January 2015

Drugs (Including Generic Equivalents) That Require Prior Authorization for The Excelsior Plan Prescription Drug Program

- Abstral
- Actemra
- Acthar HP
- Actimmune
- Actiq
- Adagen
- Adcirca
- Adempas
- Aldurazyme
- Alferon-N
- Ampyra
- Apokyn
- Aralast
- Aranesp
- Arcalyst
- Aubagio
- Aveed
- Avonex
- Benlysta
- Berinert
- Bethkis
- Betaseron
- Bivigam
- Botox
- Buphenyl
- Carbaglu
- Cayston
- Cerezyme
- Cimzia
- Cinryze
- Cystagon
- Cystaran
- Copaxone
- Deferoxamine (Desferal)
- Dysport
- Eligard
- Egrifta
- Enbrel
- Elaprase
- Elelyso
- Entyvio
- Epogen/Procrit
- Exjade
- Extavia
- Fabior
- Fabrazyme
- Fentora
- Ferriprox
- Firazyr
- Firmagon
- Flolan
- Forteo
- Fuzeon
- Gattex
- Gilenya
- Glassia
- Granix
- Growth Hormones
- Harvoni
- Hetlioz
- Humira
- Ilaris
- Immune Globulins
- Increlex
- Infergen
- Intron A
- Juxtapid
- Kalbitor
- Kalydeco
- Kineret
- Korlym
- Krystexxa
- Kuvan
- Kynamro
- Lamisil
- Lazanda
- Letairis
- Leukine
- Leuprolide
- Lumizyme
- Lupaneta Pack
- Lupron Depot
- Lupron Depot-Ped
- Makena
- Mozobil
- Myalept
- Myobloc
- Myozyme
- Naglazyme
- Neulasta
- Neumega
- Neupogen
- Northera
- Nplate
- Nuvigil
- Octreotide
- Olysio
- Onmel
- Onsolis
- Opsumit
- Orencia
- Orenitram
- Orfadin
- Otezla
- Otrexup
- Pegasys
- PegIntron
- Prialt
- Procysbi
- Prolastin-C
- Prolia
- Promacta
- Provigil
- Pulmozyme
- Rasuvo
- Ravicti
- Remicade
- Remodulin
- Revatio
- Ribavirin
- Sabril
- Samsca
- Sandostatin LAR

- Sensipar
- Serostim
- Signifor
- Simponi
- Soliris
- Somatuline Depot
- Somavert
- Sovaldi
- Sporanox
- Stelara
- Subsys
- Supprelin LA
- Synagis
- Tazorac
- Tecfidera
- Tikosyn
- Tobi Podhaler
- Tobramycin inhalation solution (TOBI)
- Terbinex
- Tracleer
- Trelstar
- Tysabri
- Tyvaso
- Vantus
- Veletri
- Ventavis
- Victrelis
- Vimizim
- Vivitrol
- VPRIV
- Weight Loss Drugs
- Xeljanz
- Xenazine
- Xeomin
- Xolair
- Xyrem
- Zavesca
- Zemaira
- Zoladex
- Zoledronic acid (Reclast)

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. Compound drugs that have a claim cost to the Program that exceeds $200 will require prior authorization under this Program. This list of drugs is subject to change. For the most current list of drugs requiring prior authorization, call The Empire Plan Prescription Drug Program at the number below. For more information about drugs requiring prior authorization and how to obtain it, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program.

If the prior authorization review results in authorization for payment, you will receive Empire Plan Prescription Drug Program benefits for the drug. If the payment is not authorized, no Empire Plan Prescription Drug Program benefits will be paid for the drug.

An appeal process allows you or your doctor to ask for further review if authorization is not granted. You may call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program for information on how to initiate an appeal.

Products covered by a plan member's prescription and medical benefit plan, may change from time to time. In addition, a plan member's specific prescription benefit plan design may not cover certain products or categories, regardless of their appearance on this document at any time.

Your privacy is important to us. CVS/caremark employees are trained regarding the appropriate way to handle your private health information.

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