AIDS DRUG ASSISTANCE PROGRAM (ADAP)
STATE OF NEVADA
FORMULARY BY CLASS
Effective 1/4/2019

P: 888-311-7632 www.ramsellcorp.com F: 800-848-4241 Version 1, 2019

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
	1a. ANTIRETROVIRALS-ENTRY INHIBITORS (1)		
●	maraviroc	Selzentry	
	1b. ANTIRETROVIRALS-INTEGRASE INHIBITOR(2)		
●	raltegravir	Isentress, Isentress HD	
●	dolutegravir	Tivicay	
	1c. ANTIRETROVIRALS-NUCLEOSIDE& NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)(9)		
●	abacavir	Ziagen	
●	abacavir/lamivudine	Epzicom	
●	abacavir/lamivudine/zidovudine	Trizivir	Non-formulary eff 1/1/19
●	emtricitabine	Emtriva	
●	emtricitabine/tenofovir alafenamide	Descovy	
●	lamivudine	Epivir, Epivir HBV	
●	lamivudine/zidovudine	Combivir	
●	tenofovir disoproxil fumarate	Viread	
●	tenofovir/emtricitabine	Truvada	
●	zidovudine	Retrovir, AZT	
	1d. ANTIRETROVIRALS-NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)(4)		
●	efavirenz	Sustiva	
●	etravirine	Intelence	
●	nevirapine	Viramune	
●	rilpivirine	Edurant	
	1e. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NRTI COMBINATION(4)		
●	bictegravir-emtricitabine-tenofovir AF	Biktarvy	
●	dolutegravir/lamivudine/ abacavir	Triumeq	
●	elvitegravir/cobicistat/ emtricitabine/tenofovir	Stribild	
●	elvitegravir/cobicistat/ emtricitabine/tenofovir alafenamide	Genvoya	
	1f. ANTIRETROVIRALS NNRTI/NRTI COMBINATION (3)		
●	emtricitabine/tenofovir/efavirez	Atripla	
●	emtricitabine/tenofovir/rilpivirine	Complera	
●	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
	1g. ANTIRETROVIRALS PI/NRTI COMBINATION (1)		
●	darunavir/cobicistat/ emtricitabine/tenofovir alafenamide	Symtuza	
	1h. ANTIRETROVIRALS CYP3A/INHIBITOR (1)		
●	cobicistat	Tybost	

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	1i. ANTIRETROVIRALS PROTEASE INHIBITORS (7)		
●	atazanavir	Reyataz	
●	darunavir	Prezista	
●	fosamprenavir	Lexiva	
●	lopinavir/ritonavir	Kaletra	
●	nelfinavir	Viracept	
●	ritonavir	Norvir	
●	saquinavir	Invirase	
	1j. ANTIRETROVIRALS-CYP3A INHIBITOR/PROTEASE INHIBITOR (2)		
●	darunavir/cobicistat	Prezcobix	
●	atazanavir/cobicistat	Evotaz	
	1k. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NNRTI COMBINATION(1)		
●	dolutegravir/rilprivirine	Juluca	
	2. ANALGESICS ANALGESICS: NON- NARCOTIC ANALGESICS		
	Ibuprofen	Motrin	
	naproxen	Naprosyn	
	3. ANTIBIOTICS		
	amoxicillin clavulanate	Augmentin	
	azithromycin	Zithromax	
	ciprofloxacin	Cipro	
	clarithromycin	Biaxin, Biaxin XL	
	clindamycin HCL	Cleocin	
	doxycycline	Vibramycin	
	ethambutol	Myambutol	
	levofloxacin	Levaquin	
	pyrimethamine	Pyrimethamine	
	rifabutin	Mycobutin	
	sulfadiazine	Sulfadiazine	
	moxifloxacin	Avelox	
	primaquine phosphate	Primaquine	
	nitazoxanide	Alinia	
	paromomycin	Humatin	
	cefpodoxime proxetil	Vantin	
	4. ANTICONVULSANTS		
	phenytoin	Dilantin	
	divalproex Sodium	Depakote	
	gapentin	Neurontin	

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	5. ANTICOAGULANTS		
	enoxaparin sodium	Lovenox	
	apixaban	Eliquis	
	warfarin sodium	Warfadin	
	6. ANTIDEPRESSANTS/ANTIPSYCHOTICS/AGENTS OF SLEEP		
	amitriptyline HCL	Elavil	
	aripiprazole	Abilify	
	asenapine	Saphris	
	bupropion SR	Wellbutrin, Zyban	
	citalopram	Celexa	
	duloxetine	Cymbalta	
	escitalopram	Lexapro	
	lithium	Lithium	
	mirtazapine	Remeron	
	paroxetine	Paxil	
	sertraline	Zoloft	
	trazodone	Desyrel	
	venlafaxine ER	Effexor XR	
	ziprasidone	Geodon	
	7. ANTIDIARRHEAL		
	diphenoxylate/Atropine	Lomotil	
	loperamide	Imodium	
	8. ANTIEMETICS		
	ondansetron	Zofran	
	prochlorperazine	Compazine	
	dronabinol	Marinol	
	scopolamine transdermal	Trasderm Scop	
	9. ANTIFUNGALS		
	clotrimazole	Mycelex, Lotrimin	
	fluconazole	Diflucan	
	itraconazole	Sporanox	
	posaconazole	Noxafil	
	terbinafine	Lamisil	
	10. ANTIHISTAMINES		
	loratadine	Claritin	
	cetirizine	Zyrtec	

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	11. ANTIHYPERTENSIVES/CARDIAC MEDICATIONS		
	amlodipine	Norvasc	
	atenolol	Tenormin, senormin	
	hydrochlorothiazide		
	lisinopril	Prinivil, Zestril	
	losartan	Cozaar	
	losartan / hydrochlorothiazide	Hyzaar	
	spironolactone	Aldactone	
	12. ANTIVIRALS		
	aldara cream	Imiquimod	
	acyclovir	Zovirax	
	valacyclovir	Valtrex	
	valganciclovir	Valcyte	
	leucovorin	Wellcovorin	
	13. ANTIVIRALS-HEPATITIS		
	ribavirin	Virazole,Rebetol, Copegus	
	peginterferon alfa-2a	Pegasys	
	13a. ANTIVIRALS (Direct Acting Antivirals- DAA)-HEPATITIS		
^	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	
	14. GASTROINTESTINAL AGENTS		
	omeprazole	Prilosec, Zegerid	
	15. H2- ANTAGONISTS		
	famotidine	Pepcid	
	16. HEMATOPOIETIC AGENTS		
	filgrastim	Neupogen	
	epoetin alfa (erythropoetin)	Procrit, Epogen	
	17. HORMONE REPLACEMENT THERAPY		
	Androgens		
	testosterone	Androgel	
	testosterone cypionate	Depo-testosterone	
	oxandrolone	Oxandrin	

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	17. HORMONE REPLACEMENT THERAPY CONTINUED		
	Progestins		
	micronized progesterone	Prometrium	
	Estrogens/Estrogenic Agents		
	estrogens, conjugated	Premarin	
	estradiol		
	estradiol cypionate IM	Depo-Estradiol	
	18. HYPOGLYCEMICS		
	glipizide	Glucotrol	
	glyburide	DiaBeta, Micronase,	
	metformin HCL, metformin HCL ER	Glucophage, Glucophage XR, Glumetza, Fortamet	
	pioglitazone	Actos	
	sitagliptin	Januvia	
	19. INHALERS/BRONCHODILATORS/ORAL STERIODS/ASTHMA PROPHYLAXIS		
	beclomethasone dipropionate	QVAR	
	albuterol	Proair	
	fluticasone-salmeterol	Advair Discus 250/50	
	triamcinolone nasal aerosol susp	Nasacort	
	20. LIPID LOWERING AGENTS		
	fenofibrate	Tricor	
	gemfibrozil	Lopid	
	niacin	Niaspan	
	atorvastatin	Lipitor	
	omega-3-acid ethyl esters	Lovaza	
	pitavastatin	Livalo	
	21. OSTEOPENIA/OSTEOPOROSIS		
	alendronate	Fosamax	
	22. PCP PROPHYLAXIS		
	atovaquone	Mepron	
	dapsone	Dapsone	
	sulfamethoxazole-trimethoprim	Bactrim	
	23. TOPICALS		
	beta methasone/diprolene ointment		
	megestrol acetate	Megace	
	nystatin		
	pancreatic enzymes (pancrelipase)	Ultrase MT-20	
	triamcinolone ointment & cream		

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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 calender 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