



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
STATE OF NEVADA
FORMULARY ALPHA BY GENERIC
Effective 10/2/2020**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 1, 2020

ADAP mandates the use of generic products for Opportunistic Infections (OIs) and Miscellaneous Medications whenever possible in accordance with applicable law or regulations.

	Generic Name	Brand Name	Restrictions or Notes
•	abacavir	Ziagen	
•	abacavir/lamivudine	Epzicom	
•	abacavir/lamivudine/zidovudine	Trizivir	Non-formulary eff 1/1/19
	acyclovir	Zovirax	
	albuterol	Proair	
	aldara cream	Imiquimod	
	alendronate	Fosamax	
	amitriptyline HCL	Elavil	
	amlodipine	Norvasc	
	amoxicillin clavulanate	Augmentin	
	apixaban	Eliquis	
	aripiprazole	Abilify	
	asenapine	Saphris	
•	atazanavir	Reyataz	
•	atazanavir/cobicistat	Evotaz	
	atenolol	Tenormin, senormin	
	atorvastatin	Lipitor	
	atovaquone	Mepron	
	azithromycin	Zithromax	
	beclomethasone dipropionate	QVAR	
	beta methasone/diprolene ointment		
•	bictegravir-emtricitabine-tenofovir AF	Biktarvy	
	bupropion SR	Wellbutrin, Zyban	
	cefepodoxime proxetil	Vantin	
	cetirizine	Zyrtec	
	ciprofloxacin	Cipro	
	citalopram	Celexa	
	clarithromycin	Biaxin, Biaxin XL	
	clindamycin HCL	Cleocin	
	clotrimazole	Mycelex, Lotrimin	
•	cobicistat	Tybost	
^	daclatasvir dihydrochloride	Daklinza	
	dapsone	Dapsone	
•	darunavir	Prezista	
•	darunavir/cobicistat	Prezcobix	
	darunavir/cobicistat/		
•	emtricitabine/tenofovir alafenamide	Symtuza	
^	dasabuvir-ombitasvir-paritaprevir-ritonavir	Viekira Pak, Viekira XR	



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Generic Name	Brand Name	Restrictions or Notes
diphenoxylate/Atropine	Lomotil	
divalproex Sodium	Depakote	
● doravirine	Pifeltro	
● doravirine/lamivudine/tenofovir	Delstrigo	
● dolutegravir	Tivicay	
● dolutegravir/lamivudine	Dovato	
● dolutegravir/lamivudine/ abacavir	Triumeq	
● dolutegravir/rilpivirine	Juluca	
doxycycline	Vibramycin	
dronabinol	Marinol	
duloxetine	Cymbalta	
● efavirenz	Sustiva	
● efavirenz/lamivudine/tenofovir	Symfi, Symfi Lo	
^ elbasvir-grazoprevir	Zepatier	
● elvitegravir/cobicistat/ emtricitabine/tenofovir	Stribild	
● elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	Genvoya	
● emtricitabine	Emtriva	
● emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
● emtricitabine/tenofovir alafenamide	Descovy	
● emtricitabine/tenofovir/efavirenz	Atripla	
● emtricitabine/tenofovir/rilpivirine	Complera	
enoxaparin sodium	Lovenox	
epoetin alfa (erythropoetin)	Procrit, Epogen	
escitalopram	Lexapro	
estradiol		
estradiol cypionate IM	Depo-Estradiol	
estrogens, conjugated	Premarin	
ethambutol	Myambutol	
● etravirine	Intelence	
famotidine	Pepcid	
fenofibrate	Tricor	
filgrastim	Neupogen	
fluconazole	Diflucan	
fluticasone-salmeterol	Advair Discus 250/50	
● fosamprenavir	Lexiva	
foscarnet	Foscavir	
● fostemsavir	Rukobia	Effective 10/02/20
gapentin	Neurontin	



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	Generic Name	Brand Name	Restrictions or Notes
	gemfibrozil	Lopid	
^	glecaprevir/pibrentasvir	Mavyret	
	glipizide	Glucotrol	
	glyburide	DiaBeta, Micronase,	
	hydrochlorothiazide		
^●	Ibalizumab-uiyk	Trogarzo	Prior Authorization required from the Medical Advisory Committee
	Ibuprofen	Motrin	
	icosapent ethyl	Vascepa	
	itraconazole	Sporanox	
●	lamivudine	Epivir, Epivir HBV	
●	lamivudine/zidovudine	Combivir	
●	lamivudine/tenofovir	Cimduo	
^	ledipasvir-sofosbuvir	Harvoni	
	leucovorin	Wellcovorin	
	levofloxacin	Levaquin	
	lisinopril	Prinivil, Zestril	
	lithium	Lithium	
	loperamide	Imodium	
●	lopinavir/ritonavir	Kaletra	
	loratadine	Claritin	
	losartan	Cozaar	
	losartan / hydrochlorothiazide	Hyzaar	
●	maraviroc	Selzentry	
	megestrol acetate	Megace	
	metformin HCL, metformin HCL ER	Glucophage, Glucophage XR, Glumetza,	
	micronized progesterone	Prometrium	
	mirtazapine	Remeron	
	moxifloxacin	Avelox	
	naproxen	Naprosyn	
●	nelfinavir	Viracept	
●	nevirapine	Viramune	
	niacin	Niaspan	
	nitazoxanide	Alinia	
	nystatin		
^	ombitasvir-paritaprevir-ritonavir	Technivie	
	omega-3-acid ethyl esters	Lovaza	
	omeprazole	Prilosec, Zegerid	



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	Generic Name	Brand Name	Restrictions or Notes
	ondansetron	Zofran	
	oxandrolone	Oxandrin	
	pancreatic enzymes (pancrelipase)	Ultrase MT-20	
	paromomycin	Humatin	
	paroxetine	Paxil	
	peginterferon alfa-2a	Pegasys	
	phenytoin	Dilantin	
	pioglitazone	Actos	
	pitavastatin	Livalo	
	posaconazole	Noxafil	
	prednisone	Prednisone	
	primaquine phosphate	Primaquine	
	prochlorperazine	Compazine	
	pyrimethamine	Pyrimethamine	
●	raltegravir	Isentress, Isentress HD	
	ribavirin	Virazole, Rebetol, Copegus	
	rifabutin	Mycobutin	
●	rilpivirine	Edurant	
●	ritonavir	Norvir	
●	saquinavir	Invirase	
	scopolamine transdermal	Trasderm Scop	
	sertraline	Zoloft	
^	simeprevir	Olysio	
	sitagliptin	Januvia	
^	sofosbuvir	Sovaldi	
^	sofosbuvir-velpatasvir	Epclusa	
^	sofosbuvir-velpatasvir-voxilaprevir	Vosevi	
	spironolactone	Aldactone	
	sulfadiazine	Sulfadiazine	
	sulfamethoxazole-trimethoprim	Bactrim	
●	tenofovir disoproxil fumarate	Viread	
●	tenofovir/emtricitabine	Truvada	
	terbinafine	Lamisil	
^	tesamorelin acetate	Egrifta	Prior Authorization required from the Medical Advisory Committee
	testosterone	Androgel	
	testosterone cypionate	Depo-testosterone	
	trazodone	Desyrel	



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	triamcinolone nasal aerosol susp	Nasacort	
	triamcinolone ointment & cream		
	valacyclovir	Valtrex	
	valganciclovir	Valcyte	
	venlafaxine ER	Effexor XR	
	warfarin sodium	Warfadin	
•	zidovudine	Retrovir, AZT	
	ziprasidone	Geodon	

Program Dispensing Policies

1. All Brands will be covered when a drug is listed on the formulary
2. Drugs marked with “•” are to be dispensed with a minimum 28 day supply.
3. Drugs marked with “^” require a prior authorization, restrictions apply
4. 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.
5. Only one lost fill will be allowed per calendar year
6. Non-formulary drugs are not covered if not listed on the Nevada ADAP Formulary.
7. Use of generic products is required when available, unless otherwise specified by clinician.
8. On the use of specific antiretroviral combinations and dosages, adjudication rules have been set to meet treatment guidelines as recommended by the Department of Health and Human Services (HHS) Panel on Antiretroviral Guidelines for Adults and Adolescents