



The Empire 2018 EMPIRE PLAN FLEXIBLE Plan 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>	CENTANY AT	<i>mupirocin</i>
ACUVAIL	<i>bromfenac, diclofenac, ketorolac</i>	CLINDACIN ETZ	<i>clindamycin gel/solution, erythromycin solution</i>
ADOXA	<i>doxycycline hyclate</i>	CLINDACIN PAC	<i>clindamycin gel/solution, erythromycin solution</i>
ADMELOG	NOVOLOG	CLINDAGEL	<i>clindamycin gel/solution, erythromycin solution</i>
ADRENALICK	<i>epinephrine auto-injector, EPIPEN, EPIPEN JR</i>	<i>clobetasol shampoo</i>	<i>clobetasol foam/solution</i>
AFREZZA	NOVOLIN R, NOVOLOG	CLOBEX SHAMPOO	<i>clobetasol foam/solution</i>
ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin (generic VYTORIN), fluvastatin, lovastatin, pravastatin, rosuvastatin (generic CRESTOR), simvastatin</i>	CONZIP	<i>tramadol QL, tramadol ext-rel QL</i>
<i>amlodipine-atorvastatin</i>	<i>amlodipine WITH atorvastatin</i>	COREG CR *	<i>atenolol, bisoprolol, carvedilol, labetalol, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
AMRIX	<i>cyclobenzaprine</i>	COSOPT PF	<i>dorzolamide-timolol, latanoprost, TRAVATAN Z</i>
ANDROGEL	<i>testosterone solution (generic AXIRON), ANDRODERM</i>	<i>cyclobenzaprine ext-rel</i>	<i>cyclobenzaprine</i>
APEXICON E	<i>betamethasone dipropionate, desoximetasone, diflorasone cream, fluocinonide</i>	DELZICOL	<i>balsalazide, mesalamine delayed-rel (generic LIALDA), sulfasalazine, sulfasalazine delayed-rel, APRISO, PENTASA</i>
APIDRA, APIDRA SOLOSTAR	NOVOLOG	DESVENLAFAXINE ER	<i>duloxetine, venlafaxine, venlafaxine ext-rel</i>
APLENZIN	<i>bupropion, bupropion ext-rel</i>	DEXILANT	<i>lansoprazole, omeprazole, pantoprazole</i>
ARICEPT 23 MG	<i>donepezil, galantamine, galantamine ext-rel, memantine (generic NAMENDA), rivastigmine</i>	DIOVAN HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, olmesartan-hydrochlorothiazide (generic BENICAR HCT), telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide</i>
ASACOL HD	<i>balsalazide, mesalamine delayed-rel (generic LIALDA), sulfasalazine, sulfasalazine delayed-rel, APRISO, PENTASA</i>	DORYX	<i>doxycycline hyclate</i>
ATELVIA	<i>alendronate, ibandronate, risedronate</i>	<i>doxycycline hyclate ext-rel tablet</i>	<i>doxycycline hyclate</i>
AUVI-Q	<i>epinephrine auto-injector, EPIPEN, EPIPEN JR</i>	<i>doxycycline monohydrate 150 mg capsule</i>	<i>doxycycline hyclate</i>
AVIDOXY DK	<i>doxycycline hyclate</i>	DUEXIS	<i>celecoxib (generic CELEBREX); diclofenac sodium, meloxicam or naproxen WITH lansoprazole, omeprazole or pantoprazole</i>
BASAGLAR	LANTUS, TRESIBA	DYMISTA	<i>flunisolide, fluticasone, mometasone (generic NASONEX) or triamcinolone WITH azelastine</i>
BINOSTO	<i>alendronate, ibandronate, risedronate</i>	EDLUAR	<i>eszopiclone, zolpidem, zolpidem ext-rel</i>
BUNAVAIL	<i>buprenorphine-naloxone sublingual tablet, ZUBSOLV</i>		
CADUET	<i>amlodipine WITH atorvastatin</i>		
CAMBIA	<i>diclofenac sodium, meloxicam, naproxen</i>		
CARAC	<i>fluorouracil, imiquimod, PICATO</i>		
<i>carisoprodol 250 mg</i>	<i>carisoprodol 350 mg</i>		

DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †	DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †
EPIDUO, EPIDUO FORTE	<i>adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, tazarotene (generic TAZORAC) PA, tretinoin gel microsphere PA, ACANYA *</i>	LUNESTA	<i>eszopiclone, zolpidem, zolpidem ext-rel</i>
<i>esomeprazole</i>	<i>lansoprazole, omeprazole, pantoprazole</i>	<i>metformin ext-rel (generic FORTAMET)</i>	<i>metformin, metformin ext-rel (generic GLUCOPHAGE XR)</i>
EUFLEXXA	GEL-ONE, HYALGAN, SUPARTZ FX	<i>metformin ext-rel (generic GLUMETZA)</i>	<i>metformin, metformin ext-rel (generic GLUCOPHAGE XR)</i>
EVOCLIN	<i>clindamycin gel/solution, erythromycin solution</i>	MINOCIN	<i>doxycycline hyclate, minocycline</i>
EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>	MONOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
EXFORGE	<i>amlodipine-olmesartan (generic AZOR)</i>	MORGIDOX KIT	<i>doxycycline hyclate</i>
EXFORGE HCT	<i>amlodipine-olmesartan-hydrochlorothiazide (generic TRIBENZOR)</i>	NATESTO	<i>testosterone solution (generic AXIRON), ANDRODERM</i>
EXTAVIA	BETASERON SGM	NEUPOGEN	ZARXIO SGM
FABIOR	<i>adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene (generic TAZORAC) PA, tretinoin PA, tretinoin gel microsphere PA, ACANYA *</i>	NEXIUM	<i>lansoprazole, omeprazole, pantoprazole</i>
FLECTOR	<i>diclofenac sodium, diclofenac sodium gel (generic VOLTAREN GEL), meloxicam, naproxen</i>	NORDITROPIN	HUMATROPE SGM
FLUOROPLEX	<i>flurouracil, imiquimod, PICATO</i>	NORITATE	<i>doxycycline monohydrate (generic ORACEA), metronidazole, FINACEA, SOOLANTRA</i>
FORTAMET	<i>metformin, metformin ext-rel (generic GLUCOPHAGE XR)</i>	NUTROPIN AQ, NUTROPIN AQ NUSPIN	HUMATROPE SGM
FORTESTA	<i>testosterone solution (generic AXIRON), ANDRODERM</i>	<i>omeprazole-sodium bicarbonate capsule</i>	<i>lansoprazole, omeprazole, pantoprazole</i>
FOSAMAX PLUS D	<i>alendronate, ibandronate, risedronate</i>	OMNITROPE	HUMATROPE SGM
GELSYN-3	GEL-ONE, HYALGAN, SUPARTZ FX	ONEXTON	<i>adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene (generic TAZORAC) PA, tretinoin PA, tretinoin gel microsphere PA, ACANYA *</i>
GENOTROPIN	HUMATROPE SGM	ONZETRA XSAIL	<i>eletriptan QL/PA, naratriptan QL/PA, rizatriptan QL, sumatriptan nasal spray QL/PA, sumatriptan tablet QL/PA, zolmitriptan QL/PA, ZOMIG NASAL SPRAY QL/PA</i>
GLUMETZA	<i>metformin, metformin ext-rel (generic GLUCOPHAGE XR)</i>	ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
GONAL F, GONAL-F RFF	FOLLISTIM AQ	OXYTROL *	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, MYRBETRIQ, VESICARE</i>
HELIXATE FS	KOGENATE FS	PENNSAID	<i>diclofenac sodium, diclofenac sodium gel (generic VOLTAREN GEL), meloxicam, naproxen</i>
HORIZANT	<i>gabapentin, GRALISE</i>	PLAVIX	<i>clopidogrel, prasugrel (generic EFFIENT), BRILINTA</i>
HUMALOG	NOVOLOG	PRAMOSONE E	<i>hydrocortisone cream</i>
HUMALOG MIX 50/50	NOVOLOG MIX 70/30	PREVACID SOLUTAB	<i>lansoprazole, omeprazole, pantoprazole</i>
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	PROCORT	CORTIFOAM
HUMULIN	NOVOLIN	PROLENSA	<i>bromfenac, diclofenac, ketorolac</i>
HYMOVIS	GEL-ONE, HYALGAN, SUPARTZ FX	PROTONIX	<i>lansoprazole, omeprazole, pantoprazole</i>
INNOPRAN XL	<i>atenolol, bisoprolol, carvedilol, labetalol, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>	PROVIGIL	<i>armodafinil (generic NUVIGIL) PA, modafinil PA</i>
INTERMEZZO	<i>eszopiclone, zolpidem, zolpidem ext-rel</i>	PROVENTIL HFA	PROAIR HFA, PROAIR RESPICLICK
JALYN	<i>dutasteride-tamsulosin (generic JALYN), dutasteride (generic AVODART) or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO *</i>	RELION INSULIN	NOVOLIN INSULIN
KHEDEZLA	<i>duloxetine, venlafaxine, venlafaxine ext-rel</i>	REQUIP XL	<i>pramipexole, ropinirole</i>
LESCOL XL	<i>atorvastatin, ezetimibe-simvastatin (generic VYTORIN), fluvastatin, lovastatin, pravastatin, rosuvastatin (generic CRESTOR), simvastatin</i>	RETIN-A MICRO	<i>adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene (generic TAZORAC) PA, tretinoin PA, tretinoin gel microsphere PA, ACANYA *</i>
LIPITOR	<i>atorvastatin, ezetimibe-simvastatin (generic VYTORIN), fluvastatin, lovastatin, pravastatin, rosuvastatin (generic CRESTOR), simvastatin</i>	<i>ropinirole ext-rel</i>	<i>pramipexole, ropinirole</i>
LORTAB ELIXIR	<i>hydrocodone-acetaminophen QL</i>	SAIZEN	HUMATROPE SGM
LORZONE	<i>chlorzoxazone</i>	SITAVIG	<i>valacyclovir</i>
		SOLODYN *	<i>doxycycline hyclate, minocycline</i>

DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †	DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †
SOMA 250 MG	carisoprodol 350 mg	TRIGLIDE	fenofibrate, fenofibric acid
SUBOXONE FILM	buprenorphine-naloxone sublingual tablet, ZUBSOLV	URAMAXIN GT	ammonium lactate 12%
SUMAXIN CP	doxycycline monohydrate (generic ORACEA), metronidazole, FINACEA, SOOLANTRA	VELTIN	adapalene PA , benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene (generic TAZORAC) PA , tretinoin PA , tretinoin gel microsphere PA , ACANYA *
SUMAXIN TS	doxycycline monohydrate (generic ORACEA), metronidazole, FINACEA, SOOLANTRA	VENTOLIN HFA	PROAIR HFA, PROAIR RESPICLICK
SYNVISC, SYNVISC-ONE	GEL-ONE, HYALGAN, SUPARTZ FX	VIMOVO	celecoxib (generic CELEBREX); diclofenac sodium, meloxicam or naproxen WITH lansoprazole, omeprazole or pantoprazole
TESTIM	testosterone solution (generic AXIRON), ANDRODERM	VIVLODEX	diclofenac sodium, meloxicam, naproxen
testosterone gel	testosterone solution (generic AXIRON), ANDRODERM	VOGELXO	testosterone solution (generic AXIRON), ANDRODERM
TIVORBEX	diclofenac sodium, meloxicam, naproxen	XERESE	acyclovir oral, famciclovir, valacyclovir
TOBI	tobramycin inhalation solution SGM , BETHKIS SGM	XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK
TOBI PODHALER	tobramycin inhalation solution SGM , BETHKIS SGM	ZEGERID CAPSULE	lansoprazole, omeprazole, pantoprazole
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	ZEGERID POWDER FOR ORAL SUSPENSION	lansoprazole, omeprazole, pantoprazole
TOBRADEX ST	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	ZEMBRACE SYMTOUCH	eletriptan QL/PA , naratriptan QL/PA , rizatriptan QL , sumatriptan nasal spray QL/PA , sumatriptan tablet QL/PA , zolmitriptan QL/PA , ZOMIG NASAL SPRAY QL/PA
TOVIAZ	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, MYRBETRIQ, VESICARE	ZIANA	adapalene PA , benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene (generic TAZORAC) PA , tretinoin PA , tretinoin gel microsphere PA , ACANYA *
TRETIN-X	adapalene PA , benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tazarotene (generic TAZORAC) PA , tretinoin PA , tretinoin gel microsphere PA , ACANYA *	ZIPSOR	diclofenac sodium, meloxicam, naproxen
TREXIMET	eletriptan QL/PA , naratriptan QL/PA , rizatriptan QL , sumatriptan nasal spray QL/PA , sumatriptan tablet QL/PA , zolmitriptan QL/PA , ZOMIG NASAL SPRAY QL/PA	ZOLPIMIST	eszopiclone, zolpidem, zolpidem ext-rel
TRIBENZOR	amlodipine-olmesartan-hydrochlorothiazide (generic TRIBENZOR)	ZOMACTON	HUMATROPE SGM
		ZORVOLEX	diclofenac sodium, meloxicam, naproxen
		ZUPLENZ	granisetron, ondansetron
		ZYCLARA	fluorouracil, imiquimod, PICATO

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, hydroquinone-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 2017 or 2018. 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.

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