

**NEW YORK STATE DEPARTMENT OF HEALTH
UNINSURED CARE PROGRAMS
COVERED SERVICES and ADAP FORMULARY - August 30, 2018**

ADAP PLUS

Primary Care/Outpatient Services (35 visits per treatment year- except where otherwise noted)

- | | | |
|-------------------------|----------------|-----------------------------|
| · Primary Care | · OB/GYN | · Directly Observed Therapy |
| · Neurology | · Pediatric | · Ophthalmology |
| · Dermatology | · Oncology | · Specialty Medicine |
| · Infusion Chemotherapy | · Transfusions | |
- Mental Health (24 visits per treatment year)
 - Dental & Oral Surgery (12 visits per treatment year)
 - Nutritional Assessment & Counseling (symptomatic illness 12 per treatment year; asymptomatic 4 per treatment year)

Other Services

- | | |
|--|--|
| · Laboratory Services (selected list) | · Viral Load Testing |
| · Genotypic and Phenotypic resistance testing (4 per treatment year) | · Hepatitis C Testing |
| · Ambulatory Surgery (Limited to Hospital Based Reimbursement) | · Tropism Assay (2 per treatment year) |

HOME CARE PROGRAM

- | | | |
|---------------------|-----------------------------|---|
| · Skilled Nursing | · Adult Day Health Care | · Nutritional Assessment and Counseling |
| · Home Health Aide | · Durable Medical Equipment | · Limited Rehabilitative Therapy (3 visits) |
| · Homemaker Service | · Personal Care Aide | · IV Administration and Supplies |

* A maximum lifetime benefit of \$30,000 is allowed for home care services

VITAMINS AND MINERALS AND ORAL NUTRITIONAL SUPPLEMENTS

- | | | |
|---------------------|--------------------------------|---|
| · Beta Carotene | · Lactaid | · Vitamin B-12 (IM and sublingual only) |
| · Calcium Carbonate | · Magnesium | · Vitamin B-6 |
| · Folinic Acid | · Multiple Vitamins & Minerals | · Vitamin C |
| · Folate | · Potassium | · Zinc |
| · Iron supplement | · Selenium | |

Oral nutritional supplements which are included in the Medicaid Formulary (including pediatric) are covered. Supplements, vitamins, and minerals are covered only with a prescription and when dispensed at an ADAP enrolled pharmacy.

EXCLUDED SERVICES

- | | |
|---|---|
| · Emergency Room | · Pharmacy (Drugs not included in ADAP formulary) |
| · Inpatient Services | · Rehabilitative Therapy (Vocational, Physical, Speech, etc) |
| · MRIs, CT Scans, Contrast X-rays | · Substance Abuse & Alcoholism Services/Methadone Maintenance |
| · Anesthesiology | · Case Management/Social Work |
| · Pre and Post-Test Counseling | · Psychiatric (Collateral Contact, Day Treatment, Continuing Treatment) |
| · Eye Glasses, Contact Lenses | · DME (this is covered under Home Care) |
| · Lead Screening | · Therapeutic Visits |
| · Ambulance/Emergency Medical Technician Services | |

» Covered Services and ADAP Formulary are subject to change based on available funds.

» Questions regarding specific covered/excluded services should be directed to the Programs at (800) 542-2437.

DEPARTAMENTO DE SALUD DEL ESTADO DE NUEVA YORK
PROGRAMA UNINSURED CARE
SERVICIOS DISPONIBLES y FORMULARIO de ADAP –30 de Agosto del 2018

ADAP PLUS

Servicios Ambulatorios (35 visitas por el año de tratamiento – excepto donde esté notado)

- Cuidado Primario
- Neurología
- Dermatología
- Quimioterapia de infusión
- OB/GYN
- Pediatría
- Oncología
- Transfusiones
- Terapia de Observación Directa
- Oftalmología
- Medicina De Especialidad
- Salud Mental (24 visitas por el año de tratamiento)
- Cirujía Dental y Oral (12 visitas por el año de tratamiento)
- Evaluación Nutricional y Consejería (sintomático 12 visitas por el año de tratamiento, no sintomática 4 visitas por el año de tratamiento)

Otros Servicios

- Servicios De Laboratorio (lista selecta)
- Cirujía Ambulatoria (Limitado al Reembolso Basado del Hospital)
- Prueba de resistencia genotípica y fenotípica (4 visitas por el año de tratamiento)
- Prueba de tropismo viral (2 visitas por el año de tratamiento)
- Carga Viral
- Prueba de Hepatitis C

PROGRAMA DE ATENCIÓN A DOMICILIO

- Enfermera Especializada
- Ayuda en el Domicilio
- Realización de Quehaceres Domésticos
- Terapia de Rehabilitación (3 visitas)
- Provisión y Administración de Medicamentos Intravenosos (cubiertos por ADAP)
- Ayudante para el Cuidado Personal
- Cuidado Diario a Personas Adultas
- Suministro de Equipo Médico
- Evaluación Nutricional y Consejería

* El máximo permitido por vida para beneficios de Cuidado a Domicilio es \$30,000

VITAMINAS Y MINERALES Y SUPLEMENTOS NUTRITIVOS

- Beta Carotene
- Calcio Carbonatar
- Cinc
- Folate
- Folinic Acid
- Lactaid
- Magnesio
- Potasio
- Selenium
- Suplemento de Hierro
- Vitamina C
- Vitamina B-6
- Vitamina B-12 (solamente IM y sublingual)
- Vitaminas Múltiples y Minerales

Suplementos Orales Nutritivos, que estan incluidos en el Formulario de Medicaid (incluyendo pediátrico) estan cubiertos.

Suplementos, vitaminas y minerales están cubiertos, sólo cuando sean recetado por un médico y dispensado en una de las farmacias participantes en ADAP.

SERVICIOS EXCLUIDOS

- Sala de Emergencia
- Hospitalización
- MRIs, CT Scans, Radiografías
- Anestesiología
- Consejería antes y despues del examen
- Espejuelos/Lentes de contacto
- Análisis de Plomo
- Ambulancia/Servicios Médicos de Emergencia
- Farmacia (Medicamentos no cubiertos por ADAP)
- Terapia Rehabilitadora (Vocacional, física, del habla,etc)
- Servicios para el Abuso de Substancias y Alcoholismo/Metadona
- Coordinación en Caso/Trabajo Social
- Psiquiátrico (Contacto Colateral, Progama de Tratamiento Diario, Tratamiento Continuo)
- DME (Esta cubierto bajo Atención a Domicilio)
- Visitas Terapéuticas

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ANTIRETROVIRAL THERAPY *

Nucleoside/Nucleotide Analogs

abacavir (Ziagen)
abacavir-lamivudine (Epzicom)
abacavir-lamivudine-zidovudine (Trizivir)
didanosine (ddl, Videx, Videx EC)
emtricitabine (Emtriva, FTC)
emtricitabine-tenofovir (Truvada)
emtricitabine, tenofovir alafenamide (Descovy)
lamivudine (3TC, EpiVir)
lamivudine-zidovudine (Combivir)
stavudine (d4T, Zerit)
tenofovir (Viread)
zidovudine (AZT, Retrovir)

Pharmacokinetic Booster

ritonavir (Norvir)
cobicistat (Tybost)

Protease Inhibitors

atazanavir (Reyataz)
atazanavir-cobicistat (Evotaz)
darunavir (Prezista)
darunavir-cobicistat (Prezcobix)
fosamprenavir (Lexiva)
indinavir (Crixivan)
lopinavir-ritonavir (Kaletra)
nelfinavir (Viracept)
ritonavir (Norvir)
saquinavir (Invirase, Fortovase)
tipranavir (Aptivus)

CCR5 Antagonist

maraviroc (Selzentry) {1}

Fusion Inhibitor

enfuvirtide (Fuzeon, T-20)

Non-Nucleoside Reverse Transcriptase Inhibitors

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

Integrase Inhibitors

dolutegravir (Tivicay)
raltegravir (Isentress)

Multi-Class Antiretroviral Agent

bictegravir-emtricitabine-tenofovir alafenamide (Biktarvy)
dolutegravir-abacavir-lamivudine (Triumeq)
dolutegravir-rilpivirine (Juluca)
efavirenz-emtricitabine-tenofovir (Atripla)
elvitegravir-cobicistat-emtricitabine-tenofovir (Stribild)
elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide (Genvoya)
emtricitabine-rilpivirine-tenofovir alafenamide (Odefsey)
rilpivirine-tenofovir-emtricitabine (Complera)

* Some anti-retroviral combinations may be subject to utilization review.

PCP PROPHYLAXIS & TREATMENT

atovaquone
clindamycin
dapsonsone
hydroxyzine

leucovorin
pentamidine
primaquine
sulfadoxine-pyrimethamine

sulfamethoxazole-trimethoprim
trimethoprim

OPPORTUNISTIC INFECTIONS

Herpes Infections

acyclovir
penciclovir
valacyclovir

CMV disease

cidofovir
formivirsen
foscarnet
ganciclovir
probenecid
valganciclovir

Toxoplasmosis

azithromycin
clindamycin
leucovorin
pyrimethamine
sulfadiazine
triple sulfas

Parasitic Infection

ivermectin

Mycobacterial Infections

aminosalicylic acid
amikacin
capreomycin
ciprofloxacin
clarithromycin
cycloserine
ethambutol
ethionamide
gatifloxacin
isoniazid
kanamycin
moxifloxacin
ofloxacin
pyrazinamide
rifabutin
rifampin w/wo combinations
rifapentine
streptomycin

Fungal Infections

amphotericin B
caspofungin
clotrimazole
econazole
fluconazole
flucytosine
griseofulvin
itraconazole
ketoconazole
miconazole
nystatin
terbinafine
terconazole
voriconazole

Cryptosporidiosis

paromomycin

Microsporidiosis

albendazole

OTHER RELATED CONDITIONS

Wasting Syndrome

cyproheptadine
dronabinol
megestrol
testosterone
thalidomide

Prevention of Dental Cavities

fluoride

Prevention of bacterial infections in children ONLY (18 and under).

intravenous immune globulin

Reiter's Syndrome

sulfasalazine

Thrombosis

enoxaparin
pradaxa
savaysa
warfarin

Vaccines

hepatitis A vaccine
hepatitis B vaccine
HPV vaccine
meningococcal vaccine

Condyloma Acuminata

interferon alfa-N3
imiquimod
podofilox

Hepatitis B

adefovir
entecavir

Hepatitis C

elbasvir-grazoprevir {1}
desabuvir-ombitasvir-paritaprevir-ritonavir {1}
daclatasvir {1}
glecaprevir-pibrentasvir {1}
peginterferon
ribavirin

{1} Items Underlined and in Italics require **Prior Authorization** call 1-800-832-5305.

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- » ADAP does not cover all prescription strengths or forms of the Formulary drugs.
- » Mandatory Generics, with the exception of certain antiretroviral agents - ADAP only covers the generic form of A-rated drugs.

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ANTI-NEOPLASTICS

alitretinoin	etoposide	methotrexate
bleomycin	hydroxyurea	paclitaxel
cyclophosphamide	interferon alfa	prednisone
cytarabine	daunorubicin liposomal	procarbazine
dexamethasone	doxorubicin	vinblastine
doxorubicin	lomustine	vincristine

ANTIBIOTICS**

amoxicillin	cephalexin	mupirocin
amoxicillin-clavulanate	cephradine	nitrofurantoin
ampicillin	chloramphenicol	penicillin
azithromycin	chlorhexidine	sparfloxacin
aztreonam	cloxacillin	spectinomycin
bacitracin	dicloxacillin	tetracycline
cefaclor	doxycycline	ticarcillin-clavulante
cefadroxil	erythromycin	tobramycin
cefazolin	fosfomicin	vancomycin
cefixime	furazolidone	
cefoxitin	gentamicin	Other Related Drugs
cefpodoxime	imipenem - cilastatin	chlorhexidine
cefprozil	levofloxacin	probenecid
ceftazidime	loracarbef	
ceftriaxone	metronidazole	
cefuroxime	minocycline	

** Additional antibiotics are listed for other indications.

ANALGESICS

butalbital combination w/wo/ codeine	hydrocodone w/ ASA, APAP	methadone {2}
codeine w/wo/ ASA, APAP	hydromorphone	morphine
diclofenac	ibuprofen	naproxen
diethylpropion	indomethacin	oxycodone w/wo/ ASA, APAP
diflunisal	ketoprofen	piroxicam
fenoprofen	ketorolac	sulindac
fentanyl (patch only)	levorphanol	tolmetin
flurbiprofen	lidocaine	tramadol

{2} Methadone is available only for pain relief; ADAP does not cover methadone maintenance.

ANTI-DIARRHEALS / MALABSORPTION

atropine-diphenoxylate	opium	pancrelipase
loperamide	crofelemer	

GASTROINTESTINAL MEDICATIONS

amylase-lipase-protease	metoclopramide	ranitidine
cimetidine	misoprostol	sucralfate
dolasetron	omeprazole	thiethylperazine
esomeprazole	ondansetron	trimethobenzamide
granisetron	pantoprazole	
lansoprazole	rabeprazole	

TOPICAL STEROIDS***

alclometasone	desoximetasone	halobetasol
amcinonide	diflorasone	hydrocortisone w/wo/ combinations
amlexanox	fluocinolone	neomycin w/wo/ combinations
betamethasone	fluorometholone	prednicarbate
clobetasol	fluticasone	prednisolone
clocortolone	flurandrenolide	triamcinolone
desonide	halcinonide	

*** Additional steroids are listed for other indications.

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HYPERLIPIDEMIA

atorvastatin	fenofibrate	pravastatin
cholestyramine	fluvastatin	rosuvastatin
colestipol	gemfibrozil	omega 3 fatty acids (Rx only)
ezetimibe	niacin	

PSYCHOTROPICS

alprazolam	halazepam	thiothixene
amitriptyline	haloperidol	trazodone
aripiprazole	imipramine	triazolam
benztropine	lithium	trifluoperazine
bupropion	lorazepam	trimipramine
buspiron	loxapine	venlafaxine
butabarbital	mesoridazine	ziprasidone
chloral hydrate	methylphenidate	zolpidem
chlordiazepoxide w/wo clidinium	mirtazapine	
chlorpromazine	molindone	Anti-Convulsants
citalopram	nefazodone	carbamazepine
clomipramine	nortriptyline	divalproex sodium
clonazepam	olanzapine	felbamate
clorazepate	oxazepam	gabapentin
clozapine	paroxetine	lamotrigine
desipramine	pemoline	levetiracetam
dextroamphetamine	pentobarbital	magnesium sulfate
diazepam	perphenazine	oxcarbazepine
doxepin	prochlorperazine	phenytoin
duloxetine	quetiapine	pregabalin
escitalopram	risperidone	primidone
fluoxetine	secobarbital	tiagabine
fluphenazine	sertraline	topiramate
flurazepam	temazepam	valproic acid
fluvoxamine	thioridazine	

CARDIAC MEDICATIONS ****

acebutolol	guanabenz	nisoldipine
amiloride	guanadrel	nitroglycerin
amlodipine	guanfacine	papaverine
atenolol	hydralazine	penbutolol
benazepril	hydrochlorothiazide	pindolol
bendroflumethiazide	hydroflumethiazide	polythiazide
betaxolol	indapamide	prazosin
bisoprolol	irbesartan	procainamide
bumetanide	isosorbide	propranolol
candesartan	isoxsuprine	quinapril
captopril	isradipine	ramipril
carteolol	labetalol	sacubitril and valsartan
carvedilol	lisinopril	sotalol
chlorothiazide	losartan	spironolactone
chlorthalidone	methylclothiazide	telmisartan
clonidine	methyldopa	terazosin
clopidogrel	metolazone	tocainide
digoxin	metoprolol	torseamide
diltiazem	minoxidil	trandolapril
doxazosin	moexipril	triamterene
enalapril	morizine	trichlormethiazide
felodipine	nadolol	valsartan
fosinopril	nicardipine	verapamil
furosemide	nifedipine	

**** Cardiac medications listed individually are available in combination with other listed cardiac medications.

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BRONCHODILATOR/RESPIRATORY INHALANTS *****

albuterol	fluticasone	salmeterol
albuterol-ipratropium	formoterol	terbutaline
beclomethasone	ipratropium	theophylline
bitolterol	metaproterenol	tiotropium
budesonide/formoterol	montelukast	triamcinolone
cromolyn	nedocromil	zafirlukast
dyphylline	oxtriphylline	zileuton
flunisolide	pirbuterol	

***** Solutions for nebulizers are not covered.

SINUSITIS

acrivastine-pseudoephedrine	dexbrompheniramine-pseudoephedrine	phenylprop-pyridyl-pheniramine
azatadine	dexchlorpheniramine	phenyltolox-APAP
brompheniramine w/wo combinations	diphenhydramine	phenyltolox-pyridyl-pheniramine
budesonide	mometasone	promethazine
carbinoxamine	naphazoline w/wo combinations	triprolidine
chlorpheniramine w/wo/ combinations	phenir-ppa-phenylt.-pyrilamine	
clemastine	phenylephrine-promethazine	

OPHTHALMOLOGY

acetylcholine	dipivefrin	medrysone
apraclonidine	dorzolamide	metipranol
atropine	dorzolamide-timolol	pilocarpine
brimonidine	ecothiopate	prednisolone
brinzolamide	homatropine	rimexolone
carbachol	latanoprost	timolol
cyclopentolate	levobunolol	tropicamide w/wo hydroxyamphetamine
cyclopentolate-phenylephrine	loteprednol	

INSULIN

acarbose	exenatide	metformin
acetohexamide	glimepiride	mifepristone
albiglutide	glipizide	miglitol
alogliptin benzoate	glipizide metformin	nateglinide
alogliptin metformin	glyburide	parmlintide acetate
alogliptin pioglitazone	insulin	pioglitazone
bromocriptine mesylate	insulin detemir	pioglitazone glimepiride
canagliflozin	insulin glargine	pioglitazone metformin
canagliflozin metformin	insulin glulisine	repaglinide
chlorpropamide	insulin lispro	rosiglitazone
dapagliflozin metformin	insulin lispro protamine	saxagliptin
dapagliflozin propanediol	glucagon	saxagliptin metformin
dulaglutide	diazoxide	sitagliptin metformin
empagliflozin	linagliptin	sitagliptin phosphate
empagliflozin linagliptin	linagliptin metformin	tolazamide
empagliflozin metformin	liraglutide	tolbutamide

ANCILLARY DEVICES

glucose monitor - limit one	peak flow meter
glucose test control solution	spacers/aerochambers
glucose test strips	syringes/needles {3}
lancets/lancet devices	

{3} Reimbursable only with a prescription for an injectable drug covered by ADAP.

URINARY INCONTINENCE

fesoterodine fumarate
flavoxate
oxybutynin
tolterodine

INFLUENZA

amantadine
oseltamivir
rimantadine
zanamivir

HORMONE REPLACEMENT THERAPY

estrogens
estrogens-progestins
progestins

NICOTINE CESSATION (Rx only)

nicotine nasal spray
nicotine inhaler
varenicline

COLONOSCOPY PREPARATORY AGENTS

CONTRACEPTIVES

PARTIAL OPIOID AGONIST
buprenorphine

OPIOID ANTAGONIST

naloxone

DRUGS REQUIRING PRIOR AUTHORIZATION

CALL 1-800-832-5305 TO INITIATE THE PRIOR AUTHORIZATION PROCESS

ANTI-RETROVIRAL THERAPY

maraviroc (Selzentry)

HEPATITIS C

elbasvir-grazoprevir
desabuvir-ombitasvir-paritaprevir-ritonavir
daclatasvir
glecaprevir-pibrentasvir

HEMATOLOGICAL INDICATIONS

epoetin alfa
filgrastim
sargramostim
immune globulin Rho (Win Rho SDF)
oprelvekin (Neumega)

For AIDS related anemia, with: Hct < 30% and/or Hgb < 10g/dl.

For severe neutropenia due to: chemotherapy; or drug toxicity or HIV disease.

With ANC < 500/mm³.

For HIV-associated thrombocytopenia; with platelets < 20,000 mm³. Prior authorization is not required for children.

For chemotherapy induced thrombocytopenia; with platelet count <20,000/ul. and/or documented risk factors or clinical indications.

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