

STATE OF NEVADA
AIDS DRUG ASSISTANCE PROGRAM (ADAP) FORMULARY

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

- Client income must not exceed 400% of Federal Poverty Guidelines-approx. \$47,080/year for one.
- Client may own a single-family home and a car
- Additional assets of the client may not exceed \$10,000
- Lab tests for T-Cell and Viral Load must be done every six months
- ADAP eligibility recertification 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) (11)

Combivir™ (zidovudine + lamivudine)
Emtriva™ (emtricitabine)
Epivir™ (lamivudine; 3TC)
Epzicom™ (abacavir + lamivudine)
Retrovir™ (zidovudine; AZT)
Trizivir™ (abacavir + lamivudine + zidovudine)
Truvada™ (emtricitabine + tenofovir)
Videx EC™ (didanosine; ddl)
Viread™ (tenofovir)
Zerit™ (stavudine, d4T)
Ziagen™ (abacavir)

Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTIs) (5)

Edurant™ (rilpivirine)
Intelence™ (etravirine)
Rescriptor™ (delavirdine)
Sustiva™ (efavirenz)
Viramune™ (nevirapine)

Protease Inhibitors (PIs) (11)

Aptivus™ (tipranavir)
Crixivan™ (indinavir)
Evotaz™ (atazanavir + cobicistat)

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)

All-in-One Combination (4)

Atripla™ (efavirenz + emtricitabine + tenofovir)
Complera™ (emtricitabine + rilpivirine + tenofovir)
Stribild™ (elvitegravir + tenofovir + emtricitabine + cobicistat)
Triumeq™ (dolutegravir + lamivudine + abacavir)

Approved Nevada ADAP Formulary for Antiretroviral (ARV) Medications = 34

Changes are Highlighted

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Treatment And Prophylaxis of Opportunistic Infections (OIs) (24)

Alinia™ (nitazoxanide)
Avelox (moxifloxacin)
Bactrim™ / Septra™ (Sulfamethoxazole + Trimethoprim)
Biaxin™ (clarithromycin)
Cipro™ (ciprofloxacin)
Cleocin™ (clindamycin)
Dapsone
Diflucan™ (fluconazole)
Humatin™ (paromomycin)
Leucovorin
Megace™ (megestrol)
Mepron™ (atovaquone)
Myambutol™ (ethambutol)
Mycelex™ (Clotrimazole)
Nilstat™ (nystatin)
Posaconazole (Noxafil)
Primaquine
Pyrimethamine
Rifabutin
Sporanox™ (itraconazole)
Sulfadiazine
Valcyte™ (Valganciclovir)
Zithromax™ (azithromycin)
Zovirax (acyclovir)

Miscellaneous Drugs (37)

Actos (pioglitazone)
Aranesp® (darbopoetin)
Augmentin (amoxicillin + clavulanate)
Compazine™ (prochlorperazine)
Cozaar (losartan)
Depakote™ (divalproex sodium)

Desyrel™ (trazodone)
Diabeta™, Glycron™, Glynase™, Micronase™ (glyburide)
Dilantin™ (phenytoin)
Diprolene® Ointment
Doxycycline
Elavil™ (amitriptyline)
Erythropoetin
Glucophage, Glucophage XR, Glumetza, Fortamet, Riomet (metformin)
Hydrochlorothiazide
Ibuprofen
Imodium™ (loperamide)
Levaquin (levofloxacin)
Lipitor™ (atorvastatin calcium)
Lomotil™ (diphenoxylate + atropine)
Lopid™ (gemfibrozil)
Lovaza (omega-3-acid ethyl esters)
Marinol™ (dronabinol)
Naprosyn (naproxen)
Neupogen™ (filgrastim G-CSF)
Neurontin™ (gabapentin)
Niaspan (niacin)
Norvasc (amlodipine)
Tenormin / Senormin (atenolol)
Testosterone
Transderm Scōp® (scopolamine patch)
Triamcinolone Ointment and Cream
Tricor™ (fenofibrate)
Ultrase MT-20™ -Pancreatic Enzymes
Vantin (cefepodoxime proxetil)
Zestril, Prinivil (lisinopril)
Zofran™ (ondansetron)

Approved Nevada ADAP Formulary for OI and Miscellaneous Medications = 61

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