



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
ANTIRETROVIRALS		
ENTRY INHIBITORS		
• maraviroc	Selzentry	
INTEGRASE INHIBITORS		
• raltegravir	Isentress, Isentress HD	
• dolutegravir	Tivicay, Tivicay PD	
NUCLEOSIDE & NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTIs)		
• 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)	
NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTIs)		
• doravirine	Pifeltro	
• efavirenz	Sustiva	
• etravirine	Intelence	
• nevirapine	Viramune, Viramune XR	
• rilpivirine	Edurant	
INTEGRASE STRAND TRANSFER INHIBITOR/NRTI COMBINATIONS		
• bictegravir/emtricitabine/tenofovir AF	Biktarvy	
• dolutegravir/lamivudine	Dovato	
• dolutegravir/lamivudine/ abacavir	Triumeq	
• elvitegravir/cobicistat/ emtricitabine/tenofovir DF	Stribild	
• elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	Genvoya	
NNRTI/NRTI COMBINATIONS		
• 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	

• = Drug must be dispensed with a minimum 28 day supply

^ = Drug requires prior authorization

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Page 1 of 7

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Generic Name	Brand Name	Restrictions or Notes
PROTEASE INHIBITOR (PI)/NRTI COMBINATIONS		
• darunavir/cobicistat/ emtricitabine/tenofovir alafenamide	Symtuza	
CYP3A INHIBITORS		
• cobicistat	Tybost	
PROTEASE INHIBITORS (PI)		
• atazanavir	Reyataz	
• darunavir	Prezista	
• fosamprenavir	Lexiva	
• lopinavir/ritonavir	Kaletra	
• nelfinavir	Viracept	
• ritonavir	Norvir	
• saquinavir	Invirase	
CYP3A INHIBITOR/PROTEASE INHIBITOR COMBINATIONS		
• darunavir/cobicistat	Prezcobix	
• atazanavir/cobicistat	Evotaz	
INTEGRASE STRAND TRANSFER INHIBITOR/NNRTI COMBINATIONS		
• cabotegravir/rilpivirine	Cabenuva	
• dolutegravir/rilpivirine	Juluca	
CAPSID INHIBITORS		
• lenacapavir	Sunlenca	
CD4-DIRECTED POST-ATTACHMENT INHIBITORS		
^ 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
GP 120 - DIRECTED ATTACHMENT INHIBITORS		
• fostemsavir	Rukobia	
NON- NARCOTIC ANALGESICS (PAIN RELIEF) MEDICATIONS		
Ibuprofen	Advil, Motrin	
naproxen	Naprosyn	
ANTIBIOTIC MEDICATIONS		
amoxicillin clavulanate	Augmentin, Augmentin XR	
azithromycin	Zithromax	
cefpodoxime proxetil	Vantin	Generic formulations covered only
ciprofloxacin	Cipro	
clarithromycin	Biaxin, Biaxin XL	

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Page 2 of 7



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Generic Name	Brand Name	Restrictions or Notes
ANTIBIOTIC MEDICATIONS CONTINUED		
clindamycin HCL	Cleocin	
doxycycline	Vibramycin	
ANTICONVULSANT MEDICATIONS		
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, Depakote DR, Depakote ER	
gabapentin	Neurontin	
ANTICOAGULANTS		
apixaban	Eliquis	
enoxaparin sodium	Lovenox	
warfarin sodium	Coumadin, Jantoven	
ANTIDEPRESSANTS/ANTIPSYCHOTICS/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	
lithium	Eskalith, Lithobid	
mirtazapine	Remeron	
paroxetine	Paxil, Paxil CR	
sertraline	Zoloft	
trazodone	Desyrel	

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Page 3 of 7



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

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Page 4 of 7



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ANTIVIRALS (DIRECT ACTING ANTIVIRALS- DAA)-HEPATITIS MEDICATIONS		
^ 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 www.ramsellcorp.com
^ 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	
HEMATOPOIETIC MEDICATION		
filgrastim	Neupogen	
epoetin alfa (erythropoetin)	Procrit, Epogen	
HORMONE REPLACEMENT THERAPY MEDICATIONS		
Androgens		
testosterone	AndroGel	
testosterone cypionate	Depo-testosterone	
oxandrolone	Oxandrin	
Progestins		
micronized progesterone	Prometrium	
Estrogens/Estrogenic Agents		
estrogens, conjugated	Premarin	
estradiol		
estradiol cypionate IM	Depo-Estradiol	
Growth Hormone Releasing Hormone (GHRH) Agents		
^ 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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Page 5 of 7

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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	Proventil, ProAir, Ventolin	
beclomethasone dipropionate	QVAR RediHaler	
fluticasone-salmeterol	Advair Diskus	
prednisone	Prednisone	
triamcinolone nasal aerosol susp	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, Panxyme PH, Pertyze, Viokace, Zenpep, Ultrase MT-20	
PCP PROPHYLAXIS MEDICATIONS		
atovaquone	Mepron	
dapsone	Dapsone	
sulfamethoxazole-trimethoprim	Bactrim SS/DS, Septra	
TOPICAL MEDICATIONS		
betamethasone dipropionate ointment	Diprolene	
nystatin		
triamcinolone acetonide ointment & cream		

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Page 6 of 7



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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