

The Empire Plan Prescription Drug Program



Drugs that Require Prior Authorization

- Abstral
- Actemra
- Actiq
- Adcirca
- Amevive
- Ampyra
- Aranesp
- Avonex
- Betaseron
- Botox
- Cimzia
- Copaxone
- Dysport
- Egrifta
- Enbrel
- Epogen/Procrit
- Extavia (applies to The Preferred Drug List only)
- fentanyl powder
- Fentora
- Flolan
- Forteo
- Gilenya
- Growth Hormones
- Humira
- Immune Globulins
- Incivek
- Increlex
- Infergen
- Intron-A
- Iplex
- Kineret
- Kuvan
- Lamisil
- Lazanda
- Letairis
- Makena
- Myobloc
- Nuvigil
- Onsolis
- Orencia
- Pegasys
- Peg-Intron
- Provigil
- Rebif
- Remicade
- Remodulin
- Revatio
- Ribavirin
- Simponi
- Sporanox
- Stelara
- Synagis
- Terbinex (applies to The Preferred Drug List only)
- Tracleer
- Tysabri
- Tyvaso
- Veletri
- Ventavis
- Victrelis
- Weight Loss Drugs
- Xeomin
- Xolair
- Xyrem