



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

Effective Date: June 6, 2025

Phone:
1-888-475-3219

<https://nvmap.primetherapeutics.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.

	Brand Name	Generic Name	Notes/Restrictions
	Abilify	aripiprazole	
	Actos	pioglitazone	
	Advair Diskus	fluticasone/salmeterol	
	Advil, Motrin	ibuprofen	
	Aldactone	spironolactone	
	Aldara	imiquimod	
	Alinia	nitazoxanide	
	AndroGel	testosterone	
•	Atripla	efavirenz/emtricitabine/tenofovir disoproxil fumarate	
	Augmentin, Augmentin XR	amoxicillin clavulanate	
	Avelox	moxifloxacin	Generic formulations covered only.
	Bactrim SS/DS, Septra	sulfamethoxazole/trimethoprim	
	Biaxin, Biaxin XL	clarithromycin	
•	Biktarvy	bictegravir sodium / emtricitabine / tenofovir alafenamide	
•	Cabenuva	cabotegravir/rilpivirine	
	Celexa	citalopram	
•	Cimduo	lamivudine/tenofovir disoproxil fumarate	
	Cipro	ciprofloxacin	
	Claritin	loratadine	
	Cleocin	clindamycin HCl	
•	Combivir	lamivudine/zidovudine	
	Compazine	prochlorperazine	
•	Complera	emtricitabine/rilpivirine/tenofovir disoproxil fumarate	



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	Copegus, Rebetol, Virazole	ribavirin	
	Coumadin, Jantoven	warfarin sodium	
	Cozaar	losartan	
	Creon, Enzadyne, Pancreaze, Panxyme PH, Pertyze, Viokace, Zenpep	pancreatic enzymes (pancrelipase)	
	Cymbalta	duloxetine	
^	Daklinza	daclatasvir dihydrochloride	
	Daraprim	pyrimethamine	
•	Delstrigo	doravirine/lamivudine/tenofovir disoproxil fumarate	
	Depakote, Depakote DR, Depakote ER	divalproex sodium	
	Depo-Estradiol	estradiol cypionate IM	
	Depo-Testosterone	testosterone cypionate	
•	Descovy	emtricitabine/tenofovir alafenamide	
	Desyrel	trazodone	
	Diabeta, Micronase	glyburide	Generic formulations covered only.
	Diflucan	fluconazole	
	Dilantin	phenytoin	
	Diprolene	betamethasone dipropionate ointment	
•	Dovato	dolutegravir/lamivudine	
•	Edurant	rilpivirine	
	Effexor, Effexor XR	venlafaxine	
^	Egrifta, Egrifta SV	tesamorelin acetate	
	Elavil	amitriptyline HCL	Generic formulations covered only.
	Eliquis	apixaban	
•	Emtriva	emtricitabine	
^	Epclusa	sofosbuvir/velpatasvir	
•	Epivir, Epivir HBV	lamivudine	



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	Epogen, Procrit	epoetin alfa (erythropoietin)	
•	Epzicom	abacavir/lamivudine	
	Eskalith, Lithobid	lithium	
•	Evotaz	atazanavir/cobicistat	
	Fortamet, Glucophage, Glucophage XR, Glumetza	metformin HCl/metformin HCl ER	
	Fosamax	alendronate	
	Foscavir	foscarnet	
•	Genvoya	elvitegravir/cobicistat/emtricitabine/tenofovir alafenamide	
	Geodon	ziprasidone	
	Glucotrol, Glucotrol XL	glipizide	
^	Harvoni	ledipasvir/sofosbuvir	
	Humatin	paromomycin	
	Hyzaar	losartan/hydrochlorothiazide	
	Imodium	loperamide	
•	Intelence	etravirine	
•	Invirase	saquinavir	
•	Isentress, Isentress HD	raltegravir	
	Januvia	sitagliptin	
•	Juluca	dolutegravir/rilpivirine	
•	Kaletra	lopinavir/ritonavir	
	Lamisil	terbinafine	
	Levaquin	levofloxacin	
	Lexapro	escitalopram	
•	Lexiva	fosamprenavir	
	Lipitor	atorvastatin	
	Livalo	pitavastatin	
	Lomotil	diphenoxylate/atropine	
	Lopid	gemfibrozil	

^ = Drug requires a prior authorization for specific diagnosis or circumstance;
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	Lotrimin, Mycelex	clotrimazole	
	Lovaza	omega-3 acid ethyl esters	
	Lovenox	enoxaparin sodium	
	Marinol	dronabinol	
^	Mavyret	glecaprevir/pibrentasvir	
	Megace	megestrol acetate	
	Mepron	atovaquone	
	Myambutol	ethambutol	
	Mycobutin	rifabutin	
	Naprosyn	naproxen	
	Nasacort AQ	triamcinolone nasal aerosol spray	
	Neupogen	filgrastim	
	Neurontin	gabapentin	
	Niaspan	niacin	
	Norvasc	amlodipine	
•	Norvir	ritonavir	
	Noxafil	posaconazole	
•	Odefsey	emtricitabine/rilpivirine/tenofovir alafenamide	
^	Olysio	simeprevir	
	Oxandrin	oxandrolone	
	Paxil, Paxil CR	paroxetine	
	Pegasys	peginterferon alfa-2a	
	Pepcid	famotidine	
•	Pifeltro	doravirine	
	Premarin	conjugated estrogens	
•	Prezcobix	darunavir/cobicistat	
•	Prezista	darunavir	
	Prilosec, Zegrid	omeprazole	
	Primaquine	primaquine phosphate	

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	Prinivil, Zestril	lisinopril	
	ProAir, Proventil, Ventolin	albuterol	
	Prometrium	micronized progesterone	
	QVAR Redihaler	beclomethasone dipropionate	
	Remeron	mirtazapine	
•	Retrovir (AZT)	zidovudine	
•	Reyataz	atazanavir	
•	Rukobia	fostemsavir	
	Saphris	asenapine	
•	Selzentry	maraviroc	
^	Sovaldi	sofosbuvir	
	Sporanox	itraconazole	
•	Stribild	elvitegravir/cobicistat/emtricitabine/ tenofovir disoproxil fumarate	
•	Sustiva	efavirenz	
•	Sunlenca	lenacapavir	
•	Symfi	efavirenz/lamivudine/tenofovir disoproxil fumarate	
•	Symtuza	darunavir/cobicistat/emtricitabine/ tenofovir alafenamide	
^	Technivie	ombitasvir/paritaprevir/ritonavir	
	Tenormin	atenolol	
•	Tivicay, Tivicay PD	dolutegravir	
	Trans-Derm Scop	scopolamine transdermal	
	Tricor	fenofibrate	
•	Triumeq	abacavir/dolutegravir/lamivudine	
^	Trogarzo	ibalizumab-uiyk	
•	Truvada	emtricitabine/tenofovir disoproxil fumarate	
•	Tybost	cobicistat	



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	Valcyte	valganciclovir	
	Valtrex	valacyclovir	
	Vantin	cefprozime proxetil	Generic formulations covered only.
	Vascepa	icosapent ethyl	
	Vibramycin	doxycycline hyclate	
^	Viekira Pak, Viekira XR	dasabuvir/ombitasvir/paritaprevir/ritonavir	
•	Viracept	nelfinavir	
•	Viramune, Viramune XR	nevirapine	
•	Viread	tenofovir disoproxil fumarate	
^	Vosevi	sofosbuvir/velpatasvir/voxilaprevir	
	Wellbutrin, Wellbutrin XL, Wellbutrin SR, Zyban	bupropion	
	Wellcovorin	leucovorin	
^	Zepatier	elbasvir/grazoprevir	
•	Ziagen	abacavir	
	Zithromax	azithromycin	
	Zofran, Zofran ODT	ondansetron	
	Zoloft	sertraline	
	Zovirax	acyclovir	
	Zyrtec	cetirizine	
		buprenorphine HCl sublingual tab	Generic formulations covered only.
		buprenorphine/naloxone sublingual tab	Generic formulations covered only.
		dapsone	
		doxycycline monohydrate	Generic formulations covered only.
		estradiol	
		hydrochlorothiazide	
		naloxone nasal spray	Generic formulations covered only.
		naltrexone tab	Generic formulations covered only.
		nystatin	

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		prednisone	
		sulfadiazine	
		triamcinolone acetonide ointment & cream	



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NMAP Program Dispensing Policies

- Drugs marked with “ ^ ” require a prior authorization for specific diagnosis or circumstance. Prime Therapeutics 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.primetherapeutics.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.

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