



**STATE OF NEVADA  
 MEDICATION ASSISTANCE PROGRAM (NMAP)  
 FORMULARY BY CLASS  
 Effective Date: 10/8/2025**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 1, 2025

NMAP 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 or Notes |
|---|-------------------------|-----------------------|
| <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                 |                       |
| ● lamivudine  | Epivir, Epivir HBV      |                       |
| ● lamivudine/zidovudine   | Combivir                |                       |
| ● tenofovir disoproxil fumarate   | Viread                  |                       |
| ● tenofovir/emtricitabine   | Truvada                 |                       |
| ● 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 STRAND TRANSFER INHIBITOR/NRTI COMBINATIONS</b>                |                         |                       |
| ● bicitgravir/emtricitabine/tenofovir AF                                    | Biktarvy                |                       |
| ● dolutegravir/lamivudine   | Dovato                  |                       |
| ● dolutegravir/lamivudine/ abacavir   | Triumeq                 |                       |
| ● elvitegravir/cobicistat/ emtricitabine/tenofovir DF                       | Stribild                |                       |
| ● elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide              | Genvoya                 |                       |
| <b>NNRTI/NRTI COMBINATIONS</b>  |                         |                       |
| ● doravirine/lamivudine/tenofovir DF  | Delstrigo               |                       |
| ● efavirenz/emtricitabine/tenofovir disoproxil fumarate                     | Atripla                 |                       |
| ● efavirenz/lamivudine/tenofovir disoproxil fumarate                        | Symfi                   |                       |
| ● emtricitabine/tenofovir DF/rilpivirine                                    | Complera                |                       |
| ● emtricitabine/rilpivirine/tenofovir alafenamide                           | Odefsey                 |                       |
| ● lamivudine/tenofovir DF   | Cimduo                  |                       |

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^ = Drug requires prior authorization

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| <b>PROTEASE INHIBITOR (PI)/NRTI COMBINATIONS</b>               |                         |  |
| ● darunavir/cobicistat/<br>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>CYP3A INHIBITOR/PROTEASE INHIBITOR COMBINATIONS</b>         |                         |  |
| ● darunavir/cobicistat   | Prezcobix               |  |
| ● atazanavir/cobicistat  | Evotaz                  |  |
| <b>INTEGRASE STRAND TRANSFER INHIBITOR/NNRTI COMBINATIONS</b>  |                         |  |
| ● cabotegravir/rilpivirine                                     | Cabenuva                |  |
| ● dolutegravir/rilpivirine                                     | Juluca                  |  |
| <b>CAPSID INHIBITORS</b>                                       |                         |  |
| ● lenacapavir  | Sunlenca                |  |
| <b>CD4-DIRECTED POST-ATTACHMENT INHIBITORS</b>                 |                         |  |
| ^ Ibalizumab-uiyk  | Trogarzo                | PA Required. Ramsell will request additional information via a supplemental form before considering the authorization. Please call 888-311-7632 or access the supplemental form at <a href="http://www.ramsellcorp.com">http://www.ramsellcorp.com</a> |
| <b>GP 120 - DIRECTED ATTACHMENT INHIBITORS</b>                 |                         |  |
| ● fostemsavir  | Rukobia                 |  |
| <b>NON- NARCOTIC ANALGESICS (PAIN RELIEF) MEDICATIONS</b>      |                         |  |
| Ibuprofen  | Advil, Motrin           |  |
| naproxen   | Naprosyn                |  |
| <b>ANTIBIOTIC MEDICATIONS</b>                                  |                         |  |
| amoxicillin clavulanate  | Augmentin, Augmentin XR |  |
| azithromycin   | Zithromax               |  |
| cefpodoxime proxetil   | Vantin                  | Generic formulations covered only  |
| ciprofloxacin  | Cipro                   |  |
| clarithromycin   | Biaxin, Biaxin XL       |  |

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| <b>ANTIBIOTIC MEDICATIONS CONTINUED</b>                                |  |                                   |
| clindamycin HCL  | Cleocin  |                                   |
| doxycycline  | Vibramycin   |                                   |
| <b>ANTICONVULSANT MEDICATIONS</b>                                      |  |                                   |
| doxycycline monohydrate  | Mondoxyne  | Generic formulations covered only |
| levofloxacin   | Levaquin   |                                   |
| moxifloxacin   | Avelox   | Generic formulations covered only |
| nitazoxanide   | Alinia   |                                   |
| paromomycin  | Humatin  |                                   |
| primaquine phosphate   | Primaquine   |                                   |
| pyrimethamine  | Daraprim   |                                   |
| rifabutin  | Mycobutin  |                                   |
| sulfadiazine   | Sulfadiazine   |                                   |
| phenytoin  | Dilantin   |                                   |
| divalproex Sodium  | Depakote,<br>Depakote DR,<br>Depakote ER                 |                                   |
| gabapentin   | Neurontin  |                                   |
| <b>ANTICOAGULANTS</b>  |  |                                   |
| apixaban   | Eliquis  |                                   |
| enoxaparin sodium  | Lovenox  |                                   |
| warfarin sodium  | Coumadin, Jantoven                                       |                                   |
| <b>ANTIDEPRESSANTS/ANTIPSYCHOTICS/HYPNOTIC (SLEEP AID) MEDICATIONS</b> |  |                                   |
| amitriptyline HCL  | Elavil   | Generic formulations covered only |
| aripiprazole   | Abilify  |                                   |
| asenapine  | Saphris  |                                   |
| bupropion  | Wellbutrin,<br>Wellbutrin XL,<br>Wellbutrin SR,<br>Zyban |                                   |
| citalopram   | Celexa   |                                   |
| duloxetine   | Cymbalta   |                                   |
| escitalopram   | Lexapro  |                                   |
| lithium  | Eskalith, Lithobid                                       |                                   |
| mirtazapine  | Remeron  |                                   |
| paroxetine   | Paxil, Paxil CR  |                                   |
| sertraline   | Zoloft   |                                   |
| trazodone  | Desyrel  |                                   |

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|--|-------------------------------|------------------------------|
| <b>ANTIDEPRESSANTS/ANTIPSYCHOTICS/HYPNOTIC (SLEEP AID) MEDICATIONS CONTINUED</b> |                               |                              |
| venlafaxine  | Effexor, Effexor XR           |                              |
| ziprasidone  | Geodon                        |                              |
| <b>ANTIDIARRHEAL MEDICATIONS</b>   |                               |                              |
| diphenoxylate/atropine   | Lomotil                       |                              |
| loperamide   | Imodium                       |                              |
| <b>ANTIEMETICS (ANTI-NAUSEA) MEDICATIONS</b>                                     |                               |                              |
| dronabinol   | Marinol                       |                              |
| ondansetron  | Zofran                        |                              |
| prochlorperazine   | Compazine                     |                              |
| scopolamine transdermal  | Trans-Derm Scop               |                              |
| <b>ANTIFUNGAL MEDICATIONS</b>  |                               |                              |
| clotrimazole   | Mycelex, Lotrimin             |                              |
| fluconazole  | Diflucan                      |                              |
| itraconazole   | Sporanox                      |                              |
| posaconazole   | Noxafil                       |                              |
| terbinafine  | Lamisil                       |                              |
| <b>ANTIHISTAMINE ( ANTI-ALLERGY) MEDICATIONS</b>                                 |                               |                              |
| cetirizine   | Zyrtec                        |                              |
| loratadine   | Claritin                      |                              |
| <b>ANTIHYPERTENSIVES (ANTI-HIGH BLOOD PRESSURE) MEDICATIONS</b>                  |                               |                              |
| amlodipine   | Norvasc                       |                              |
| atenolol   | Tenormin                      |                              |
| hydrochlorothiazide  |                               |                              |
| lisinopril   | Prinivil, Zestril             |                              |
| losartan   | Cozaar                        |                              |
| losartan / hydrochlorothiazide   | Hyzaar                        |                              |
| spironolactone   | Aldactone                     |                              |
| <b>ANTIVIRAL MEDICATIONS</b>   |                               |                              |
| acyclovir  | Zovirax                       |                              |
| foscarnet  | Foscavir                      |                              |
| imiquimod  | Aldara                        |                              |
| leucovorin   | Wellcovorin                   |                              |
| valacyclovir   | Valtrex                       |                              |
| valganciclovir   | Valcyte                       |                              |
| <b>ANTIVIRALS-HEPATITIS MEDICATIONS</b>  |                               |                              |
| ribavirin  | Virazole, Rebetol,<br>Copegus |                              |
| peginterferon alfa-2a  | Pegasys                       |                              |

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| <b>ANTIVIRALS (DIRECT ACTING ANTIVIRALS- DAA)-HEPATITIS MEDICATIONS</b> |   |                            |  |
| ^   | daclatasvir dihydrochloride                           | Daklinza                   | PA Required. Fax the completed supplemental form and supporting laboratory results to Ramsell at 800-848-4241. Please call Ramsell for supplemental form or access it at <a href="http://www.ramsellcorp.com">www.ramsellcorp.com</a>                    |
| ^   | dasabuvir-ombitasvir-paritaprevir-ritonavir           | Viekira Pak,<br>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                     |  |
| <b>GASTROINTESTINAL MEDICATIONS</b>                                     |   |                            |  |
|   | famotidine  | Pepcid                     |  |
|   | megestrol acetate                                     | Megace                     |  |
|   | omeprazole  | Prilosec, Zegerid          |  |
| <b>HEMATOPOIETIC MEDICATION</b>   |   |                            |  |
|   | filgrastim  | Neupogen                   |  |
|   | epoetin alfa (erythropoetin)                          | Procrit, Epogen            |  |
| <b>HORMONE REPLACEMENT THERAPY MEDICATIONS</b>                          |   |                            |  |
|   | <b>Androgens</b>                                      |                            |  |
|   | testosterone  | AndroGel                   |  |
|   | testosterone cypionate                                | Depo-testosterone          |  |
|   | oxandrolone   | Oxandrin                   |  |
|   | <b>Progestins</b>                                     |                            |  |
|   | micronized progesterone                               | Prometrium                 |  |
|   | <b>Estrogens/Estrogenic Agents</b>                    |                            |  |
|   | estrogens, conjugated                                 | Premarin                   |  |
|   | estradiol   |                            |  |
|   | estradiol cypionate IM                                | Depo-Estradiol             |  |
|   | <b>Growth Hormone Releasing Hormone (GHRH) Agents</b> |                            |  |
| ^   | tesamorelin acetate                                   | Egrifta, Egrifta SV        | PA Required. Ramsell will request additional information via a supplemental form before considering the authorization. Please call 888-311-7632 or access the supplemental form at <a href="http://www.ramsellcorp.com/">http://www.ramsellcorp.com/</a> |

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| <b>HYPOGLYCEMIC (HIGH BLOOD SUGAR) MEDICATIONS</b>                                 |  |                                   |
| glipizide  | Glucotrol, Glucotrol XL  |                                   |
| glyburide  | DiaBeta, Micronase   | Generic formulations covered only |
| metformin HCL,<br>metformin HCL ER   | Fortamet,<br>Glucophage,<br>Glucophage XR,<br>Glumetza                                   |                                   |
| pioglitazone   | Actos  |                                   |
| sitagliptin  | Januvia  |                                   |
| <b>INHALERS: ASTHMA PREVENTION, BRONCHODILATORS; NASAL STEROIDS; ORAL STEROIDS</b> |  |                                   |
| albuterol  | Proventil, ProAir, Ventolin  |                                   |
| beclomethasone dipropionate  | QVAR RediHaler   |                                   |
| fluticasone-salmeterol   | Advair Diskus  |                                   |
| prednisone   | Prednisone   |                                   |
| triamcinolone nasal aerosol susp   | 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,<br>Pancreaze, Panxyme PH,<br>Pertyze, Viokace,<br>Zenpep, Ultrase MT-20 |                                   |
| <b>PCP PROPHYLAXIS MEDICATIONS</b>   |  |                                   |
| atovaquone   | Mepron   |                                   |
| dapsone  | Dapsone  |                                   |
| sulfamethoxazole-trimethoprim  | Bactrim SS/DS, Septra  |                                   |
| <b>TOPICAL MEDICATIONS</b>   |  |                                   |
| betamethasone dipropionate ointment  | Diprolene  |                                   |
| nystatin   |  |                                   |
| triamcinolone acetonide ointment & cream   |  |                                   |

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**Program Dispensing Policies**

1. Drugs marked with “^” require a prior authorization; restrictions apply
2. Drugs marked with “•” are to be dispensed with a minimum 28-day supply.
3. Refills may be obtained after 80% of the previously dispensed days-supply has been used (Nevada ADAP allows up to 6 days prior); however, there is an annual maximum of 13 fills or 390 day supply per prescription.
4. Only one lost prescription override will be granted per calendar year.
5. NMAP mandates the use of generic products whenever possible in accordance with applicable law or regulations.
6. Dispensing a brand-name product when a generic is available requires a DAW 1 code (prescriber-mandated).
7. 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 888-311-7632

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