

**NEW YORK STATE DEPARTMENT OF HEALTH
UNINSURED CARE PROGRAMS
COVERED SERVICES and ADAP FORMULARY – January 13, 2009**

ADAP PLUS

Primary Care/Outpatient Services

- Comprehensive Medical Evaluation (1 per treatment year)
- Disease Monitoring, Routine and Intermediate Visits
- Infusion Chemotherapy
- Transfusions

Clinic Visits & Physicians Visits (30 visits per treatment year- except where otherwise noted)

- Primary Care
- Neurology
- Dermatology
- OB/GYN
- Pediatric
- Oncology
- Directly Observed Therapy
- Ophthalmology
- Specialty Medicine
- 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)
- Genotypic and Phenotypic resistance testing (3 per treatment year)
- Ambulatory Surgery (Limited to Hospital Based Reimbursement)
- Viral Load Testing
- Hepatitis C Testing
- Tropism Assay (2 per treatment year)

HOME CARE PROGRAM

- Skilled Nursing
- Home Health Aide
- Homemaker Service
- Adult Day Health Care
- Durable Medical Equipment
- Personal Care Aide
- Nutritional Assessment and Counseling
- Limited Rehabilitative Therapy (3 visits)
- 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
- Calcium Carbonate
- Folic Acid
- Folate
- Iron supplement
- Lactaid
- Magnesium
- Multiple Vitamins & Minerals
- Potassium
- Selenium
- Vitamin B-12 (IM and sublingual only)
- Vitamin B-6
- Vitamin C
- Zinc

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

- Pre and Post-Test Counseling
- Inpatient Services
- Emergency Room
- Anesthesiology
- Radiology
- Pharmacy (Drugs not included in ADAP formulary)
- Case Management/Social Work
- Psychiatric/Mental Health (extended visits)
- Substance Abuse & Alcoholism Services/Methadone Maintenance
- Ancillary Services (Any service, lab, or procedure not included in the clinic visit)
- Rehabilitative Therapy (Vocational, Physical, Speech, etc)

**DEPARTAMENTO DE SALUD DEL ESTADO DE NUEVA YORK
PROGRAMA PARA LA ATENCIÓN DE PERSONAS NO ASEGURADAS
SERVICIOS DISPONIBLES y FORMULARIO de ADAP – 13 de enero del 2009**

ADAP PLUS

Servicios Ambulatorios

- Amplia Evaluación Médica (1 visitas por el año de tratamiento)
- Observación y Control, Visitas de Rutina y Intermediaria
- Quimioterapia de infusión
- Transfusiones

Visitas a la Clínica y Visitas al Médico (30 visitas por el año de tratamiento – excepto donde esté notado)

- Cuidado Primario
- Neurología
- Dermatología
- 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)
- OB/GYN
- Pediatría
- Oncología
- Terapia de Observación Directa
- Oftalmología
- Medicina De Especialidad

Otros Servicios

- Servicios De Laboratorio (lista selecta)
- Cirujía Ambulatoria (Limitado al Reembolso Basado del Hospital)
- Prueba de resistencia genotípica y fenotípica (3 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 ATENCION 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)
- El máximo permitido por vida para beneficios de Cuidado a Domicilio es \$30,000
- Ayudante para el Cuidado Personal
- Cuidado Diario a Personas Adultas
- Suministro de Equipo Médico
- Evaluación Nutricional y Consejería

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, los cuales estan incluidos en el Formulario de Medicaid.

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

- Hospitalización
- Sala de Emergencia
- Consejería antes y despues del examen
- Coordinación en Caso/Trabajo Social
- Radiología
- Servicios Auxiliares – Cualquier servicio o procedimiento no incluido en la visita a la clínica
- Farmacia (Medicamentos no cubiertos por ADAP)
- Psiquiátrico/Salud Mental (Visitas Extendidas)
- Servicios para el Abuso de Substancias y Alcoholismo
- Terapia de Rehabilitación (Vocacional, Física, del Habla, etc.)
- Anestesiología

**NEW YORK STATE DEPARTMENT OF HEALTH
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ANTIRETROVIRAL THERAPY *

Nucleoside/Nucleotide Analogs

abacavir (Ziagen)
abacavir-lamivudine (Epzicom)
abacavir-lamivudine-zidovudine (Trizivir)
didanosine (ddI, Videx, Videx EC)
emtricitabine (Emtriva, FTC)
emtricitabine-tenofovir (Truvada)
lamivudine (3TC, Epivir)
lamivudine-zidovudine (Combivir)
stavudine (d4T, Zerit)
tenofovir (Viread)
zalcitabine (ddC, HIVID)
zidovudine (AZT, Retrovir)

Protease Inhibitors

amprenavir (Agenerase)
atazanavir (Reyataz)
darunavir (Prezista)
fosamprenavir (Lexiva)
indinavir (Crixivan)
lopinavir-ritonavir (Kaletra)
nelfinavir (Viracept)
ritonavir (Norvir)
saquinavir (Invirase, Fortovase)
tipranavir (Aptivus) {1}

Non-Nucleoside Reverse Transcriptase Inhibitors

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

Integrase Inhibitors

raltgravir (Isentress)

Multi-Class Antiretroviral Agent

efavirenz-emtricitabine-tenofovir (Atripla)

Fusion Inhibitor

enfuvirtide (Fuzeon, T-20) {1}

CCR5 Antagonist

maraviroc (Selzentry) {1}

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

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

PCP PROPHYLAXIS & TREATMENT

atovaquone {1}
clindamycin
dapson
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
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

peginterferon
ribavirin

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

Covered Services and ADAP Formulary is subject to change based on available funds. ADAP does not cover all prescription strengths or forms of the Formulary drugs. Mandatory Generics - ADAP will cover only the generic form of A-rated drugs thresholds.

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

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

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| BRONCHODILATOR/RESPIRATORY INHALANTS ***** | | |
|--|---|-------------------------------------|
| albuterol | fluticasone | pirbuterol |
| albuterol-ipratropium | flunisolide | salmeterol |
| beclomethasone | ipratropium | terbutaline |
| bitolterol | metaproterenol | theophylline |
| budesonide | montelukast | tiotropium |
| cromolyn | nedocromil | triamcinolone |
| dyphylline | oxtriphylline | zafirlukast |
| | | zileuton |
| ***** Solutions for nebulizers are not covered. | | |
| SINUSITIS | | |
| acrivastine-pseudoephedrine | dexbrompheniramine-pseudoephedrine | phenylephrine-promethazine |
| azatadine | dexchlorpheniramine | phenylprop-pyridyl-pheniramine |
| brompheniramine w/wo combinations | diphenhydramine | phenyltolox-APAP |
| budesonide | fexofenadine | phenyltolox-pyridyl-pheniramine |
| carbinoxamine | mometasone | promethazine |
| chlorpheniramine w/wo/ combinations | naphazoline w/wo combinations | triprolidine |
| clemastine | phenir-ppa-phenylt.-pyrilamine | |
| 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 | glyburide | repaglinide |
| acetoexamide | insulin | rosiglitazone |
| chlorpropamide | metformin | tolazamide |
| glimepiride | miglitol | tolbutamide |
| glipizide | pioglitazone | |
| ANCILLARY DEVICES | | URINARY INCONTINENCE |
| glucose monitor - limit one | peak flow meter | flavoxate |
| glucose test control solution | spacers/aerochambers | oxybutynin |
| glucose test strips | syringes/needles {3} | tolterodine |
| lancets/lancet devices | | |
| }{3} Reimbursable only with a prescription for an injectable drug covered by ADAP. | | |
| INFLUENZA | GYNECOLOGICAL | NICOTINE CESSATION (Rx only) |
| amantadine | estrogens | nicotine nasal spray |
| oseltamivir | estrogens-progestins | nicotine inhaler |
| rimantadine | progestins | varenicline |
| zanamivir | | |
| | PARTIAL OPIOID AGONIST | |
| | buprenorphine | |
| DRUGS REQUIRING PRIOR AUTHORIZATION | | |
| ANTIRETROVIRAL THERAPY | Call 1-800-832-5305 to initiate the prior authorization process. | |
| tipranavir (Aptivus) | | |
| enfuvirtide (Fuzeon, T-20) | For AIDS related anemia, with: Hct < 30% and/or Hgb < 10g/dl. | |
| maraviroc (Selzentry) | | |
| PCP & TOXOPLASMOSIS | For severe neutropenia due to: chemotherapy; or drug toxicity or HIV disease. With ANC < 500/mm3. | |
| atovaquone (Mepron) | | |
| HEMATOLOGICAL INDICATIONS | For HIV-associated thrombocytopenia; with platelets < 20,000 mm3. Prior authorization is not required for children. | |
| epoetin alfa | | |
| filgrastim | For chemotherapy induced thrombocytopenia; with platelet count <20,000/uL and/or documented risk factors or clinical indications. | |
| sargramostim | | |
| immune globulin Rho (Win Rho SDF) | | |
| oprelvekin (Neumega) | | |