportunistic Infections (OIs) and Miscellaneous Medications whenever possible in accordance with applicable law or regulations.

Brand Name	Generic Name	Restrictions or Notes
Abilify	aripiprazole	
Actos	pioglitazone	
Advair Discus 250/50	fluticasone-salmeterol	
Aldactone	spironolactone	
Alinia	nitazoxanide	
Androgel	testosterone	
• Atripla	emtricitabine/tenofovir/efavirez	
Augmentin	amoxicillin clavulanate	
Avelox	moxifloxacin	
Bactrim	sulfamethoxazole-trimethoprim	
Biaxin, Biaxin XL	clarithromycin	
• Biktarvy	bictegravir/emtricitabine/tenofovir AF	
Celexa	citalopram	
• Cimduo	lamivudine/tenofovir	
Cipro	ciprofloxacin	
Claritin	loratadine	
Cleocin	clindamycin HCL	
• Combivir	lamivudine/zidovudine	
Compazine	prochlorperazine	
• Complera	emtricitabine/tenofovir/rilpivirine	
Cozaar	losartan	
Cymbalta	duloxetine	
^ Daklinza	daclatasvir dihydrochloride	
Dapsone	dapsone	
• Delstrigo	doravirine/lamivudine/tenofovir	
Depakote	divalproex Sodium	
Depo-Estradiol	estradiol cypionate IM	
Depo-testosterone	testosterone cypionate	
• Descovy	emtricitabine/tenofovir alafenamide	
Desyrel	trazodone	
DiaBeta, Micronase,	glyburide	
Diflucan	fluconazole	
Dilantin	phenytoin	
• Dovato	dolutegravir/lamivudine	
• Edurant	rilpivirine	
Effexor XR	venlafaxine ER	
^ Egrifta	tesamorelin acetate	Prior Authorization required from the Medical Advisory Committee



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	Brand Name	Generic Name	Restrictions or Notes
	Elavil	amitriptyline HCL	
	Eliquis	apixaban	
●	Emtriva	emtricitabine	
^	Epclusa	sofosbuvir-velpatasvir	
●	Epivir, Epivir HBV	lamivudine	
●	Epzicom	abacavir/lamivudine	
●	Evotaz	atazanavir/cobicistat	
	Foscavir	foscarnet	
	Fosamax	alendronate	
●	Genvoya	elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	
	Geodon	ziprasidone	
	Glucophage, Glucophage XR, Glumetza, Fortamet	metformin HCL, metformin HCL ER	
	Glucotrol	glipizide	
^	Harvoni	ledipasvir-sofosbuvir	
	Humatin	paromomycin	
	Hyzaar	losartan / hydrochlorothiazide	
	Imiquimod	aldara cream	
	Imodium	loperamide	
●	Intelence	etravirine	
●	Invirase	saquinavir	
●	Isentress, Isentress HD	raltegravir	
	Januvia	sitagliptin	
●	Juluca	dolutegravir/rilprvirine	
●	Kaletra	lopinavir/ritonavir	
	Lamisil	terbinafine	
	Levaquin	levofloxacin	
	Lexapro	escitalopram	
●	Lexiva	fosamprenavir	
	Lipitor	atorvastatin	
	Lithium	lithium	
	Livalo	pitavastatin	
	Lomotil	diphenoxylate/Atropine	
	Lopid	gemfibrozil	
	Lovaza	omega-3-acid ethyl esters	
	Lovenox	enoxaparin sodium	
	Marinol	dronabinol	



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^	Mavyret	glecaprevir/pibrentasvir	
	Megace	megestrol acetate	
	Mepron	atovaquone	
	Motrin	Ibuprofen	
	Myambutol	ethambutol	
	Mycelex, Lotrimin	clotrimazole	
	Mycobutin	rifabutin	
	Naprosyn	naproxen	
	Nasacort	triamcinolone nasal aerosol susp	
	Neupogen	filgrastim	
	Neurontin	gabapentin	
	Niaspan	niacin	
	Norvasc	amlodipine	
•	Norvir	ritonavir	
	Noxafil	posaconazole	
•	Odefsey	emtricitabine/rilpivirine/ tenofovir alafenamide	
^	Olysio	simeprevir	
	Oxandrin	oxandrolone	
	Paxil	paroxetine	
	Pegasys	peginterferon alfa-2a	
	Pepcid	famotidine	
•	Pifeltro	doravirine	
	Prednisone	prednisone	
	Premarin	estrogens, conjugated	
•	Prezcobix	darunavir/cobicistat	
•	Prezista	darunavir	
	Prilosec, Zegerid	omeprazole	
	Primaquine	primaquine phosphate	
	Prinivil, Zestril	lisinopril	
	Proair	albuterol	
	Procrit, Epogen	epoetin alfa (erythropoetin)	
	Prometrium	micronized progesterone	
	Pyrimethamine	pyrimethamine	
	QVAR	beclomethasone dipropionate	
	Remeron	mirtazapine	
•	Retrovir, AZT	zidovudine	
•	Reyataz	atazanavir	
	Saphris	asenapine	



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	Brand Name	Generic Name	Restrictions or Notes
•	Selzentry	maraviroc	
^	Sovaldi	sofosbuvir	
	Sporanox	itraconazole	
•	Stribild	elvitegravir/cobicistat/ emtricitabine/tenofovir	
	Sulfadiazine	sulfadiazine	
•	Sustiva	efavirenz	
•	Symfi, Symfi Lo	efavirenz/lamivudine/tenofovir	
•	Symtuza	darunavir/cobicistat/ emtricitabine/tenofovir alafenamide	
^	Technivie	ombitasvir-paritaprevir-ritonavir	
	Tenormin, senormin	atenolol	
•	Tivicay	dolutegravir	
	Trasderm Scop	scopolamine transdermal	
	Tricor	fenofibrate	
•	Triumeq	dolutegravir/lamivudine/ abacavir	
•	Trizivir	abacavir/lamivudine/zidovudine	Non-formulary eff 1/1/19
^•	Trogarzo	Ibalizumab-uiyk	Prior Authorization required from the Medical Advisory Committee
•	Truvada	tenofovir/emtricitabine	
•	Tybost	cobicistat	
	Ultras MT-20	pancreatic enzymes (pancrelipase)	
	Valcyte	valganciclovir	
	Valtrex	valacyclovir	
	Vantin	cefepodoxime proxetil	
	Vascepa	icosapent ethyl	
	Vibramycin	doxycycline	
^	Viekira Pak,	dasabuvir-ombitasvir-paritaprevir-ritonavir	
•	Viracept	nelfinavir	
•	Viramune	nevirapine	
	Virazole, Rebetol, Copegus	ribavirin	
•	Viread	tenofovir disoproxil fumarate	
^	Vosevi	sofosbuvir-velpatasvir-voxilaprevir	
	Warfadin	warfarin sodium	
	Wellbutrin, Zyban	bupropion SR	
	Wellcovorin	leucovorin	
^	Zepatier	elbasvir-grazoprevir	
•	Ziagen	abacavir	



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Brand Name	Generic Name	Restrictions or Notes
Zithromax	azithromycin	
Zofran	ondansetron	
Zoloft	sertraline	
Zovirax	acyclovir	
Zyrtec	cetirizine	
	beta methasone/diprolene ointment	
	estradiol	
	hydrochlorothiazide	
	nystatin	
	triamcinolone ointment & cream	

Program Dispensing Policies

1. All Brands will be covered when a drug is listed on the formulary
2. Drugs marked with “•” are to be dispensed with a minimum 28 day supply.
3. Drugs marked with “^” require a prior authorization, restrictions apply
4. Refills may be obtained after 80% of the previously dispensed days-supply has been used (Nevada ADAP allows up to 6 days prior); however, there is an annual maximum of 13 fills or 390 day supply per prescription.
5. Only one lost fill will be allowed per calendar year
6. Non-formulary drugs are not covered if not listed on the Nevada ADAP Formulary.
7. Use of generic products is required when available, unless otherwise specified by clinician.
8. On the use of specific antiretroviral combinations and dosages, adjudication rules have been set to meet treatment guidelines as recommended by the Department of Health and Human Services (HHS) Panel on Antiretroviral Guidelines for Adults and Adolescents