



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

Effective Date: November 1, 2023

Phone: 1-888-475-3219

<https://nvmagellanrx.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	
•	cabotegravir/rilpivirine	Cabenuva	
	cefpodoxime 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		

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	Generic Name	Brand Name	Notes/Restrictions
●	darunavir	Prezista	
●	darunavir/cobicistat	Prezcobix	
●	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	

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	foscarnet	Foscavir	
●	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	
●	Lenacapavir	Sunlenca	
	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	

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	oxandrolone	Oxandrin	
	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	Eplusa	
^	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 Policies

- 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://nvmap.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.
- NMAP 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 NMAP 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 calling 1-888-475-3219 or accessing the drug lookup tool at <https://nvmap.magellanrx.com/provider/drug-lookup>.