



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)  
STATE OF NEVADA  
FORMULARY BY CLASS  
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.**

Generic Name	Brand Name	Restrictions or Notes
<b>1a. ANTIRETROVIRALS-ENTRY INHIBITORS (1)</b>		
● maraviroc	Selzentry	
<b>1b. ANTIRETROVIRALS-INTEGRASE INHIBITOR(2)</b>		
● raltegravir	Isentress, Isentress HD	
● dolutegravir	Tivicay	
<b>1c. ANTIRETROVIRALS-NUCLEOSIDE&amp; NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)(9)</b>		
● abacavir	Ziagen	
● abacavir/lamivudine	Epzicom	
● abacavir/lamivudine/zidovudine	Trizivir	Non-formulary eff 1/1/19
● emtricitabine	Emtriva	
● emtricitabine/tenofovir alafenamide	Descovy	
● lamivudine	Epivir, Epivir HBV	
● lamivudine/zidovudine	Combivir	
● tenofovir disoproxil fumarate	Viread	
● tenofovir/emtricitabine	Truvada	
● zidovudine	Retrovir, AZT	
<b>1d. ANTIRETROVIRALS-NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)(5)</b>		
● doravirine	Pifeltro	
● efavirenz	Sustiva	
● etravirine	Intelence	
● nevirapine	Viramune	
● rilpivirine	Edurant	
<b>1e. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NRTI COMBINATION(5)</b>		
● bicitgravir-emtricitabine-tenofovir AF	Biktarvy	
● dolutegravir/lamivudine	Dovato	
● dolutegravir/lamivudine/ abacavir	Triumeq	
● elvitegravir/cobicistat/ emtricitabine/tenofovir	Stribild	
● elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	Genvoya	
<b>1f. ANTIRETROVIRALS NNRTI/NRTI COMBINATION (6)</b>		
● doravirine/lamivudine/tenofovir	Delstrigo	
● efavirenz/lamivudine/tenofovir	Symfi, Symfi Lo	
● emtricitabine/tenofovir/efavirenz	Atripla	
● emtricitabine/tenofovir/rilpivirine	Complera	
● emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
● lamivudine/tenofovir	Cimduo	



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<b>1g. ANTIRETROVIRALS PI/NRTI COMBINATION (1)</b>		
● darunavir/cobicistat/ ● emtricitabine/tenofovir alafenamide	Symtuza	
<b>1h. ANTIRETROVIRALS CYP3A/INHIBITOR (1)</b>		
● cobicistat	Tybost	
<b>1i. ANTIRETROVIRALS PROTEASE INHIBITORS (7)</b>		
● atazanavir	Reyataz	
● darunavir	Prezista	
● fosamprenavir	Lexiva	
● lopinavir/ritonavir	Kaletra	
● nelfinavir	Viracept	
● ritonavir	Norvir	
● saquinavir	Invirase	
<b>1j. ANTIRETROVIRALS-CYP3A INHIBITOR/PROTEASE INHIBITOR (2)</b>		
● darunavir/cobicistat	Prezcobix	
● atazanavir/cobicistat	Evotaz	
<b>1k. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NNRTI COMBINATION(1)</b>		
● dolutegravir/rilprvirine	Juluca	
<b>1l. ANTIRETROVIRALS-CD4-DIRECTED POST-ATTACHMENT INHIBITOR</b>		
^● Ibalizumab-uiyk	Trogarzo	Prior Authorization required from the Medical Advisory Committee
<b>2. ANALGESICS ANALGESICS: NON- NARCOTIC ANALGESICS</b>		
Ibuprofen	Motrin	
naproxen	Naprosyn	
<b>3. ANTIBIOTICS</b>		
amoxicillin clavulanate	Augmentin	
azithromycin	Zithromax	
ciprofloxacin	Cipro	
clarithromycin	Biaxin, Biaxin XL	
clindamycin HCL	Cleocin	
doxycycline	Vibramycin	
ethambutol	Myambutol	
levofloxacin	Levaquin	
pyrimethamine	Pyrimethamine	
rifabutin	Mycobutin	
sulfadiazine	Sulfadiazine	
moxifloxacin	Avelox	
primaquine phosphate	Primaquine	



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<b>3. ANTIBIOTICS CONTINUED</b>		
nitazoxanide	Alinia	
paromomycin	Humatin	
cefpodoxime proxetil	Vantin	
<b>4. ANTICONVULSANTS</b>		
phenytoin	Dilantin	
divalproex Sodium	Depakote	
gabapentin	Neurontin	
<b>5. ANTICOAGULANTS</b>		
enoxaparin sodium	Lovenox	
apixaban	Eliquis	
warfarin sodium	Warfadin	
<b>6. ANTIDEPRESSANTS/ANTIPSYCHOTICS/AGENTS OF SLEEP</b>		
amitriptyline HCL	Elavil	
aripiprazole	Abilify	
asenapine	Saphris	
bupropion SR	Wellbutrin, Zyban	
citalopram	Celexa	
duloxetine	Cymbalta	
escitalopram	Lexapro	
lithium	Lithium	
mirtazapine	Remeron	
paroxetine	Paxil	
sertraline	Zoloft	
trazodone	Desyrel	
venlafaxine ER	Effexor XR	
ziprasidone	Geodon	
<b>7. ANTIDIARRHEAL</b>		
diphenoxylate/Atropine	Lomotil	
loperamide	Imodium	
<b>8. ANTIEMETICS</b>		
ondansetron	Zofran	
prochlorperazine	Compazine	
dronabinol	Marinol	
scopolamine transdermal	Trasderm Scop	
<b>9. ANTIFUNGALS</b>		
clotrimazole	Mycelex, Lotrimin	
fluconazole	Diflucan	
itraconazole	Sporanox	
posaconazole	Noxafil	
terbinafine	Lamisil	



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<b>10. ANTIHISTAMINES</b>		
loratadine	Claritin	
cetirizine	Zyrtec	
<b>11. ANTIHYPERTENSIVES/CARDIAC MEDICATIONS</b>		
amlodipine	Norvasc	
atenolol	Tenormin, senormin	
hydrochlorothiazide		
lisinopril	Prinivil, Zestril	
losartan	Cozaar	
losartan / hydrochlorothiazide	Hyzaar	
spironolactone	Aldactone	
<b>12. ANTIVIRALS</b>		
aldara cream	Imiquimod	
acyclovir	Zovirax	
foscarnet	Foscavir	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
leucovorin	Wellcovorin	
<b>13. ANTIVIRALS-HEPATITIS</b>		
ribavirin	Virazole, Rebetol, Copegus	
peginterferon alfa-2a	Pegasys	
<b>13a. ANTIVIRALS (Direct Acting Antivirals- DAA)-HEPATITIS</b>		
^ daclatasvir dihydrochloride	Daklinza	PA Required. Fax the completed supplemental form and supporting laboratory results to Ramsell at 800-848-4241. Please call Ramsell for supplemental form or access it at www.ramsellcorp.com
^ dasabuvir-ombitasvir-paritaprevir-ritonavir	Viekira Pak, Viekira XR	
^ elbasvir-grazoprevir	Zepatier	
^ glecaprevir/pibrentasvir	Mavyret	
^ ledipasvir-sofosbuvir	Harvoni	
^ ombitasvir-paritaprevir-ritonavir	Technivie	
^ simeprevir	Olysio	
^ sofosbuvir	Sovaldi	
^ sofosbuvir-velpatasvir	Epclusa	
^ sofosbuvir-velpatasvir-voxilaprevir	Vosevi	
<b>14. GASTROINTESTINAL AGENTS</b>		
omeprazole	Prilosec, Zegerid	
<b>15. H2- ANTAGONISTS</b>		
famotidine	Pepcid	
<b>16. HEMATOPOIETIC AGENTS</b>		
filgrastim	Neupogen	
epoetin alfa (erythropoetin)	Procrit, Epogen	



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<b>17. HORMONE REPLACEMENT THERAPY</b>		
<b>Androgens</b>		
testosterone	Androgel	
testosterone cypionate	Depo-testosterone	
oxandrolone	Oxandrin	
<b>Progestins</b>		
micronized progesterone	Prometrium	
<b>Estrogens/Estrogenic Agents</b>		
estrogens, conjugated	Premarin	
estradiol		
estradiol cypionate IM	Depo-Estradiol	
<b>Growth Hormone Releasing Hormone (GHRH)</b>		
tesamorelin acetate	Egrifta	Prior Authorization required from the Medical Advisory Committee
<b>18. HYPOGLYCEMICS</b>		
glipizide	Glucotrol	
glyburide	DiaBeta, Micronase,	
metformin HCL, metformin HCL ER	Glucophage, Glucophage XR, Glumetza, Fortamet	
pioglitazone	Actos	
sitagliptin	Januvia	
<b>19. INHALERS/BRONCHODILATORS/ORAL STERIODS/ASTHMA PROPHYLAXIS</b>		
beclomethasone dipropionate	QVAR	
albuterol	Proair	
fluticasone-salmeterol	Advair Discus 250/50	
prednisone	Prednisone	
triamcinolone nasal aerosol susp	Nasacort	
<b>20. LIPID LOWERING AGENTS</b>		
fenofibrate	Tricor	
gemfibrozil	Lopid	
icosapent ethyl	Vascepa	
niacin	Niaspan	
atorvastatin	Lipitor	
omega-3-acid ethyl esters	Lovaza	
pitavastatin	Livalo	
<b>21. OSTEOPENIA/OSTEOPOROSIS</b>		
alendronate	Fosamax	



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<b>22. PCP PROPHYLAXIS</b>		
atovaquone	Mepron	
dapsone	Dapsone	
sulfamethoxazole-trimethoprim	Bactrim	
<b>23. TOPICALS</b>		
beta methasone/diprolene ointment		
megestrol acetate	Megace	
nystatin		
pancreatic enzymes (pancrelipase)	Ultrase MT-20	
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