



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

Effective Date: November 1, 2023

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
ANTIRETROVIRALS		
ENTRY INHIBITORS		
● maraviroc	Selzentry	
INTEGRASE INHIBITORS		
● raltegravir	Isentress, Isentress HD	
● dolutegravir	Tivicay, Tivicay PD	
NUCLEOSIDE & NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs)		
● 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)	
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)		
● doravirine	Pifeltro	
● efavirenz	Sustiva	
● etravirine	Intelence	
● nevirapine	Viramune, Viramune XR	
● rilpivirine	Edurant	
INTEGRASE INHIBITOR/NRTI COMBINATIONS		
● abacavir/dolutegravir/lamivudine	Triumeq	
● bictegravir sodium/emtricitabine/tenofovir alafenamide	Biktarvy	
● dolutegravir/lamivudine	Dovato	
● elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	Genvoya	
● elvitegravir/cobicistat/emtricitabine/tenofovir disoproxil fumarate	Stribild	
NNRTI/NRTI COMBINATIONS		
● doravirine/lamivudine/tenofovir disoproxil fumarate	Delstrigo	

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NNRTI/NRTI COMBINATIONS (continued)		
● 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	
PROTEASE INHIBITOR (PI)/NRTI COMBINATIONS		
● darunavir/cobicistat/emtricitabine/tenofovir alafenamide	Symtuza	
CYP3A INHIBITORS		
● cobicistat	Tybost	
PROTEASE INHIBITORS (PI)		
● atazanavir	Reyataz	
● darunavir	Prezista	
● fosamprenavir	Lexiva	
● lopinavir/ritonavir	Kaletra	
● nelfinavir	Viracept	
● ritonavir	Norvir	
● saquinavir	Invirase	
CYP3A4 INHIBITOR/PROTEASE INHIBITOR COMBINATIONS		
● atazanavir/cobicistat	Evotaz	
● darunavir/cobicistat	Prezcobix	
INTEGRASE INHIBITOR/NNRTI COMBINATIONS		
● cabotegravir/rilpivirine	Cabenuva	
● dolutegravir/rilpivirine	Juluca	
CAPSID INHIBITORS		
● lenacapavir	Sunlenca	
CD4-DIRECTED POST ATTACHMENT INHIBITORS		
● ^ ibalizumab-uiyk	Trogarzo	
GP 120 DIRECTED ATTACHMENT INHIBITORS		
● fostemsavir	Rukobia	
NON-NARCOTIC ANALGESIC (PAIN RELIEF) MEDICATIONS		
ibuprofen	Advil, Motrin	
naproxen	Naprosyn	
ANTIBIOTICS MEDICATIONS		
amoxicillin clavulanate	Augmentin, Augmentin XR	
azithromycin	Zithromax	

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cefepodoxime proxetil	Vantin	Generic formulations covered only.
ciprofloxacin	Cipro	
Generic Name	Brand Name	Restrictions
ANTIBIOTIC MEDICATIONS <i>(continued)</i>		
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		
ANTICOAGULANT MEDICATIONS		
apixaban	Eliquis	
enoxaparin sodium	Lovenox	
warfarin sodium	Coumadin, Jantoven	
ANTICONVULSANT MEDICATIONS		
phenytoin	Dilantin	
divalproex sodium	Depakote, Depakote DR, Depakote ER	
gabapentin	Neurontin	
ANTIDEPRESSANT/ANTIPSYCHOTIC/HYPNOTIC (SLEEP AID) MEDICATIONS		
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	

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ANTIDIARRHEAL MEDICATIONS		
diphenoxylate/atropine	Lomotil	
loperamide	Imodium	
ANTIEMETIC (ANTI-NAUSEA) MEDICATIONS		
dronabinol	Marinol	
ondansetron	Zofran	
prochlorperazine	Compazine	
scopolamine transdermal	Trans-Derm Scop	
ANTIFUNGAL MEDICATIONS		
clotrimazole	Lotrimin, Mycelex	
fluconazole	Diflucan	
itraconazole	Sporanox	
nystatin		
posaconazole	Noxafil	
terbinafine	Lamisil	
ANTIHISTAMINE (ANTI-ALLERGY) MEDICATIONS		
cetirizine	Zyrtec	
loratadine	Claritin	
ANTIHYPERTENSIVE (ANTI-HIGH BLOOD PRESSURE) MEDICATIONS		
amlodipine	Norvasc	
atenolol	Tenormin	
hydrochlorothiazide		
lisinopril	Prinivil, Zestril	
losartan	Cozaar	
losartan/hydrochlorothiazide	Hyzaar	
spironolactone	Aldactone	
ANTIVIRALS		
acyclovir	Zovirax	
foscarnet	Foscavir	
imiquimod	Aldara	
leucovorin	Wellcovorin	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
ANTIVIRALS-HEPATITIS		
ribavirin	Copegus, Rebetol, Virazole	
peginterferon alfa-2a	Pegasys	

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ANTIVIRALS-DIRECT ACTING ANTIVIRALS (HEPATITIS C TREATMENT)			
^	daclatasvir dihydrochloride	Daklinza	
^	dasabuvir/ombitasvir/paritaprevir/ritonavir	Viekira Pak, Viekira XR	
^	elbasvir/grazoprevir	Zepatier	
^	glecaprevir/pibrentasvir	Mavyret	
^	ledipasvir/sofosbuvir	Harvoni	
^	ombitasvir/paritaprevir/ritonavir	Technivie	
^	simeprevir	Olysio	
^	sofosbuvir	Sovaldi	
^	sofosbuvir/velpatasvir	Epclusa	
^	sofosbuvir/velpatasvir/voxilaprevir	Vosevi	
GASTROINTESTINAL MEDICATIONS			
	famotidine	Pepcid	
	megestrol acetate	Megace	
	omeprazole	Prilosec, Zegerid	
HEMATOPOIETIC MEDICATIONS			
	filgrastim	Neupogen	
	epoetin alfa (erythropoietin)	Epogen, Procrit	
HORMONE REPLACEMENT THERAPY MEDICATIONS			
ANDROGENS			
	testosterone cypionate	Depo-Testosterone	
	testosterone	AndroGel	
	oxandrolone	Oxandrin	
ESTROGENS/ESTROGENIC AGENTS			
	conjugated estrogens	Premarin	
	estradiol cypionate IM	Depo-Estradiol	
	estradiol		
GROWTH HORMONE RELEASING HORMONE AGENTS			
^	tesamorelin acetate	Egrifta, Egrifta SV	
PROGESTINS			
	micronized progesterone	Prometrium	
HYPOGLYCEMIC (HIGH BLOOD SUGAR) MEDICATIONS			
	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	

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

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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>.