



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
STATE OF NEVADA
FORMULARY ALPHA BY BRAND
Effective 10/2/2020**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 1, 2020

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



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
STATE OF NEVADA
FORMULARY ALPHA BY BRAND
Effective 10/2/2020**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 1, 2020

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
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	



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
STATE OF NEVADA
FORMULARY ALPHA BY BRAND
Effective 10/2/2020**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 1, 2020

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
^	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	
•	Rukobia	fostemsavir	Effective 10/02/20



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
STATE OF NEVADA
FORMULARY ALPHA BY BRAND
Effective 10/2/2020**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 1, 2020

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
	Saphris	asenapine	
•	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	
	Ultrase 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	



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
STATE OF NEVADA
FORMULARY ALPHA BY BRAND
Effective 10/2/2020**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 1, 2020

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
•	Ziagen	abacavir	
	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