



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
STATE OF NEVADA
FORMULARY BY CLASS
Effective 1/1/2018**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 1, 2018

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
1a. ANTIRETROVIRALS-ENTRY INHIBITORS (2)		
● maraviroc	Selzentry	
1b. ANTIRETROVIRALS-INTEGRASE INHIBITOR(3)		
● raltegravir	Isentress, Isentress HD	
● dolutegravir	Tivicay	
1c. ANTIRETROVIRALS-NUCLEOSIDE & NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)(12)		
● abacavir	Ziagen	
● abacavir/lamivudine	Epzicom	
● emtricitabine	Emtriva	
● emtricitabine/tenofovir alafenamide	Descovy	
● lamivudine	Epivir, Epivir HBV	
● lamivudine/zidovudine	Combivir	
● tenofovir disoproxil fumarate	Viread	
● tenofovir/emtricitabine	Truvada	
● zidovudine	Retrovir, AZT	
1d. ANTIRETROVIRALS-NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)(5)		
● efavirenz	Sustiva	
● etravirine	Intelence	
● nevirapine	Viramune	
● rilpivirine	Edurant	
1e. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NRTI COMBINATION(3)		
● elvitegravir/cobicistat/ emtricitabine/tenofovir	Stribild	
● dolutegravir/lamivudine/ abacavir	Triumeq	
● elvitegravir/cobicistat/ ● emtricitabine/tenofovir alafenamide	Genvoya	
1f. ANTIRETROVIRALS NNRTI/NRTI COMBINATION (3)		
● emtricitabine/tenofovir/efavirez	Atripla	
● emtricitabine/tenofovir/rilpivirine	Complera	
● emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
1g. ANTIRETROVIRALS CYP3A/INHIBITOR (1)		
● cobicistat	Tybost	



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1h. ANTIRETROVIRALS PROTEASE INHIBITORS (9)		
• atazanavir	Reyataz	
• darunavir	Prezista	
• fosamprenavir	Lexiva	
• lopinavir/ritonavir	Kaletra	
• nelfinavir	Viracept	
• ritonavir	Norvir	
• saquinavir	Invirase	
1i. ANTIRETROVIRALS-CYP3A INHIBITOR/PROTEASE INHIBITOR (2)		
• darunavir/cobicistat	Prezcobix	
• atazanavir/cobicistat	Evotaz	
1j. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NNRTI COMBINATION(1)		
• dolutegravir/rilprvirine	Juluca	
2. ANALGESICS ANALGESICS: NON- NARCOTIC ANALGESICS		
Ibuprofen	Motrin	
naproxen	Naprosyn	
3. ANTIBIOTICS		
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	
nitazoxanide	Alinia	
paromomycin	Humatin	
cefepodoxime proxetil	Vantin	
4. ANTICONVULSANTS		
phenytoin	Dilantin	
divalproex Sodium	Depakote	
gabapentin	Neurontin	



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5. ANTIDEPRESSANTS/ANTIPSYCHOTICS/AGENTS OF SLEEP		
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	
6. ANTIDIARRHEAL		
diphenoxylate/Atropine	Lomotil	
loperamide	Imodium	
7. ANTIEMETICS		
ondansetron	Zofran	
prochlorperazine	Compazine	
dronabinol	Marinol	
scopolamine transdermal	Trasderm Scop	
8. ANTIFUNGALS		
clotrimazole	Mycelex, Lotrimin	
fluconazole	Diflucan	
itraconazole	Sporanox	
posaconazole	Noxafil	
terbinafine	Lamisil	
9. ANTIHISTAMINES		
loratadine	Claritin	
cetirizine	Zyrtec	
10. ANTIHYPERTENSIVES/CARDIAC MEDICATIONS		
hydrochlorothiazide		
amlodipine	Norvasc	
atenolol	Tenormin, senormin	
lisinopril	Prinivil, Zestril	
losartan	Cozaar	
losartan / hydrochlorothiazide	Hyzaar	



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11. ANTIVIRALS		
aldara cream	Imiquimod	
acyclovir	Zovirax	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
leucovorin	Wellcovorin	
12. GASTROINTESTINAL AGENTS		
omeprazole	Prilosec, Zegerid	
13. HEMATOPOIETIC AGENTS		
filgrastim	Neupogen	
epoetin alfa (erythropoetin)	Procrit, Epogen	
14. HORMONE REPLACEMENT THERAPY		
Androgens		
testosterone	Androgel	
testosterone cypionate	Depo-testosterone	
oxandrolone	Oxandrin	
Progestins		
micronized progesterone	Prometrium	
Estrogens/Estrogenic Agents		
estrogens, conjugated	Premarin	
estradiol		
estradiol cypionate IM	Depo-Estradiol	
15. HYPOGLYCEMICS		
metformin	Glucophage	
glyburide	DiaBeta, Micronase,	
pioglitazone	Actos	
16. INHALERS/BRONCHODILATORS/ORAL STERIODS/ASTHMA PROPHYLAXIS		
beclomethasone dipropionate	QVAR	
albuterol	Proair	
fluticasone-salmeterol	Advair Discus 250/50	
triamcinolone nasal aerosol susp	Nasacort	
17. LIPID LOWERING AGENTS		
fenofibrate	Tricor	
gemfibrozil	Lopid	
niacin	Niaspan	
atorvastatin	Lipitor	
omega-3-acid ethyl esters	Lovaza	
pitavastatin	Livalo	
18. OSTEOPENIA/OSTEOPOROSIS		
alendronate	Fosamax	



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19. PCP PROPHYLAXIS		
atovaquone	Mepron	
dapsone	Dapsone	
sulfamethoxazole-trimethoprim	Bactrim	
20. TOPICALS		
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. 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.
4. Only one lost fill will be allowed per calendar year
5. Non-formulary drugs are not covered if not listed on the Nevada ADAP Formulary.
6. Use of generic products is required when available, unless otherwise specified by clinician.
7. 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