



**AIDS DRUG ASSISTANCE PROGRAM (ADAP)
STATE OF NEVADA
FORMULARY ALPHA BY GENERIC
Effective 09/01/2017**



P: 888-311-7632

www.ramsellcorp.com

F: 800-848-4241

Version 1, 2017

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	
•	abacavir/lamivudine/zidovudine	Trizivir	
	acyclovir	Zovirax	
	amitriptyline HCL	Elavil	
	amlodipine	Norvasc	
	amoxicillin clavulanate	Augmentin	
•	atazanavir	Reyataz	
•	atazanavir/cobicistat	Evotaz	
	atenolol	Tenormin, senormin	
	atorvastatin	Lipitor	
	atovaquone	Meproon	
	azithromycin	Zithromax	
	beta methasone/diprolene ointment		
	cefepodoxime proxetil	Vantin	
	ciprofloxacin	Cipro	
	clarithromycin	Biaxin, Biaxin XL	
	clindamycin HCL	Cleocin	
	clotrimazole	Mycelex, Lotrimin	
•	cobicistat	Tybost	
	dapsone	Dapsone	
	darbepoetin alfa	Aranesp	
•	darunavir	Prezista	
•	darunavir/cobicistat	Prezcobix	
•	delavirdine	Rescriptor	
•	didanosine	Videx EC	
	diphenoxylate/Atropine	Lomotil	
	divalproex Sodium	Depakote	
•	dolutegravir	Tivicay	
•	dolutegravir/lamivudine/ abacavir	Triumeq	
	doxycycline	Vibramycin	
	dronabinol	Marinol	
•	efavirenz	Sustiva	
•	elvitegravir/cobicistat/ emtricitabine/tenofovir	Stribild	
	elvitegravir/cobicistat/		
•	emtricitabine/tenofovir alafenamide	Genvoya	
•	emtricitabine	Emtriva	
•	emtricitabine/rilpivirine/tenofovir alafenamide	Odefsey	
•	emtricitabine/tenofovir alafenamide	Descovy	



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	Generic Name	Brand Name	Restrictions or Notes
•	emtricitabine/tenofovir/efavirez	Atripla	
•	emtricitabine/tenofovir/rilpivirine	Complera	
•	Enfuvirtide	Fuzeon	
	epoetin alfa (erythropoetin)	Procrit, Epogen	
	ethambutol	Myambutol	
•	etravirine	Intelence	
	fenofibrate	Tricor	
	filgrastim	Neupogen	
	fluconazole	Diflucan	
•	fosamprenavir	Lexiva	
	gabapentin	Neurontin	
	gemfibrozil	Lopid	
	glyburide	DiaBeta, Micronase,	
	hydrochlorothiazide		
	Ibuprofen	Motrin	
•	indinavir	Crixivan	
	itraconazole	Sporanox	
•	lamivudine	Epivir	
•	lamivudine/zidovudine	Combivir	
	leucovorin	Wellcovorin	
	levofloxacin	Levaquin	
	lisinopril	Prinivil, Zestril	
	loperamide	Imodium	
•	lopinavir/ritonavir	Kaletra	
	losartan	Cozaar	
	losartan / hydrochlorothiazide	Hyzaar	
•	maraviroc	Selzentry	
	megestrol acetate	Megace	
	metformin	Glucophage	
	moxifloxacin	Avelox	
	naproxen	Naprosyn	
•	nelfinavir	Viracept	
•	nevirapine	Viramune	
	niacin	Niaspan	
	nitazoxanide	Alinia	
	nystatin		
	omega-3-acid ethyl esters	Lovaza	
	ondansetron	Zofran	
	pancreatic enzymes (pancrelipase)	Ultrase MT-20	



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Generic Name	Brand Name	Restrictions or Notes
paromomycin	Humatin	
phenytoin	Dilantin	
pioglitazone	Actos	
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	
● stavudine	Zerit	
sulfadiazine	Sulfadiazine	
sulfamethoxazole-trimethoprim	Bactrim	
● tenofovir disoproxil fumarate	Viread	
● tenofovir/emtricitabine	Truvada	
testosterone	Androgel, Depo testosterone	
● tipranavir	Aptivus	
trazodone	Desyrel	
triamcinolone ointment & cream		
valacyclovir	Valtrex	
valganciclovir	Valcyte	
● zidovudine	Retrovir, AZT	

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



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Generic Name	Brand Name	Restrictions or Notes
1a. ANTIRETROVIRALS-ENTRY INHIBITORS (2)		
• maraviroc	Selzentry	
• Enfuvirtide	Fuzeon	
1b. ANTIRETROVIRALS-INTEGRASE INHIBITOR(3)		
• raltegravir	Isentress, Isentress HD	
• dolutegravir	Tivicay	
1c. ANTIRETROVIRALS-NUCLEOSIDE& NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)(12)		
• abacavir	Ziagen	
• abacavir/lamivudine	Epzicom	
• abacavir/lamivudine/zidovudine	Trizivir	
• didanosine	Videx EC	
• emtricitabine	Emtriva	
• emtricitabine/tenofovir alafenamide	Descovy	
• lamivudine	Epivir	
• lamivudine/zidovudine	Combivir	
• stavudine	Zerit	
• tenofovir disoproxil fumarate	Viread	
• tenofovir/emtricitabine	Truvada	
• zidovudine	Retrovir, AZT	
1d. ANTIRETROVIRALS-NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)(5)		
• delavirdine	Rescriptor	
• efavirenz	Sustiva	
• etravirine	Intence	
• nevirapine	Viramune	
• rilpivirine	Edurant	
1e. ANTIRETROVIRALS HIV-1 INTEGRASE STRAND TRANSFER INHIBITOR/NRTI COMBINATION(3)		
• elvitegravir/cobicistat/ emtricitabine/tenofovir	Stribild	
• dolutegravir/lamivudine/ abacavir	Triumeq	
• 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 CYP3A/INHIBITOR (1)		
• cobicistat	Tyboost	



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Generic Name	Brand Name	Restrictions or Notes
1h. ANTIRETROVIRALS PROTEASE INHIBITORS (9)		
• atazanavir	Reyataz	
• darunavir	Prezista	
• fosamprenavir	Lexiva	
• indinavir	Crixivan	
• lopinavir/ritonavir	Kaletra	
• nelfinavir	Viracept	
• ritonavir	Norvir	
• saquinavir	Invirase	
• tipranavir	Aptivus	
1i. ANTIRETROVIRALS-CYP3A INHIBITOR/PROTEASE INHIBITOR (2)		
• darunavir/cobicistat	Prezcobix	
• atazanavir/cobicistat	Evotaz	
2. ANALGESICS ANALGESICS: NON- NARCOTIC ANALGESICS		
Ibuprofen	Motrin	
naproxen	Naprosyn	
3. ANABOLIC -ANDROGENIC STERIODS		
testosterone	Androgel, Depo-testosterone	
4. 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	
5. ANTICONVULSANTS		
phenytoin	Dilantin	
divalproex Sodium	Depakote	
gabapentin	Neurontin	
6. ANTIDEPRESSANTS/ANTIPSYCHOTICS/AGENTS OF SLEEP		
trazodone	Desyrel	
amitriptyline HCL	Elavil	



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7. ANTI-DIARRHEAL		
diphenoxylate/Atropine	Lomotil	
loperamide	Imodium	
8. ANTIEMETICS		
ondansetron	Zofran	
prochlorperazine	Compazine	
dronabinol	Marinol	
scopolamine transdermal	Trasderm Scop	
9. ANTI-FUNGALS		
clotrimazole	Mycelex, Lotrimin	
fluconazole	Diflucan	
itraconazole	Sporanox	
posaconazole	Noxafil	
10. ANTIHYPERTENSIVES/CARDIAC MEDICATIONS		
hydrochlorothiazide		
amlodipine	Norvasc	
atenolol	Tenormin, senormin	
lisinopril	Prinivil, Zestril	
losartan	Cozaar	
losartan / hydrochlorothiazide	Hyzaar	
11. ANTI-VIRALS		
acyclovir	Zovirax	
valacyclovir	Valtrex	
valganciclovir	Valcyte	
leucovorin	Wellcovorin	
12. HEMATOPOIETIC AGENTS		
filgrastim	Neupogen	
darbepoetin alfa	Aranesp	
epoetin alfa (erythropoetin)	Procrit, Epogen	
13. HYPOGLYCEMICS		
metformin	Glucophage	
glyburide	DiaBeta, Micronase,	
pioglitazone	Actos	
14. LIPID LOWERING AGENTS		
fenofibrate	Tricor	
gemfibrozil	Lopid	
niacin	Niaspan	
atorvastatin	Lipitor	
omega-3-acid ethyl esters	Lovaza	
15. PCP PROPHYLAXIS		
atovaquone	Meproin	
dapsone	Dapsone	



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Generic Name	Brand Name	Restrictions or Notes
15. PCP PROPHYLAXIS continued		
sulfamethoxazole-trimethoprim	Bactrim	
16. TOPICALS		
beta methasone/diprolene ointment		
megestrol acetate	Megace	
nystatin		
pancreatic enzymes (pancrelipase)	Ultrase MT-20	
triamcinolone ointment & cream		

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