STATE OF NEVADA
MEDICATION ASSISTANCE PROGRAM (NMAP)
FORMULARY BY CLASS
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
	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	
●	efavirez/emtricitabine/tenofovir disoproxil fumarate	Atripla	
●	emtricitabine/tenofovir DF/rilpivirine	Complera	
●	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
●	lamivudine/tenofovir DF	Cimduo	
	PROTEASE INHIBITOR (PI)/NRTI COMBINATIONS		
●	darunavir/cobicistat/ emtricitabine/tenofovir alafenamide	Symtuza	
	CYP3A INHIBITORS		
●	cobicistat	Tybost	

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^ = Drug requires prior authorization

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	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/rilprivirine	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	
	clindamycin HCL	Cleocin	
	doxycycline	Vibramycin	

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	Generic Name	Brand Name	Restrictions or Notes
	ANTICONVULSANT MEDICATIONS CONTINUED		
	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	
	ANTICONVULSANT MEDICATIONS		
	phenytoin	Dilantin	
	divalproex Sodium	Depakote, Depakote DR, Depakote ER	
	gapentin	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	
	venlafaxine	Effexor, Effexor XR	
	ziprasidone	Geodon	

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	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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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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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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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