



STATE OF NEVADA
MEDICATION ASSISTANCE PROGRAM (NMAP)
FORMULARY ALPHA BY GENERIC
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
●	abacavir	Ziagen	
●	abacavir/lamivudine	Epzicom	
	acyclovir	Zovirax	
	albuterol	Proventil, ProAir, Ventolin	
	alendronate	Fosamax	
	amitriptyline HCL	Elavil	Generic formulations covered only
	amlodipine	Norvasc	
	amoxicillin clavulanate	Augmentin, Augmentin XR	
	apixaban	Eliquis	
	aripiprazole	Abilify	
	asenapine	Saphris	
●	atazanavir	Reyataz	
●	atazanavir/cobicistat	Evotaz	
	atenolol	Tenormin	
	atorvastatin	Lipitor	
	atovaquone	Mepron	
	azithromycin	Zithromax	
	beclomethasone dipropionate	QVAR RediHaler	
	betamethasone dipropionate ointment	Diprolene	
●	bictegravir/emtricitabine/tenofovir AF	Biktarvy	
	bupropion	Wellbutrin, Wellbutrin XL, Wellbutrin SR, Zyban	
	cabotegravir/rilpivirine	Cabenuva	
	cefpodoxime proxetil	Vantin	Generic formulations covered only
	cetirizine	Zyrtec	
	ciprofloxacin	Cipro	
	citalopram	Celexa	
	clarithromycin	Biaxin, Biaxin XL	
	clindamycin HCL	Cleocin	
	clotrimazole	Mycelex, Lotrimin	
●	cobicistat	Tybost	
^	daclatasvir dihydrochloride	Daklinza	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
	dapsone	Dapsone	
●	darunavir	Prezista	
●	darunavir/cobicistat	Prezcobix	

● = 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
•	darunavir/cobicistat/ emtricitabine/tenofovir alafenamide	Symtuza	
^	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
	diphenoxylate/atropine	Lomotil	
	divalproex Sodium	Depakote, Depakote DR, Depakote ER	
•	dolutegravir	Tivicay, Tivicay PD	
•	dolutegravir/lamivudine	Dovato	
•	dolutegravir/lamivudine/ abacavir	Triumeq	
•	dolutegravir/rilpivirine	Juluca	
•	doravirine	Pifeltro	
•	doravirine/lamivudine/tenofovir DF	Delstrigo	
	doxycycline	Vibramycin	
	doxycycline monohydrate	Mondoxyne	Generic formulations covered only
	dronabinol	Marinol	
	duloxetine	Cymbalta	
•	efavirenz	Sustiva	
•	efavirenz/emtricitabine/tenofovir disoproxil fumarate	Atripla	
•	efavirenz/lamivudine/tenofovir disoproxil fumarate	Symfi	
^	elbasvir-grazoprevir	Zepatier	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
•	elvitegravir/cobicistat/ emtricitabine/tenofovir DF	Stribild	
•	elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	Genvoya	
•	emtricitabine	Emtriva	
•	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
•	emtricitabine/tenofovir alafenamide	Descovy	
•	emtricitabine/tenofovir DF/rilpivirine	Complera	
	enoxaparin sodium	Lovenox	
	epoetin alfa (erythropoetin)	Procrit, Epogen	
	escitalopram	Lexapro	
	estradiol		
	estradiol cypionate IM	Depo-Estradiol	

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	Generic Name	Brand Name	Restrictions or Notes
	estrogens, conjugated	Premarin	
●	etravirine	Intelence	
	famotidine	Pepcid	
	fenofibrate	Tricor	
	filgrastim	Neupogen	
	fluconazole	Diflucan	
	fluticasone-salmeterol	Advair Diskus	
●	fosamprenavir	Lexiva	
	foscarnet	Foscavir	
●	fostemsavir	Rukobia	
	gabapentin	Neurontin	
	gemfibrozil	Lopid	
^	glecaprevir/pibrentasvir	Mavyret	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
	glipizide	Glucotrol, Glucotrol XL	
	glyburide	DiaBeta, Micronase	Generic formulations covered only
	hydrochlorothiazide		
^	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/
	Ibuprofen	Advil, Motrin	
	icosapent ethyl	Vascepa	
	imiquimod	Aldara	
	itraconazole	Sporanox	
●	lamivudine	Epivir, Epivir HBV	
●	lamivudine/tenofovir DF	Cimduo	
●	lamivudine/zidovudine	Combivir	
^	ledipasvir-sofosbuvir	Harvoni	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
	lenacapavir	Sunlenca	
	leucovorin	Wellcovorin	
	levofloxacin	Levaquin	
	lisinopril	Prinivil, Zestril	

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	Generic Name	Brand Name	Restrictions or Notes
	lithium	Eskalith, Lithobid	
	loperamide	Imodium	
●	lopinavir/ritonavir	Kaletra	
	loratadine	Claritin	
	losartan	Cozaar	
	losartan / hydrochlorothiazide	Hyzaar	
●	maraviroc	Selzentry	
	megestrol acetate	Megace	
	metformin HCL, metformin HCL ER	Fortamet, Glucophage, Glucophage XR, Glumetza	
	micronized progesterone	Prometrium	
	mirtazapine	Remeron	
	moxifloxacin	Avelox	Generic formulations covered only
	naproxen	Naprosyn	
●	nelfinavir	Viracept	
●	nevirapine	Viramune, Viramune XR	
	niacin	Niaspan	
	nitazoxanide	Alinia	
	nystatin		
^	ombitasvir-paritaprevir-ritonavir	Technivie	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
	omega-3-acid ethyl esters	Lovaza	
	omeprazole	Prilosec, Zegerid	
	ondansetron	Zofran	
	oxandrolone	Oxandrin	
	pancreatic enzymes (pancrelipase)	Creon, Enzadyne, Pancrease, Panxyme PH, Pertyze, Viokace, Zenpep, Ultrase MT-20	
	paromomycin	Humatin	
	paroxetine	Paxil, Paxil CR	
	peginterferon alfa-2a	Pegasys	
	phenytoin	Dilantin	
	pioglitazone	Actos	
	pitavastatin	Livalo	
	posaconazole	Noxafil	
	prednisone	Prednisone	

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	primaquine phosphate	Primaquine	
	prochlorperazine	Compazine	
	pyrimethamine	Daraprim	
●	raltegravir	Isentress, Isentress HD	
	ribavirin	Virazole, Rebetol,	
	rifabutin	Mycobutin	
●	rilpivirine	Edurant	
●	ritonavir	Norvir	
●	saquinavir	Invirase	
	scopolamine transdermal	Trans-Derm Scop	
	sertraline	Zoloft	
^	simeprevir	Olysio	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
	sitagliptin	Januvia	
^	sofosbuvir	Sovaldi	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
^	sofosbuvir-velpatasvir	Epclusa	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
^	sofosbuvir-velpatasvir-voxilaprevir	Vosevi	PA Required. Please call 888-311-7632 or access the supplemental form at http://www.ramsellcorp.com
	spironolactone	Aldactone	
	sulfadiazine	Sulfadiazine	
	sulfamethoxazole-trimethoprim	Bactrim SS/DS, Septra	
●	tenofovir disoproxil fumarate	Viread	
●	tenofovir/emtricitabine	Truvada	
	terbinafine	Lamisil	
^	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/

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Generic Name	Brand Name	Restrictions or Notes
testosterone	AndroGel	
testosterone cypionate	Depo-testosterone	
trazodone	Desyrel	
triamcinolone acetonide ointment & cream		
triamcinolone nasal aerosol susp	Nasacort AQ	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
venlafaxine	Effexor, Effexor XR	
warfarin sodium	Coumadin, Jantoven	
• zidovudine	Retrovir (AZT)	
ziprasidone	Geodon	

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