



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



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.

Generic Name		Brand Name	Restrictions
ANTIRETROVIRALS			
ENTRY INHIBITORS			
•	maraviroc	Selzentry	
INTEGRASE INHIBITORS			
•	raltegravir	Isentress, Isentress HD	
•	dolutegravir	Tivicay, Tivicay PD	
NUCLEOSIDE AND 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	

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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	
•	efavirenz/emtricitabine/tenofovir disoproxil fumarate	Atripla	
•	efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi	
•	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	

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•	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	
	cefpodoxime proxetil	Vantin	Generic formulations covered only.
	ciprofloxacin	Cipro	
	clarithromycin	Biaxin, Biaxin XL	
	clindamycin HCl	Cleocin	
	doxycycline hyclate	Vibramycin	
	doxycycline monohydrate		Generic formulations covered only

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	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	

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	lithium	Eskalith, Lithobid	
	mirtazapine	Remeron	
	paroxetine	Paxil, Paxil CR	
	sertraline	Zoloft	
	trazodone	Desyrel	
	venlafaxine	Effexor, Effexor XR	
	ziprasidone	Geodon	
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	

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	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	
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	

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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	
INHALERS: ASTHMA PREVENTION, BRONCHODILATORS; NASAL STEROIDS; ORAL STEROIDS			
	albuterol	ProAir, Proventil, Ventolin	
	beclomethasone dipropionate	QVAR RediHaler	

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	fluticasone/salmeterol	Advair Diskus	
	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	



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SUBSTANCE USE DISORDER			
	buprenorphine HCl sublingual tab		Generic formulations covered only.
	buprenorphine/naloxone sublingual tab		Generic formulations covered only.
	naloxone nasal spray		Generic formulations covered only.
	naltrexone tab		Generic formulations covered only.
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. 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>.