



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
STATE OF NEVADA
FORMULARY ALPHA BY GENERIC
Effective 1/1/2018**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 1, 2018

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	
	acyclovir	Zovirax	
	albuterol	Proair	
	aldara cream	Imiquimod	
	alendronate	Fosamax	
	amitriptyline HCL	Elavil	
	amlodipine	Norvasc	
	amoxicillin clavulanate	Augmentin	
	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		
	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	
	dapsone	Dapsone	
•	darunavir	Prezista	
•	darunavir/cobicistat	Prezcobix	
	diphenoxylate/Atropine	Lomotil	
	divalproex Sodium	Depakote	
•	dolutegravir	Tivicay	
•	dolutegravir/lamivudine/ abacavir	Triumeq	
•	dolutegravir/rilprvirine	Juluca	
	doxycycline	Vibramycin	
	dronabinol	Marinol	
	duloxetine	Cymbalta	



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Generic Name	Brand Name	Restrictions or Notes
• efavirenz	Sustiva	
• elvitegravir/cobicistat/ emtricitabine/tenofovir	Stribild	
• elvitegravir/cobicistat/ • emtricitabine/tenofovir alafenamide	Genvoya	
• emtricitabine	Emtriva	
• emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
• emtricitabine/tenofovir alafenamide	Descovy	
• emtricitabine/tenofovir/efavirez	Atripla	
• emtricitabine/tenofovir/rilpivirine	Complera	
epoetin alfa (erythropoetin)	Procrit, Epogen	
escitalopram	Lexapro	
estradiol		
estradiol cypionate IM	Depo-Estradiol	
estrogens, conjugated	Premarin	
ethambutol	Myambutol	
• etravirine	Intelence	
fenofibrate	Tricor	
filgrastim	Neupogen	
fluconazole	Diflucan	
fluticasone-salmeterol	Advair Discus 250/50	
• fosamprenavir	Lexiva	
gapentin	Neurontin	
gemfibrozil	Lopid	
glyburide	DiaBeta, Micronase,	
hydrochlorothiazide		
Ibuprofen	Motrin	
itraconazole	Sporanox	
• lamivudine	Epivir, Epivir HBV	
• lamivudine/zidovudine	Combivir	
leucovorin	Wellcovorin	
levofloxacin	Levaquin	
lisinopril	Prinivil, Zestril	
lithium	Lithium	
loperamide	Imodium	
• lopinavir/ritonavir	Kaletra	
loratadine	Claritin	
losartan	Cozaar	
losartan / hydrochlorothiazide	Hyzaar	
• maraviroc	Selzentry	



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megestrol acetate	Megace	
metformin	Glucophage	
micronized progesterone	Prometrium	
mirtazapine	Remeron	
moxifloxacin	Avelox	
naproxen	Naprosyn	
● nelfinavir	Viracept	
● nevirapine	Viramune	
niacin	Niaspan	
nitazoxanide	Alinia	
nystatin		
omega-3-acid ethyl esters	Lovaza	
omeprazole	Prilosec, Zegerid	
ondansetron	Zofran	
oxandrolone	Oxandrin	
pancreatic enzymes (pancrelipase)	Ultrase MT-20	
paromomycin	Humatin	
paroxetine	Paxil	
phenytoin	Dilantin	
pioglitazone	Actos	
pitavastatin	Livalo	
posaconazole	Noxafil	
primaquine phosphate	Primaquine	
prochlorperazine	Compazine	
pyrimethamine	Pyrimethamine	
● raltegravir	Isentress, Isentress HD	
rifabutin	Mycobutin	
● rilpivirine	Edurant	
● ritonavir	Norvir	
● saquinavir	Invirase	
scopolamine transdermal	Trasderm Scop	
sertraline	Zoloft	
sulfadiazine	Sulfadiazine	
sulfamethoxazole-trimethoprim	Bactrim	
● tenofovir disoproxil fumarate	Viread	
● tenofovir/emtricitabine	Truvada	
terbinafine	Lamisil	
testosterone	Androgel	
testosterone cypionate	Depo-testosterone	



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	Generic Name	Brand Name	Restrictions or Notes
	trazodone	Desyrel	
	triamcinolone nasal aerosol susp	Nasacort	
	triamcinolone ointment & cream		
	valacyclovir	Valtrex	
	valganciclovir	Valcyte	
	venlafaxine ER	Effexor XR	
●	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. 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 fill will be allowed per calendar year
5. Non-formulary drugs are not covered if not listed on the Nevada ADAP Formulary.
6. Use of generic products is required when available, unless otherwise specified by clinician.
7. 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