



The Empire Plan

2016 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) †
ACUVAIL	<i>bromfenac, diclofenac, ketorolac</i>	<i>clobetasol shampoo</i>	<i>clobetasol foam/solution</i>
ADOXA	<i>doxycycline hyclate</i>	CLOBEX SHAMPOO	<i>clobetasol foam/solution</i>
ADRENACLICK	AUVI-Q, EPIPEN, EPIPEN JR	CONZIP	<i>tramadol, tramadol ext-rel</i>
AFREZZA	NOVOLIN R, NOVOLOG	COREG CR *	<i>atenolol, bisoprolol, carvedilol, labetalol, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
ALTOPREV	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin (generic CRESTOR), simvastatin, VYTORIN *</i>	COSOPT PF	<i>dorzolamide-timolol, latanoprost, travoprost, TRAVATAN Z</i>
<i>amlodipine-atorvastatin</i>	<i>amlodipine WITH atorvastatin</i>	<i>cyclobenzaprine ext-rel</i>	<i>cyclobenzaprine</i>
AMRIX	<i>cyclobenzaprine</i>	DELZICOL	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS</i>
ANALPRAM ADVANCED KIT	CORTIFOAM	DESVENLAFAXINE ER	<i>duloxetine, venlafaxine, venlafaxine ext-rel</i>
ANDROGEL	ANDRODERM, AXIRON	DEXILANT	<i>lansoprazole, omeprazole, pantoprazole</i>
APEXICON E	<i>betamethasone dipropionate, desoximetasone, diflorasone cream, fluocinonide</i>	DIOVAN HCT	<i>candesartan-hydrochlorothiazide, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, telmisartan-hydrochlorothiazide, valsartan-hydrochlorothiazide, BENICAR HCT *</i>
APIDRA, APIDRA SOLOSTAR	NOVOLOG	DORYX	<i>doxycycline hyclate</i>
APLENZIN	<i>bupropion, bupropion ext-rel</i>	<i>doxycycline hyclate ext-rel tablet</i>	<i>doxycycline hyclate</i>
ARICEPT 23 MG	<i>donepezil, galantamine, galantamine ext-rel, memantine (generic NAMENDA), rivastigmine</i>	<i>doxycycline monohydrate 150 mg capsule</i>	<i>doxycycline hyclate</i>
ASACOL HD	<i>balsalazide, sulfasalazine, sulfasalazine delayed-rel, APRISO, LIALDA, PENTASA, UCERIS</i>	DUEXIS	<i>celecoxib (generic CELEBREX); diclofenac sodium, meloxicam or naproxen WITH lansoprazole, omeprazole or pantoprazole</i>
ATELVIA	<i>alendronate, ibandronate, risedronate</i>	DYMISTA	<i>flunisolide, fluticasone, mometasone (generic NASONEX) or triamcinolone WITH azelastine</i>
BETASERON	<i>glatiramer (generic COPAXONE) SGM, AVONEX SGM, COPAXONE SGM, EXTAVIA SGM, GILENYA SGM, TECFIDERA SGM</i>	EDLUAR	<i>eszopiclone, zolpidem, zolpidem ext-rel</i>
BINOSTO	<i>alendronate, ibandronate, risedronate</i>	EPIDUO	<i>adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, tretinoin gel microsphere PA, ACANYA, BENZACLIN, TAZORAC * PA</i>
BUNAVAIL	<i>buprenorphine-naloxone sublingual tablet, ZUBSOLV</i>	esomeprazole	<i>lansoprazole, omeprazole, pantoprazole</i>
CADUET	<i>amlodipine WITH atorvastatin</i>	EUFLEXXA	GEL-ONE, HYALGAN, SUPARTZ FX
CAMBIA	<i>diclofenac sodium, meloxicam, naproxen</i>	EXFORGE	AZOR *
CARAC	<i>fluorouracil, imiquimod, PICATO</i>		
<i>carisoprodol 250 mg</i>	<i>carisoprodol 350 mg</i>		
CENTANY AT	<i>mupirocin</i>		
CLINDACIN PAC	<i>clindamycin gel/solution, erythromycin solution</i>		
CLINDAGEL	<i>clindamycin gel/solution, erythromycin solution</i>		

DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †	DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †
EXFORGE HCT	AZOR * WITH hydrochlorothiazide	ONEXTON	adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, tretinoin gel microsphere PA, ACANYA, BENZACLIN, TAZORAC * PA
FABIOR	adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, tretinoin gel microsphere PA, ACANYA, BENZACLIN, TAZORAC * PA	ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
FLECTOR	diclofenac sodium, meloxicam, naproxen, VOLTAREN GEL	OXYTROL *	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, MYRBETRIO, VESICARE
FLO-PRED	prednisolone syrup	PLAVIX	clopidogrel, BRILINTA, EFFIENT
FLUOROPLEX	fluorouracil, imiquimod, PICATO	PRAMOSONE E	hydrocortisone cream
FORTAMET	metformin, metformin ext-rel	PREVACID SOLUTAB	lansoprazole, omeprazole, pantoprazole
FORTESTA	ANDRODERM, AXIRON	PROAIR RESPICLICK	PROAIR HFA
FOSAMAX PLUS D	alendronate, ibandronate, risedronate	PROCORT	CORTIFOAM
GENOTROPIN	HUMATROPE SGM, NORDITROPIN SGM	PROLENSA	bromfenac, diclofenac, ketorolac
GLUMETZA	metformin, metformin ext-rel	PROTONIX	lansoprazole, omeprazole, pantoprazole
GONAL F, GONAL-F RFF	FOLLISTIM AQ	PROVIGIL	modafinil PA, NUVIGIL * PA
HUMALOG	NOVOLOG	PROVENTIL HFA	PROAIR HFA
HUMALOG MIX 50/50	NOVOLOG MIX 70/30	RELION INSULIN	NOVOLIN INSULIN
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	REQUIP XL	pramipexole, ropinirole
HUMULIN	NOVOLIN	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, BENZACLIN, 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	SOMA 250 MG	carisoprodol 350 mg
KHEDEZLA	duloxetine, venlafaxine, venlafaxine ext-rel	SUBOXONE FILM	buprenorphine-naloxone sublingual tablet, ZUBSOLV
LESCOL XL	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin (generic CRESTOR), simvastatin, VYTORIN *	SUMAXIN TS	doxycycline monohydrate (generic ORACEA), metronidazole, FINACEA, SOOLANTRA
LIPITOR	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin (generic CRESTOR), simvastatin, VYTORIN *	SYNVISC, SYNVISC-ONE	GEL-ONE, HYALGAN, SUPARTZ FX
LIPTRUZET	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin (generic CRESTOR), simvastatin, VYTORIN *	TESTIM	ANDRODERM, AXIRON
LORTAB ELIXIR	hydrocodone-acetaminophen	testosterone gel	ANDRODERM, AXIRON
LORZONE	chlorthalozone	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
LUNESTA	eszopiclone, zolpidem, zolpidem ext-rel	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
METZOLV ODT	metoclopramide	TOVIAZ	oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, MYRBETRIO, VESICARE
MONOVISC	GEL-ONE, HYALGAN, SUPARTZ FX	TRETIN-X	adapalene PA, benzoyl peroxide, clindamycin gel/solution, clindamycin-benzoyl peroxide, erythromycin solution, erythromycin-benzoyl peroxide, tretinoin PA, tretinoin gel microsphere PA, ACANYA, BENZACLIN, TAZORAC * PA
MORGIDOX KIT	doxycycline hyclate	TREXIMET	naratriptan QL/PA, rizatriptan QL, sumatriptan nasal spray QL/PA, sumatriptan tablet QL/PA, zolmitriptan QL/PA, RELPAX * QL/PA
NATESTO	ANDRODERM, AXIRON	TRIBENZOR *	AZOR * WITH hydrochlorothiazide
NEXIUM	lansoprazole, omeprazole, pantoprazole		
NORITATE	doxycycline monohydrate (generic ORACEA), metronidazole, FINACEA, SOOLANTRA		
NUTROPIN AQ, NUTROPIN AQ NUSPIN	HUMATROPE SGM, NORDITROPIN SGM		
omeprazole-sodium bicarbonate capsule	lansoprazole, omeprazole, pantoprazole		
OMNITROPE	HUMATROPE SGM, NORDITROPIN SGM		

DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †	DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †
TRIGLIDE	<i>fenofibrate, fenofibric acid</i>	ZEGERID POWDER FOR ORAL SUSPENSION *	<i>lansoprazole, omeprazole, pantoprazole</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, BENZACLIN, 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, BENZACLIN, TAZORAC * PA</i>	ZIPSOR	<i>diclofenac sodium, meloxicam, naproxen</i>
VENTOLIN HFA	PROAIR HFA	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>
VOGELXO	ANDRODERM, AXIRON	ZORVOLEX	<i>diclofenac sodium, meloxicam, naproxen</i>
XERESE	<i>acyclovir oral, famciclovir, valacyclovir</i>	ZUPLENZ	<i>granisetron, ondansetron</i>
XOPENEX HFA	PROAIR HFA	ZYCLARA	<i>fluorouracil, imiquimod, PICATO</i>
ZEGERID CAPSULE	<i>lansoprazole, omeprazole, pantoprazole</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.
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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