



2017 EMPIRE PLAN FLEXIBLE FORMULARY EXCLUDED DRUG LIST

Administered by CVS Caremark®

Below is a list of medicines that are NOT COVERED on your prescription drug benefit. If you continue using any of the drugs listed, you will be required to pay the full cost of non-formulary products that are excluded from coverage unless a request for a medical exception is approved. New prescription drug products may be subject to exclusion upon release to the market.

If you are currently using any of the excluded drugs listed below, you may wish to discuss the preferred generic or brand-name alternatives with your doctor.

LIST OF EXCLUDED DRUGS †

DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †	DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †
ACTICLATE	<i>doxycycline hyclate</i>	CLINDACIN PAC	<i>clindamycin gel/solution, erythromycin solution</i>
ACUVAIL	<i>bromfenac, diclofenac, ketorolac</i>	CLINDAGEL	<i>clindamycin gel/solution, erythromycin solution</i>
ADOXA	<i>doxycycline hyclate</i>	<i>clobetasol shampoo</i>	<i>clobetasol foam/solution</i>
ADRENACLICK	EPIPEN, EPIPEN JR	CLOBEX SHAMPOO	<i>clobetasol foam/solution</i>
AFREZZA	NOVOLIN R, NOVOLOG	CONZIP	<i>tramadol QL, tramadol ext-rel QL</i>
ALTOPREV	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin (generic CRESTOR), simvastatin, VYTORIN *</i>	COREG CR *	<i>atenolol, bisoprolol, carvedilol, labetalol, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
<i>amlodipine-atorvastatin</i>	<i>amlodipine WITH atorvastatin</i>	COSOPT PF	<i>dorzolamide-timolol, latanoprost, travoprost, TRAVATAN Z</i>
AMRIX	<i>cyclobenzaprine</i>	<i>cyclobenzaprine ext-rel</i>	<i>cyclobenzaprine</i>
ANALPRAM ADVANCED KIT	CORTIFOAM	DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS</i>
ANDROGEL	ANDRODERM, AXIRON	DESVENLAFAXINE ER	<i>duloxetine, venlafaxine, venlafaxine ext-rel</i>
APEXICON E	<i>betamethasone dipropionate, desoximetasone, diflorasone cream, fluocinonide</i>	DEXILANT	<i>lansoprazole, omeprazole, pantoprazole</i>
APIDRA, APIDRA SOLOSTAR	NOVOLOG	DIOVAN HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT *</i>
APLENZIN	<i>bupropion, bupropion ext-rel</i>	DORYX	<i>doxycycline hyclate</i>
ARICEPT 23 MG	<i>donepezil, galantamine, galantamine ext-rel, memantine (generic NAMENDA), rivastigmine</i>	<i>doxycycline hyclate ext-rel tablet</i>	<i>doxycycline hyclate</i>
ASACOL HD	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS</i>	<i>doxycycline monohydrate 150 mg capsule</i>	<i>doxycycline hyclate</i>
ATELVIA	<i>alendronate, ibandronate, risedronate</i>	DUEXIS	<i>celecoxib (generic CELEBREX); diclofenac sodium, meloxicam or naproxen WITH lansoprazole, omeprazole or pantoprazole</i>
AVIDOXY DK	<i>doxycycline hyclate</i>	DYMISTA	<i>flunisolide, fluticasone, mometasone (generic NASONEX) or triamcinolone WITH azelastine</i>
BASAGLAR	LANTUS, TRESIBA	EDLUAR	<i>eszopiclone, zolpidem, zolpidem ext-rel</i>
BINOSTO	<i>alendronate, ibandronate, risedronate</i>	EPIDUO, EPIDUO FORTE	<i>adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, tretinoin gel microsphere PA, ACANYA, TAZORAC * PA</i>
BUNAVAIL	<i>buprenorphine-naloxone sublingual tablet, ZUBSOLV</i>		
CADUET	<i>amlodipine WITH atorvastatin</i>		
CAMBIA	<i>diclofenac sodium, meloxicam, naproxen</i>		
CARAC	<i>flourouracil, imiquimod, PICATO</i>		
<i>carisoprodol 250 mg</i>	<i>carisoprodol 350 mg</i>		
CENTANY AT	<i>mupirocin</i>		
CLINDACIN ETZ	<i>clindamycin gel/solution, erythromycin solution</i>		

DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †	DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †
esomeprazole	lansoprazole, omeprazole, pantoprazole	MORGIDOX KIT	doxycycline hyclate
EUFLEXXA	GEL-ONE, HYALGAN, SUPARTZ FX	NATESTO	ANDRODERM, AXIRON
EVOCLIN	clindamycin gel/solution, erythromycin solution	NEXIUM	lansoprazole, omeprazole, pantoprazole
EVZIO	naloxone injection, NARCAN NASAL SPRAY	NORITATE	doxycycline monohydrate (generic ORACEA), metronidazole, FINACEA, SOOLANTRA
EXFORGE	AZOR *	NUTROPIN AQ, NUTROPIN AQ NUSPIN	HUMATROPE SGM, NORDITROPIN SGM
EXFORGE HCT	AZOR * WITH hydrochlorothiazide	omeprazole-sodium bicarbonate capsule	lansoprazole, omeprazole, pantoprazole
FABIOR	adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, tretinoin gel microsphere PA, ACANYA, TAZORAC * PA	OMNITROPE	HUMATROPE SGM, NORDITROPIN SGM
FLECTOR	diclofenac sodium, diclofenac sodium gel (generic VOLTAREN GEL), meloxicam, naproxen	ONEXTON	adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, tretinoin gel microsphere PA, ACANYA, TAZORAC * PA
FLUOROPLEX	flourouracil, imiquimod, PICATO	ONZETRA	naratriptan QL/PA, rizatriptan QL, sumatriptan nasal spray QL/PA, sumatriptan tablet QL/PA, zolmitriptan QL/PA, RELPAX * QL/PA
FORTAMET	metformin, metformin ext-rel (generic GLUCOPHAGE XR)	ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
FORTESTA	ANDRODERM, AXIRON	OXYTROL *	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, MYRBETRIQ, VESICARE
FOSAMAX PLUS D	alendronate, ibandronate, risedronate	PLAVIX	clopidogrel, BRILINTA, EFFIENT
GELSYN-3	GEL-ONE, HYALGAN, SUPARTZ FX	PRAMOSONE E	hydrocortisone cream
GENOTROPIN	HUMATROPE SGM, NORDITROPIN SGM	PREVACID SOLUTAB	lansoprazole, omeprazole, pantoprazole
GLUMETZA	metformin, metformin ext-rel (generic GLUCOPHAGE XR)	PROCORT	CORTIFOAM
GONAL F, GONAL-F RFF	FOLLISTIM AQ	PROLENSA	bromfenac, diclofenac, ketorolac
HELIXATE FS	KOGENATE FS	PROTONIX	lansoprazole, omeprazole, pantoprazole
HUMALOG	NOVOLOG	PROVIGIL	armodafinil (generic NUVIGIL) PA, modafinil PA
HUMALOG MIX 50/50	NOVOLOG MIX 70/30	PROVENTIL HFA	PROAIR HFA, PROAIR RESPICLICK
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	RELION INSULIN	NOVOLIN INSULIN
HUMULIN	NOVOLIN	REQUIP XL	pramipexole, ropinirole
HYMOVIS	GEL-ONE, HYALGAN, SUPARTZ FX	RETIN-A MICRO	adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, tretinoin gel microsphere PA, ACANYA, TAZORAC * PA
INNOPRAN XL	atenolol, bisoprolol, carvedilol, labetalol, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC	ropinirole ext-rel	pramipexole, ropinirole
INTERMEZZO	eszopiclone, zolpidem, zolpidem ext-rel	SAIZEN	HUMATROPE SGM, NORDITROPIN SGM
JALYN	dutasteride (generic AVODART) or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO	SOLODYN	doxycycline hyclate, minocycline
KHEDEZLA	duloxetine, venlafaxine, venlafaxine ext-rel	SOMA 250 MG	carisoprodol 350 mg
LESCOL XL	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin (generic CRESTOR), simvastatin, VYTORIN *	SUBOXONE FILM	buprenorphine-naloxone sublingual tablet, ZUBSOLV
LIPITOR	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin (generic CRESTOR), simvastatin, VYTORIN *	SUMAXIN CP	doxycycline monohydrate (generic ORACEA), metronidazole, FINACEA, SOOLANTRA
LORTAB ELIXIR	hydrocodone-acetaminophen QL	SUMAXIN TS	doxycycline monohydrate (generic ORACEA), metronidazole, FINACEA, SOOLANTRA
LORZONE	chlorzoxazone	SYNVISC, SYNVISC-ONE	GEL-ONE, HYALGAN, SUPARTZ FX
LUNESTA	eszopiclone, zolpidem, zolpidem ext-rel	TESTIM	ANDRODERM, AXIRON
metformin ext-rel (generic FORTAMET)	metformin, metformin ext-rel (generic GLUCOPHAGE XR)	testosterone gel	ANDRODERM, AXIRON
metformin ext-rel (generic GLUMETZA)	metformin, metformin ext-rel (generic GLUCOPHAGE XR)	TOBRADEX OINTMENT	neomycin-polymyxin B-hydrocortisone, neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, sulfacetamide-prednisolone 10%/0.25%, tobramycin-dexamethasone suspension 0.3%/0.1%, ZYLET
METZOLV ODT	metoclopramide		
MINOCIN	doxycycline hyclate, minocycline		
MONOVISC	GEL-ONE, HYALGAN, SUPARTZ FX		

DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †	DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †
TOBRADEX ST	<i>neomycin-polymyxin B-hydrocortisone, neomycin-polymyxin B-bacitracin-hydrocortisone, neomycin-polymyxin B-dexamethasone, sulfacetamide-prednisolone 10%/0.25%, tobramycin-dexamethasone suspension 0.3%/0.1%, ZYLET</i>	VOGELXO	ANDRODERM, AXIRON
TOVIAZ	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, MYRBETRIO, VESICARE</i>	XERESE	<i>acyclovir oral, famciclovir, valacyclovir</i>
TRETIN-X	<i>adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, tretinoin gel microsphere PA, ACANYA, TAZORAC * PA</i>	XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK
TREXIMET	<i>naratriptan QL/PA, rizatriptan QL, sumatriptan nasal spray QL/PA, sumatriptan tablet QL/PA, zolmitriptan QL/PA, RELPAX * QL/PA</i>	ZEGERID CAPSULE	<i>lansoprazole, omeprazole, pantoprazole</i>
TRIBENZOR *	<i>AZOR * WITH hydrochlorothiazide</i>	ZEGERID POWDER FOR ORAL SUSPENSION	<i>lansoprazole, omeprazole, pantoprazole</i>
TRIGLIDE	<i>fenofibrate, fenofibric acid</i>	ZEMBRACE	<i>naratriptan QL/PA, rizatriptan QL, sumatriptan nasal spray QL/PA, sumatriptan tablet QL/PA, zolmitriptan QL/PA, RELPAX * QL/PA</i>
URAMAXIN GT	<i>ammonium lactate 12%</i>	ZIANA	<i>adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, tretinoin gel microsphere PA, ACANYA, TAZORAC * PA</i>
VELTIN	<i>adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, tretinoin gel microsphere PA, ACANYA, TAZORAC * PA</i>	ZIPSOR	<i>diclofenac sodium, meloxicam, naproxen</i>
VENTOLIN HFA	PROAIR HFA, PROAIR RESPICLICK	ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel</i>
VERAMYST	<i>flunisolide, fluticasone, mometasone (generic NASONEX), triamcinolone</i>	ZOMACTON	HUMATROPE SGM, NORDITROPIN SGM
VIMOVO	<i>celecoxib (generic CELEBREX); diclofenac sodium, meloxicam or naproxen WITH lansoprazole, omeprazole or pantoprazole</i>	ZOMIG NASAL SPRAY	<i>naratriptan QL/PA, rizatriptan QL, sumatriptan nasal spray QL/PA, sumatriptan tablet QL/PA, zolmitriptan QL/PA, RELPAX * QL/PA</i>
		ZORVOLEX	<i>diclofenac sodium, meloxicam, naproxen</i>
		ZUPLENZ	<i>granisetron, ondansetron</i>
		ZYCLARA	<i>fluorouracil, imiquimod, PICATO</i>

Also excluded from coverage: Drugs that are only FDA approved for cosmetic indications are excluded from the plan and are not eligible for a medical exception. Examples include, but are not limited to: Avage, Botox Cosmetic, hydroxyquinone-containing products, Latisse, Propecia, Renova and Vaniqa.

KEY

Generic drugs are listed in lowercase *italics*. Brand-name drugs are listed in CAPS.

Symbol	Meaning
†	You will be responsible for the full cost of non-formulary products that are excluded from coverage unless a request for a medical exception is approved. Information on the medical exception process can be found below in the For Your Information section.
‡	The preferred alternative products in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.
*	This drug may be available as a generic in 2016 or 2017. When a generic is available, mandatory generic substitution will apply, unless the brand-name drug has been placed on Level 1.
PA	A Prior authorization is required for coverage.
PA/QL	A Prior Authorization is required for coverage and a quantity limit applies to the drug.
QL	A Quantity limit applies to the drug.
QL/PA	Initial Quantity limit is applied to the drug. Additional quantities may be authorized through a Prior authorization.
SGM	Specialty Guideline Management applies to the drug (Empire Plan Specialty Pharmacy Program medication).

FOR YOUR INFORMATION: This list represents brand products in CAPS and generic products in lowercase *italics*. This is not an all-inclusive list of available drug options. Log in to www.empireplanrxprogram.com to check coverage and copay information for a specific drug. Discuss this information with your doctor or health care provider. This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health-related questions you have. This list is subject to change. There may be additional plan restrictions. Please consult your plan for further information.

The Empire Plan has implemented a medical exception process for prescription drugs that are excluded from the Flexible Formulary. Enrollees and their physicians must first evaluate whether covered drugs on the Flexible Formulary are appropriate alternatives. After an appropriate trial of formulary alternatives, an enrollee's physician may submit a letter of medical necessity to CVS Caremark which details the enrollee's formulary alternative trials and any other clinical documentation supporting medical necessity. The physician can fax the exception request to 1-888-487-9257. If an exception is approved, the Level 1 copay will apply for generic drugs and the Level 3 copay (and ancillary charge, if applicable) will apply for brand-name drugs.

Plan member privacy is important to us. CVS Caremark employees are trained regarding the appropriate way to handle your private health information.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Listed products are for informational purposes only and are not intended to replace the clinical judgment of the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission.