

STATE OF NEVADA
AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY

Eligibility Requirements for Nevada's Ryan White Part B ADAP Program:

- Proof of HIV Diagnosis
- Proof of Nevada Residency
- All applicants must provide upon initial enrollment only current CD4 and Viral Load lab work. Upon annual enrollment only Viral Load labs are required but CD4s are highly desirable.
- Household income not to exceed 400% FPL based on your modified Adjusted Gross Income (MAGI). Household income includes the income of anything the client claims on their taxes or the income of someone who claims the client on their taxes.
- RWPB recertification is completed every six months

For more information, please call Nevada Division of Public and Behavioral Health, ADAP staff at (775) 684-3499

Nucleoside/Nucleotide Reverse

Transcriptase Inhibitors (NRTIs) (12)

Combivir (zidovudine + lamivudine)

Descovy (emtricitabine + tenofovir alafenamide)

Emtriva (emtricitabine)

Epivir (lamivudine; 3TC)

Epzicom (abacavir + lamivudine)

Retrovir (zidovudine; AZT)

Trizivir (abacavir + lamivudine + zidovudine)

Truvada (emtricitabine + tenofovir)

Videx EC (didanosine; ddi)

Viread (tenofovir)

Zerit (stavudine, d4T)

Ziagen (abacavir)

Invirase (saquinavir)

Kaletra (lopinavir + ritonavir)

Lexiva (fosamprenavir)

Norvir (ritonavir)

Prezcobix (darunavir + cobicistat)

Prezista (darunavir)

Reyataz (atazanavir)

Viracept (Nelfinavir)

Entry Inhibitors (2)

Fuzeon (enfuvirtide/T-20)

Selzentry (maraviroc)

Integrase Inhibitors (2)

Isentress (raltegravir)

Tivicay (dolutegravir)

Non-Nucleoside Reverse Transcriptase

Inhibitors (NNRTIs) (5)

Edurant (rilpivirine)

Intelence (etravirine)

Rescriptor (delavirdine)

Sustiva (efavirenz)

Viramune (nevirapine)

All-in-One Combination (6)

Atripla

Complera

Genvoya

Odefsey

Stribild

Triumeq

Protease Inhibitors (PIs) (11)

Aptivus (tipranavir)

Crixivan (indinavir)

Evotaz (atazanavir + cobicistat)

Pharmacokinetic Enhancers (1)

Tybost (Cobicistat)

Approved Nevada ADAP Formulary for Antiretroviral (ARV) Medications = 39

Changes are Highlighted

Nevada AIDS Drug Assistance Program (ADAP) Formulary #41 Updated 04/20/16

Page 1 of 2

STATE OF NEVADA
AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY

Treatment and Prophylaxis of Opportunistic Infections (OIs)
& Miscellaneous Medications (61)

Acyclovir	Niacin / Niaspan
Amitriptyline / Elavil	Nitazoxanide
AndroGel (Testosterone)	Norvasc (amlodipine)
Atovaquone	Nystatin
Augmentin (amoxicillin + clavulanate)	Omega-3-acid ethyl esters / Lovaza
Azithromycin	Ondansetron / Zofran
Beta Methasone / Diprolene Ointment	Paromomycin
Ciprofloxacin	Phenytoin / Dilantin
Clarithromycin	Pioglitazone / Actos
Clindamycin	Posaconazole
Clotrimazole	Primaquine
Dapsone	Prochlorperazine / Compazine
Darbopoetin / Aranesp	Pyrimethamine
Depakote / Divalproex sodium	Rifabutin
Diphenoxylate + Atropine / Lomotil	SMZ/TMP
Doxycycline	Sulfadiazine
Erythropoetin	Tenormin / Senormin (atenolol)
Ethambutol	Transderm Scōp (scopolamine patch)
Fenofibrate / Tricor	Trazodone / Desyrel
Fluconazole	Triamcinolone Ointment and Cream
Gabapentin / Neurontin	Ultrase MT-20 - Pancreatic Enzymes (pancrelipase)
Gemfibrozil / Lipid	Valacyclovir / Valtrex
Glucophage, Glucophage XR, Glumetza, Metformin / Fortamet / Riomet	Valganciclovir
Glyburide	Vantin (cefepodoxime proxetil)
Hydrochlorothiazide	
Ibuprofen	
Itraconazole	
Leucovorin	
Levofloxacin / Levaquin	
Lipitor (atorvastatin calcium)	
Lisinopril / Zestril, Prinivil	
Loperamide / Imodium	
Losartan / Cozaar	
Marinol (dronabinol)	
Megestrol	
Moxifloxacin	
Naproxen / Naprosyn	
Neupogen (filgrastim G-CSF)	

Changes are Highlighted

Nevada AIDS Drug Assistance Program (ADAP) Formulary #41 Updated 04/20/16

Page 2 of 2