



State of Nevada, Medication Assistance Program (NMAP) Formulary (Alphabetical by Generic)

Effective Date: July 1, 2022

Phone: 1-888-475-3219

<https://nvmap.magellanrx.com>

Prior Authorization Fax: 1-888-904-1152

The State of Nevada mandates the use of generic products whenever possible in accordance with applicable law or regulations. Exceptions are noted by drug.

	Generic Name	Brand Name	Notes/Restrictions
•	abacavir	Ziagen	
•	abacavir/dolutegravir/lamivudine	Triumeq	
•	abacavir/lamivudine	Epzicom	
	acyclovir	Zovirax	
	albuterol	Proventil, ProAir, Ventolin	
	alendronate	Fosamax	
	amitriptyline HCL	Elavil	Generic formulations covered only.
	amlodipine	Norvasc	
	amoxicillin clavulanate	Augmentin, Augmentin XR	
	apixaban	Eliquis	
	aripiprazole	Abilify	
	asenapine	Saphris	
•	atazanavir	Reyataz	
•	atazanavir/cobicistat	Evotaz	
	atenolol	Tenormin	
	atorvastatin	Lipitor	
	atovaquone	Mepron	
	azithromycin	Zithromax	
	beclomethasone dipropionate	QVAR Redihaler	
	betamethasone dipropionate ointment	Diprolene	
•	bictegravir sodium/emtricitabine /tenofovir alafenamide	Biktarvy	
	bupropion	Wellbutrin, Wellbutrin XL, Wellbutrin SR, Zyban	
	cefepodoxime proxetil	Vantin	Generic formulations covered only.
	cetirizine	Zyrtec	
	ciprofloxacin	Cipro	
	citalopram	Celexa	
	clarithromycin	Biaxin, Biaxin XL	
	clindamycin HCl	Cleocin	
	clotrimazole	Lotrimin, Mycelex	
•	cobicistat	Tybost	
	conjugated estrogens	Premarin	
^	daclatasvir dihydrochloride	Daklinza	
	dapsone		
•	darunavir	Prezista	
•	darunavir/cobicistat	Prezcobix	



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	Generic Name	Brand Name	Notes/Restrictions
●	darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Symtuza	
^	dasabuvir/ombitasvir/paritaprevir/ritonavir	Viekira Pak, Viekira XR	
	diphenoxylate/atropine	Lomotil	
	divalproex sodium	Depakote, Depakote DR, Depakote ER	
●	dolutegravir	Tivicay, Tivicay PD	
●	dolutegravir/lamivudine	Dovato	
●	dolutegravir/rilpivirine	Juluca	
●	doravirine	Pifeltro	
●	doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	
	doxycycline hyclate	Vibramycin	
	dronabinol	Marinol	
	duloxetine	Cymbalta	
●	efavirenz	Sustiva	
●	efavirenz/emtricitabine/tenofovir disoproxil fumarate	Atripla	
●	efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi, Symfi Lo	
^	elbasvir/grazoprevir	Zepatier	
●	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Genvoya	
●	elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate	Stribild	
●	emtricitabine	Emtriva	
●	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
●	emtricitabine/rilpivirine/tenofovir disoproxil fumarate	Complera	
●	emtricitabine/tenofovir alafenamide	Descovy	
●	emtricitabine/tenofovir disoproxil fumarate	Truvada	
	enoxaparin sodium	Lovenox	
	epoetin alfa (erythropoietin)	Epogen, Procrit	
	escitalopram	Lexapro	
	estradiol		
	estradiol cypionate IM	Depo-Estradiol	
	ethambutol	Myambutol	
●	etravirine	Intelence	
	famotidine	Pepcid	
	fenofibrate	Tricor	
	filgrastim	Neupogen	
	fluconazole	Diflucan	
	fluticasone/salmeterol	Advair Diskus	
●	fosamprenavir	Lexiva	
	foscarnet	Foscavir	

^ = Drug requires a prior authorization for specific diagnosis or circumstance; ● = Drugs are to be dispensed with a 28 day's supply minimum.



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●	fostemsavir	Rukobia	
	gabapentin	Neurontin	
	gemfibrozil	Lopid	
^	glecaprevir/pibrentasvir	Mavyret	
	glipizide	Glucotrol, Glucotrol XL	
	glyburide	Diabeta, Micronase	Generic formulations covered only.
	hydrochlorothiazide		
^ ●	ibalizumab-uiyk	Trogarzo	
	ibuprofen	Advil, Motrin	
	icosapent ethyl	Vascepa	
	imiquimod	Aldara	
	itraconazole	Sporanox	
●	lamivudine	Epivir, Epivir HB	
●	lamivudine/tenofovir disoproxil fumarate	Cimduo	
●	lamivudine/zidovudine	Combivir	
^	ledipasvir/sofosbuvir	Harvoni	
	leucovorin	Wellcovorin	
	levofloxacin	Levaquin	
	lisinopril	Prinivil, Zestril	
	lithium	Eskalith, Lithobid	
	loperamide	Imodium	
●	lopinavir/ritonavir	Kaletra	
	loratadine	Claritin	
	losartan	Cozaar	
	losartan/hydrochlorothiazide	Hyzaar	
●	maraviroc	Selzentry	
	megestrol acetate	Megace	
	metformin HCl/metformin HCl ER	Fortamet, Glucophage, Glucophage XR, Glumetza	
	micronized progesterone	Prometrium	
	mirtazapine	Remeron	
	moxifloxacin	Avelox	Generic formulations covered only.
	naproxen	Naprosyn	
●	nelfinavir	Viracept	
●	nevirapine	Viramune, Viramune XR	
	niacin	Niaspan	
	nitazoxanide	Alinia	
	nystatin		
^	ombitasvir/paritaprevir/ritonavir	Technivie	
	omega-3 acid ethyl esters	Lovaza	
	omeprazole	Prilosec, Zegrid	
	ondansetron	Zofran, Zofran ODT	
	oxandrolone	Oxandrin	

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	pancreatic enzymes (pancrelipase)	Creon, Enzadyne, Pancreaze, Panxyme PH, Pertyze, Viokace, Zenpep	
	paromomycin	Humatin	
	paroxetine	Paxil, Paxil CR	
	peginterferon alfa-2a	Pegasys	
	phenytoin	Dilantin	
	pioglitazone	Actos	
	pitavastatin	Livalo	
	posaconazole	Noxafil	
	prednisone		
	primaquine phosphate	Primaquine	
	prochlorperazine	Compazine	
	pyrimethamine	Daraprim	
●	raltegravir	Isentress, Isentress HD	
	ribavirin	Copegus, Rebetol, Virazole	
	rifabutin	Mycobutin	
●	rilpivirine	Edurant	
●	ritonavir	Norvir	
●	saquinavir	Invirase	
	scopolamine transdermal	Trans-Derm Scop	
	sertraline	Zoloft	
^	simeprevir	Olysio	
	sitagliptin	Januvia	
^	sofosbuvir	Sovaldi	
^	sofosbuvir/velpatasvir	Epclusa	
^	sofosbuvir/velpatasvir/voxilaprevir	Vosevi	
	spironolactone	Aldactone	
	sulfadiazine		
	sulfamethoxazole/trimethoprim	Bactrim SS/DS, Septra	
●	tenofovir disoproxil fumarate	Viread	
	terbinafine	Lamisil	
^	tesamorelin acetate	Egrifta, Egrifta SV	
	testosterone	Androderm, AndroGel	
	testosterone cypionate	Depo-Testosterone	
	trazodone	Desyrel	
	triamcinolone acetonide ointment & cream		
	triamcinolone nasal aerosol spray	Nasacort AQ	
	valacyclovir	Valtrex	
	valganciclovir	Valcyte	
	venlafaxine	Effexor, Effexor XR	
	warfarin sodium	Coumadin, Jantoven	
●	zidovudine	Retrovir (AZT)	
	ziprasidone	Geodon	

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MagellanRx
MANAGEMENTSM

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NMAP Program Dispensing Polices

- Drugs marked with “^” require a prior authorization for specific diagnosis or circumstance. Magellan Rx Management will request additional information (member and drug specific) before considering the authorization. Please call 1-888-475-3219 or check website for diagnosis or specific PA form at <https://nmap.magellanrx.com/provider/forms>.
- Drugs marked with “●” are to be dispensed with a minimum 28-day supply.
- Refills may be obtained after 80 percent of the previously dispensed days’ supply is dispensed; however, there is an annual maximum of 13 fills per prescription or 390 days’ supply per prescription.
- Only one lost prescription override will be granted per calendar year.
- NV MAP mandates the use of generic products whenever possible in accordance with applicable law or regulations.
- Dispensing a brand name product when a generic is available requires a DAW 1 code (prescriber mandated).
- All Antiretroviral combinations are screened against the most recent DHHS guidelines for the use antiretroviral therapy in adolescents and adults <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/whats-new-guidelines> for high dosage and non-recommended combinations. Regimens not conforming to these guidelines may be rejected at adjudication.
- Medications not listed on the current Nevada Medication Assistance Program formulary are not covered.

PLEASE NOTE: There may be some SPECIFIC DOSE FORMS of products on this formulary that may NOT BE COVERED. You can verify drug coverage by dialing the toll-free Magellan Rx at 1-888-475-3219 or accessing the drug lookup tool at <https://nmap.magellanrx.com/provider/drug-lookup>.