

**NEW YORK STATE DEPARTMENT OF HEALTH  
UNINSURED CARE PROGRAMS  
COVERED SERVICES and ADAP FORMULARY June 2023**

**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
  - Telemedicine
- 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 (4 per treatment year)
- Ambulatory Surgery (Limited to Hospital Based Reimbursement)
- Vaccines (hepatitis A, hepatitis B, HPV, meningococcal, shingles)
- 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**

- Emergency Room/Urgent Care
- Inpatient Services
- Pre and Post-Test Counseling
- Eye Glasses, Contact Lenses
- Case Management/Social Work
- MRIs, CT Scans
- Rehabilitative Therapy (Vocational, Physical, Speech, etc)
- Substance Abuse & Alcoholism Services/Methadone Maintenance
- Psychiatric (Collateral Contact, Day Treatment, Continuing Treatment)
- DME (this is covered under Home Care)
- 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 - Junio 2023**

**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
- Telemedicina
- Salud Mental (24 visitas por el año de tratamiento)
- Cirugía 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)
- Cirugía 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 año de tratamiento)
- Vacunas (hepatitis A, hepatitis B, herpes, VPH, meningococo)
- 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
- Espeuelos/Lentes de contacto
- Visitas Terapéuticas
- Consejería antes y despues del examen
- Ambulancia/Servicios Médicos de Emergencia
- DME (Esta cubierto bajo Atención a Domicilio)
- Terapia Rehabilitadora (Vocacional, física, del habla, etc)
- Servicios para el Abuso de Substancias y Alcoholismo/Metadona
- Coordinación en Caso/Trabajo Social
- Psiquiátrico (Contacto Colateral, Programa de Tratamiento Diario, Tratamiento Continuo)

» Los Servicios cubiertos y el Formulario de ADAP están sujeto a cambios basado en los fondos disponibles.  
 » Preguntas con respecto a los servicios cubiertos/excluidos debe llamar a los Programas al (800) 542-2437.

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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)

**Post-Attachment Inhibitor**

*ibalizumab-uiyk (Trogarzo) {1}*

**Attachment Inhibitor**

fostemsavir (Rukobia)

**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)

**HIV-1 Capsid Inhibitor**

lenacapavir (Sulenca)

**CCR5 Antagonist**

*maraviroc (Selzentry) {1}*

**Fusion Inhibitor**

enfuvirtide (Fuzeon, T-20)

**Non-Nucleoside Reverse Transcriptase Inhibitors**

delavirdine (Rescriptor)  
doravirine (Pifeltro)  
efavirenz (Sustiva)  
etravirine (Intencele)  
nevirapine (Viramune)  
rilpivirine (Edurant)

**Integrase Inhibitors**

dolutegravir (Tivicay)  
raltgravir (Isentress)

**Multi-Class Antiretroviral Agent**

bictegravir-emtricitabine-tenofovir alafenamide (Biktarvy)  
cabotegravir-rilpivirine (Cabenuva)  
darunavir-cobicistat-emtricitabine-tenofovir alafenamide (Symtuza)  
dolutegravir-abacavir-lamivudine (Triumeq)  
dolutegravir-lamivudine (Dovato)  
dolutegravir-rilpivirine (Juluca)  
doravirine-lamivudine-tenofovir disoproxil fumarate (Delstrigo)  
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  
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  
pradaxa  
savaysa  
warfarin

**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	<b>Other Related Drugs</b>
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	lansoprazole	rabeprazole
cimetidine	metoclopramide	sucralfate
dolasetron	misoprostol	thiethylperazine
esomeprazole	omeprazole	trimethobenzamide
famotidine	ondansetron	
granisetron	pantoprazole	

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

**PSYCHOTROPICS**

alprazolam	halazepam	thiothixene
amitriptyline	haloperidol	trazodone
aripiprazole	imipramine	triazolam
benztropine	lithium	trifluoperazine
bupropion	lorazepam	trimipramine
bupirone	loxapine	venlafaxine
butabarbital	mesoridazine	ziprasidone
chloral hydrate	methylphenidate	zolpidem
chlordiazepoxide w/wo clidinium	mirtazapine	
chlorpromazine	molindone	<b>Anti-Convulsants</b>
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	morcizine	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	phenylephrine-promethazine
azatadine	dexchlorpheniramine	phenylprop-pyridyl-pheniramine
brompheniramine w/wo combinations	diphenhydramine	phenyltolox-APAP
carbinoxamine	mometasone	phenyltolox-pyridyl-pheniramine
chlorpheniramine w/wo/ combinations	naphazoline w/wo combinations	promethazine
clemastine	phenir-ppa-phenylt.-pyrilamine	triprolidine

**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**

<b>PARTIAL OPIOID AGONIST</b>
buprenorphine

**OPIOID ANTAGONIST**

naloxone
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**DRUGS REQUIRING PRIOR AUTHORIZATION**

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

**ANTIRETROVIRAL THERAPY**

maraviroc (Selzentry)
ibalizumab-uiyk (Trogarzo)

**HEPATITIS C**

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

**HEMATOLOGICAL INDICATIONS**

<b>epoetin alfa</b>
<b>filgrastim</b>
<b>sargramostim</b>
<b>immune globulin Rho (Win Rho SDF)</b>
<b>oprelvekin (Neumega)</b>

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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