STATE OF NEVADA
MEDICATION ASSISTANCE PROGRAM (NMAP)
FORMULARY ALPHA BY BRAND NAME
Effective Date: 7/1/2025

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
	aripiprazole	Abilify	
	pioglitazone	Actos	
	fluticasone-salmeterol	Advair Diskus	
	Ibuprofen	Advil, Motrin	
	spironolactone	Aldactone	
	imiquimod	Aldara	
	nitazoxanide	Alinia	
	testosterone	AndroGel	
●	efavirez/emtricitabine/tenofovir disoproxil fumarate	Atripla	
	amoxicillin clavulanate	Augmentin, Augmentin XR	
	moxifloxacin	Avelox	Generic formulations covered only
	sulfamethoxazole-trimethoprim	Bactrim SS/DS, Septra	
	clarithromycin	Biaxin, Biaxin XL	
●	bictegravir/emtricitabine/tenofovir AF	Biktarvy	
	cabotegravir/rilpivirine	Cabenuva	
	citalopram	Celexa	
●	lamivudine/tenofovir DF	Cimduo	
	ciprofloxacin	Cipro	
	loratadine	Claritin	
	clindamycin HCL	Cleocin	
●	lamivudine/zidovudine	Combivir	
	prochlorperazine	Compazine	
●	emtricitabine/tenofovir DF/rilpivirine	Complera	
	warfarin sodium	Coumadin, Jantoven	
	losartan	Cozaar	
	pancreatic enzymes (pancrelipase)	Creon, Enzadyne, Pancreaze, Panxyme PH, Pertyze, Viokace, Zenpep, Ultrase MT-20	
	duloxetine	Cymbalta	
^	daclatasvir dihydrochloride	Daklinza	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
	dapsone	Dapsone	
	pyrimethamine	Daraprim	
●	doravirine/lamivudine/tenofovir DF	Delstrigo	
	divalproex Sodium	Depakote, Depakote DR, Depakote ER	

● = Drug must be dispensed with a minimum 28 day supply
^ = Drug requires prior authorization

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	Generic Name	Brand Name	Restrictions or Notes
	estradiol cypionate IM	Depo-Estradiol	
	testosterone cypionate	Depo-testosterone	
●	emtricitabine/tenofovir alafenamide	Descovy	
	trazodone	Desyrel	
	glyburide	DiaBeta, Micronase	Generic formulations covered only
	fluconazole	Diflucan	
	phenytoin	Dilantin	
	betamethasone dipropionate ointment	Diprolene	
●	dolutegravir/lamivudine	Dovato	
●	rilpivirine	Edurant	
	venlafaxine	Effexor, Effexor XR	
^	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 http://www.ramsellcorp.com
	amitriptyline HCL	Elavil	Generic formulations covered only
	apixaban	Eliquis	
●	emtricitabine	Emtriva	
^	sofosbuvir-velpatasvir	Epclusa	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
●	lamivudine	Epivir, Epivir HBV	
●	abacavir/lamivudine	Epzicom	
	lithium	Eskalith, Lithobid	
●	atazanavir/cobicistat	Evotaz	
	metformin HCL, metformin HCL ER	Fortamet, Glucophage, Glucophage XR, Glumetza	
	alendronate	Fosamax	
	foscarnet	Foscavir	
●	elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	Genvoya	
	ziprasidone	Geodon	

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	glipizide	Glucotrol,Glucotrol XL	
^	ledipasvir-sofosbuvir	Harvoni	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
	paromomycin	Humatin	
	losartan / hydrochlorothiazide	Hyzaar	
	loperamide	Imodium	
●	etravirine	Intelence	
●	saquinavir	Invirase	
●	raltegravir	Isentress, Isentress HD	
	sitagliptin	Januvia	
●	dolutegravir/rilprivirine	Juluca	
●	lopinavir/ritonavir	Kaletra	
	terbinafine	Lamisil	
	levofloxacin	Levaquin	
	escitalopram	Lexapro	
●	fosamprenavir	Lexiva	
	atorvastatin	Lipitor	
	pitavastatin	Livalo	
	diphenoxylate/atropine	Lomotil	
	gemfibrozil	Lopid	
	omega-3-acid ethyl esters	Lovaza	
	enoxaparin sodium	Lovenox	
	dronabinol	Marinol	
^	glecaprevir/pibrentasvir	Mavyret	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
	megestrol acetate	Megace	
	atovaquone	Mepron	
	doxycycline monohydrate	Mondoxyne	Generic formulations covered only
	clotrimazole	Mycelex, Lotrimin	
	rifabutin	Mycobutin	
	naproxen	Naprosyn	
	triamcinolone nasal aerosol susp	Nasacort AQ	
	filgrastim	Neupogen	
	gapentin	Neurontin	
	niacin	Niaspan	
	amlodipine	Norvasc	
●	ritonavir	Norvir	

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	posaconazole	Noxafil	
●	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
^	simeprevir	Olysio	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
	oxandrolone	Oxandrin	
	paroxetine	Paxil, Paxil CR	
	peginterferon alfa-2a	Pegasys	
	famotidine	Pepcid	
●	doravirine	Pifeltro	
	prednisone	Prednisone	
	estrogens, conjugated	Premarin	
●	darunavir/cobicistat	Prezcobix	
●	darunavir	Prezista	
	omeprazole	Prilosec, Zegerid	
	primaquine phosphate	Primaquine	
	lisinopril	Prinivil, Zestril	
	epoetin alfa (erythropoetin)	Procrit, Epogen	
	micronized progesterone	Prometrium	
	albuterol	Proventil, ProAir, Ventolin	
	beclomethasone dipropionate	QVAR RediHaler	
	mirtazapine	Remeron	
●	zidovudine	Retrovir (AZT)	
●	atazanavir	Reyataz	
●	fostemsavir	Rukobia	
	asenapine	Saphris	
●	maraviroc	Selzentry	
^	sofosbuvir	Sovaldi	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
	itraconazole	Sporanox	
●	elvitegravir/cobicistat/ emtricitabine/tenofovir DF	Stribild	
	sulfadiazine	Sulfadiazine	
	lenacapavir	Sunlenca	
●	efavirenz	Sustiva	
●	darunavir/cobicistat/ emtricitabine/tenofovir alafenamide	Symtuza	

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^	ombitasvir-paritaprevir-ritonavir	Technivie	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
	atenolol	Tenormin	
●	dolutegravir	Tivicay, Tivicay PD	
	scopolamine transdermal	Trans-Derm Scop	
	fenofibrate	Tricor	
●	dolutegravir/lamivudine/ abacavir	Triumeq	
^	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 http://www.ramsellcorp.com
●	tenofovir/emtricitabine	Truvada	
●	cobicistat	Tybost	
	valganciclovir	Valcyte	
	valacyclovir	Valtrex	
	cefpodoxime proxetil	Vantin	Generic formulations covered only
	icosapent ethyl	Vascepa	
	doxycycline	Vibramycin	
^	dasabuvir-ombitasvir-paritaprevir-ritonavir	Viekira Pak, Viekira XR	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
●	nelfinavir	Viracept	
●	nevirapine	Viramune, Viramune XR	
	ribavirin	Virazole, Rebetol, Copegus	
●	tenofovir disoproxil fumarate	Viread	
^	sofosbuvir-velpatasvir-voxilaprevir	Vosevi	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
	bupropion	Wellbutrin, Wellbutrin XL, Wellbutrin SR, Zyban	

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	leucovorin	Wellcovorin	
^	elbasvir-grazoprevir	Zepatier	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
●	abacavir	Ziagen	
	azithromycin	Zithromax	
	ondansetron	Zofran	
	sertraline	Zoloft	
	acyclovir	Zovirax	
	cetirizine	Zyrtec	
	estradiol		
	hydrochlorothiazide		
	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