



# State of Nevada, Medication Assistance Program (NMAP) Formulary by Class

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	Restrictions
<b>ANTIRETROVIRALS</b>		
<b>ENTRY INHIBITORS</b>		
• maraviroc	Selzentry	
<b>INTEGRASE INHIBITORS</b>		
• raltegravir	Isentress, Isentress HD	
• dolutegravir	Tivicay, Tivicay PD	
<b>NUCLEOSIDE &amp; NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs)</b>		
• abacavir	Ziagen	
• abacavir/lamivudine	Epzicom	
• emtricitabine	Emtriva	
• emtricitabine/tenofovir alafenamide	Descovy	
• emtricitabine/tenofovir disoproxil fumarate	Truvada	
• lamivudine	Epivir, Epivir HBV	
• lamivudine/zidovudine	Combivir	
• tenofovir disoproxil fumarate	Viread	
• zidovudine	Retrovir (AZT)	
<b>NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)</b>		
• doravirine	Pifeltro	
• efavirenz	Sustiva	
• etravirine	Intelence	
• nevirapine	Viramune, Viramune XR	
• rilpivirine	Edurant	
<b>INTEGRASE INHIBITOR/NRTI COMBINATIONS</b>		
• abacavir/dolutegravir/lamivudine	Triumeq	
• bicitegravir sodium/emtricitabine/tenofovir alafenamide	Biktarvy	
• dolutegravir/lamivudine	Dovato	
• elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Genvoya	
• elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate	Stribild	
<b>NNRTI/NRTI COMBINATIONS</b>		
• doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	

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



**State of Nevada**  
**Medication Assistance Program (NMAP)**  
**Formulary by Class**



Phone: 1-888-475-3219

Effective Date: July 1, 2022

Prior Authorization Fax: 1-888-904-1152

Generic Name	Brand Name	Restrictions
<b>NNRTI/NRTI COMBINATIONS (continued)</b>		
• efavirenz/emtricitabine/tenofovir disoproxil fumarate	Atripla	
• efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi, Symfi Lo	
• emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
• emtricitabine/rilpivirine/tenofovir disoproxil fumarate	Complera	
• lamivudine/tenofovir disoproxil fumarate	Cimduo	
<b>PROTEASE INHIBITOR (PI)/NRTI COMBINATIONS</b>		
• darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Symtuza	
<b>CYP3A INHIBITORS</b>		
• cobicistat	Tybost	
<b>PROTEASE INHIBITORS (PI)</b>		
• atazanavir	Reyataz	
• darunavir	Prezista	
• fosamprenavir	Lexiva	
• lopinavir/ritonavir	Kaletra	
• nelfinavir	Viracept	
• ritonavir	Norvir	
• saquinavir	Invirase	
<b>CYP3A4 INHIBITOR/PROTEASE INHIBITOR COMBINATIONS</b>		
• atazanavir/cobicistat	Evotaz	
• darunavir/cobicistat	Prezcobix	
<b>INTEGRASE INHIBITOR/NNRTI COMBINATIONS</b>		
• dolutegravir/rilpivirine	Juluca	
<b>CD4-DIRECTED POST ATTACHMENT INHIBITORS</b>		
• ^ ibalizumab-uiyk	Trogarzo	
<b>GP 120 DIRECTED ATTACHMENT INHIBITORS</b>		
• fostemsavir	Rukobia	
<b>NON-NARCOTIC ANALGESIC (PAIN RELIEF) MEDICATIONS</b>		
ibuprofen	Advil, Motrin	
naproxen	Naprosyn	
<b>ANTIBIOTICS MEDICATIONS</b>		
amoxicillin clavulanate	Augmentin, Augmentin XR	
azithromycin	Zithromax	
cefepodoxime proxetil	Vantin	Generic formulations covered only.
ciprofloxacin	Cipro	

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



**State of Nevada**  
**Medication Assistance Program (NMAP)**  
**Formulary by Class**



Phone: 1-888-475-3219

Effective Date: July 1, 2022

Prior Authorization Fax: 1-888-904-1152

Generic Name	Brand Name	Restrictions
<b>ANTIBIOTIC MEDICATIONS (continued)</b>		
clarithromycin	Biaxin, Biaxin XL	
clindamycin HCl	Cleocin	
doxycycline hyclate	Vibramycin	
ethambutol	Myambutol	
levofloxacin	Levaquin	
moxifloxacin	Avelox	Generic formulations covered only.
nitazoxanide	Alinia	
paromomycin	Humatin	
primaquine phosphate	Primaquine	
pyrimethamine	Daraprim	
rifabutin	Mycobutin	
sulfadiazine		
<b>ANTICOAGULANT MEDICATIONS</b>		
apixaban	Eliquis	
enoxaparin sodium	Lovenox	
warfarin sodium	Coumadin, Jantoven	
<b>ANTICONVULSANT MEDICATIONS</b>		
phenytoin	Dilantin	
divalproex sodium	Depakote, Depakote DR, Depakote ER	
gabapentin	Neurontin	
<b>ANTIDEPRESSANT/ANTIPSYCHOTIC/HYPNOTIC (SLEEP AIDE) MEDICATIONS</b>		
amitriptyline HCl	Elavil	Generic formulations covered only.
aripiprazole	Abilify	
asenapine	Saphris	
bupropion	Wellbutrin, Wellbutrin XL, Wellbutrin SR, Zyban	
citalopram	Celexa	
duloxetine	Cymbalta	
escitalopram	Lexapro	
lithium	Eskalith, Lithobid	
mirtazapine	Remeron	
paroxetine	Paxil, Paxil CR	
sertraline	Zoloft	
trazodone	Desyrel	
venlafaxine	Effexor, Effexor XR	
ziprasidone	Geodon	

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



**State of Nevada**  
**Medication Assistance Program (NMAP)**  
**Formulary by Class**



Phone: 1-888-475-3219

Effective Date: July 1, 2022

Prior Authorization Fax: 1-888-904-1152

Generic Name	Brand Name	Restrictions
<b>ANTIDIARRHEAL MEDICATIONS</b>		
diphenoxylate/atropine	Lomotil	
loperamide	Imodium	
<b>ANTIEMETIC (ANTI-NAUSEA) MEDICATIONS</b>		
dronabinol	Marinol	
ondansetron	Zofran	
prochlorperazine	Compazine	
scopolamine transdermal	Trans-Derm Scop	
<b>ANTIFUNGAL MEDICATIONS</b>		
clotrimazole	Lotrimin, Mycelex	
fluconazole	Diflucan	
itraconazole	Sporanox	
nystatin		
posaconazole	Noxafil	
terbinafine	Lamisil	
<b>ANTIHISTAMINE (ANTI-ALLERGY) MEDICATIONS</b>		
cetirizine	Zyrtec	
loratadine	Claritin	
<b>ANTIHYPERTENSIVE (ANTI-HIGH BLOOD PRESSURE) MEDICATIONS</b>		
amlodipine	Norvasc	
atenolol	Tenormin	
hydrochlorothiazide		
lisinopril	Prinivil, Zestril	
losartan	Cozaar	
losartan/hydrochlorothiazide	Hyzaar	
spironolactone	Aldactone	
<b>ANTIVIRALS</b>		
acyclovir	Zovirax	
foscarnet	Foscavir	
imiquimod	Aldara	
leucovorin	Wellcovorin	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
<b>ANTIVIRALS-HEPATITIS</b>		
ribavirin	Copegus, Rebetol, Virazole	
peginterferon alfa-2a	Pegasys	
<b>ANTIVIRALS-DIRECT ACTING ANTIVIRALS (HEPATITIS C TREATMENT)</b>		
^ daclatasvir dihydrochloride	Daklinza	
^ dasabuvir/ombitasvir/paritaprevir/ritonavir	Viekira Pak, Viekira XR	

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



State of Nevada  
Medication Assistance Program (NMAP)  
Formulary by Class



Phone: 1-888-475-3219

Effective Date: July 1, 2022

Prior Authorization Fax: 1-888-904-1152

Generic Name	Brand Name	Restrictions
<b>ANTIVIRALS-DIRECT ACTING ANTIVIRALS (HEPATITIS C TREATMENT) (continued)</b>		
^ 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>GASTROINTESTINAL MEDICATIONS</b>		
famotidine	Pepcid	
megestrol acetate	Megace	
omeprazole	Prilosec, Zegrid	
<b>HEMATOPOIETIC MEDICATIONS</b>		
filgrastim	Neupogen	
epoetin alfa (erythropoietin)	Epogen, Procrit	
<b>HORMONE REPLACEMENT THERAPY MEDICATIONS</b>		
<b>ANDROGENS</b>		
testosterone cypionate	Depo-Testosterone	
testosterone	AndroGel	
oxandrolone	Oxandrin	
<b>ESTROGENS/ESTROGENIC AGENTS</b>		
conjugated estrogens	Premarin	
estradiol cypionate IM	Depo-Estradiol	
estradiol		
<b>GROWTH HORMONE RELEASING HORMONE AGENTS</b>		
^ tesamorelin acetate	Egrifta, Egrifta SV	
<b>PROGESTINS</b>		
micronized progesterone	Prometrium	
<b>HYPOGLYCEMIC (HIGH BLOOD SUGAR) MEDICATIONS</b>		
glipizide	Glucotrol, Glucotrol XL	
glyburide	Diabeta, Micronase	Generic formulations covered only.
metformin HCl/metformin HCl ER	Fortamet, Glucophage, Glucophage XR, Glumetza	
pioglitazone	Actos	
sitagliptin	Januvia	
<b>INHALERS: ASTHMA PREVENTION, BRONCHODIATORS; NASAL STEROIDS; ORAL STEROIDS</b>		
albuterol	ProAir, Proventil, Ventolin	
beclomethasone dipropionate	QVAR Redihaler	

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



**State of Nevada**  
**Medication Assistance Program (NMAP)**  
**Formulary by Class**



Phone: 1-888-475-3219

Effective Date: July 1, 2022

Prior Authorization Fax: 1-888-904-1152

Generic Name	Brand Name	Restrictions
<b>INHALERS: ASTHMA PREVENTION, BRONCHODIATORS; NASAL STEROIDS; ORAL STEROIDS (continued)</b>		
fluticasone/salmeterol	Advair Diskus	250/50 mg Diskus formulation covered only
prednisone		
triamcinolone acetonide nasal aerosol spray	Nasacort AQ	
<b>LIPID LOWERING (ANTI-CHOLESTEROL) MEDICATIONS</b>		
atorvastatin	Lipitor	
fenofibrate	Tricor	
gemfibrozil	Lopid	
icosapent ethyl	Vascepa	
niacin	Niaspan	
omega-3-acid ethyl esters	Lovaza	
pitavastatin	Livalo	
<b>OSTEOPOROSIS (BONE) MEDICATIONS</b>		
alendronate	Fosamax	
<b>PANCREATIC ENZYME MEDICATIONS</b>		
pancreatic enzymes (pancrelipase)	Creon, Enzadyne, Pancreaze, Pertyze, Viokace, Zenpep	
<b>PCP PROPHYLAXIS MEDICATIONS</b>		
atovaquone	Mepron	
dapsone		
sulfamethoxazole/trimethoprim	Bactrim SS/DS, Septra	
<b>TOPICAL MEDICATIONS</b>		
betamethasone dipropionate ointment	Diprolene	
triamcinolone acetonide ointment & cream		

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



State of Nevada  
Medication Assistance Program (NMAP)  
Formulary by Class



Phone: 1-888-475-3219

Effective Date: July 1, 2022

Prior Authorization Fax: 1-888-904-1152

## 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://nvmagellanrx.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://nvmagellanrx.com/provider/drug-lookup>.