Excelsior Plan Excluded Drug List

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 options with your doctor.

LIST OF EXCLUDED DRUGS

DRUG NAME(S)	PREFERRED OPTION(S)*
ABILIFY	*aripiprazole, clozapine, olanzapine, quetiapine, risperidone, ziprasidone,* LATUDA, SEROQUEL XR
ACTOS	*pioglitazone*
ADDERALL XR	*amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel,* QUILLIVANT XR, STRATTERA, VYVANSE
ADRENACLICK	AUVI-Q, EPIPEN, EPIPEN JR
ADVICOR	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin*, VYTORIN
AEROSPAN	ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR
ALTOPREV	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin*, VYTORIN
ALVESCO	ASMANEX, FLOVENT DISKUS, FLOVENT HFA, PULMICORT FLEXHALER, QVAR
AMITIZA	LINZESS
AMRIX	*cyclobenzaprine*
ANDROGEL	ANDRODERM, AXIRON
APEXICON E	*desoximetasone, fluocinonide*
APIDRA	NOVOLOG
ARTHROTEC	*celecoxib*; *diclofenac sodium, meloxicam* or *naproxen* WITH *esomeprazole, lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole* or DEXILANT
ASACOL HD	*balsalazide, sulfasalazine, sulfasalazine delayed-rel,* APRISO, LIALDA, PENTASA, UCERIS
ATACAND, ATACAND HCT	*candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide,* BENICAR, BENICAR HCT
AVONEX	*glatiramer,* AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA
BECONASE AQ	*flunisolide, fluticasone*, *mometasone*, *triamcinolone*
BYDUREON	TRULICITY, VICTOZA
BYETTA	TRULICITY, VICTOZA
CARAC	*fluorouracil cream 5%, fluorouracil solution, imiquimod,* PICATO, ZYCLARA
CARDIZEM	*diltiazem ext-rel* (except generic CARDIZEM LA)
CARDIZEM CD	*diltiazem ext-rel* (except generic CARDIZEM LA)
CARDIZEM LA (and its generics)	*diltiazem ext-rel* (except generic CARDIZEM LA)
clobetasol spray	*clobetasol foam*
CLOBEX SPRAY	*clobetasol foam*
CYMBALTA	*desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel*, PRISTIQ
DELZICOL	*balsalazide, sulfasalazine, sulfasalazine delayed-rel,* APRISO, LIALDA, PENTASA, UCERIS
DETROL LA	*oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel*, GELNIQUE, MYRBETRIQ, VESICARE
DIOVAN, DIOVAN HCT	*candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide*, BENICAR, BENICAR HCT
DUEXIS	*celecoxib*; *diclofenac sodium, meloxicam* or *naproxen* WITH *esomeprazole, lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole* or DEXILANT
DYMISTA	*flunisolide, fluticasone, mometasone* or *triamcinolone* WITH *azelastine* or *olopatadine*
EDARBI, EDARBYCLOR	*candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide,* BENICAR, BENICAR HCT
EUFLEXXA	GEL-ONE, HYALGAN, SUPARTZ FX
EXFORGE	*amlodipine-telmisartan, amlodipine-valsartan,* AZOR
EXFORGE HCT	*amlodipine-valsartan-hydrochlorothiazide,* TRIBENZOR
EXTAVIA	*glatiramer,* AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA
fluorouracil cream 0.5%	*fluorouracil cream 5%, fluorouracil solution, imiquimod,* PICATO, ZYCLARA
FORTAMET	*metformin, metformin ext-rel*
FORTESTA	ANDRODERM, AXIRON
FOSRENOL	*calcium acetate,* PHOSLYRA, RENVELA, VELPHORO
GENOTROPIN	HUMATROPE, NORDITROPIN
GLUMETZA	*metformin, metformin ext-rel*

DRUG NAME(S)	PREFERRED OPTION(S)*
HUMALOG	NOVOLOG
HUMALOG MIX 50/50	NOVOLOG MIX 70/30
HUMALOG MIX 75/25	NOVOLOG MIX 70/30
HUMULIN	NOVOLIN
INCRUSE ELLIPTA	SPIRIVA
INTERMEZZO	*eszopiclone, zolpidem, zolpidem ext-rel,* SILENOR
INTUNIV	*amphetamine-dextroamphetamine mixed salts, amphetamine-dextroamphetamine mixed salts ext-rel, guanfacine ext-rel, methylphenidate, methylphenidate ext-rel,* QUILLIVANT XR, STRATTERA, VYVANSE
INVOKAMET	XIGDUO XR
INVOKANA	FARXIGA, JARDIANCE
JALYN	*dutasteride* or *finasteride* WITH *alfuzosin ext-rel, doxazosin, tamsulosin, terazosin* or RAPAFLO
KAZANO	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
LASTACAFT	*azelastine, cromolyn sodium, olopatadine,* PATADAY, PAZEO
LESCOL XL	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin,* VYTORIN
LEVITRA	CIALIS
LIPITOR	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin,* VYTORIN
LIPTRUZET	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin,* VYTORIN
LIVALO	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin,* VYTORIN
LUMIGAN	*latanoprost, travoprost,* TRAVATAN Z, ZIOPTAN
LUNESTA	*eszopiclone, zolpidem, zolpidem ext-rel,* SILENOR
Matzim LA	*diltiazem ext-rel* (except generic CARDIZEM LA)
MONOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
NAPRELAN	*celecoxib, diclofenac sodium, meloxicam, naproxen*
NATESTO	ANDRODERM, AXIRON
NESINA	JANUVIA, TRADJENTA
NORITATE	*metronidazole*, *sulfacetamide-sulfur*, FINACEA, SOOLANTRA
NORVASC	*amlodipine*
NUTROPIN AQ	HUMATROPE, NORDITROPIN
OLEPTRO	*trazodone*
OLUX-E	*clobetasol foam*
OMNARIS	*flunisolide, fluticasone, mometasone, triamcinolone*
OMNITROPE	HUMATROPE, NORDITROPIN
ONGLYZA	JANUVIA, TRADJENTA
ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
OSENI	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR

DRUG NAME(S)	PREFERRED OPTION(S)*
OXYTROL	*oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel,* GELNIQUE, MYRBETRIQ, VESICARE
PENNSAID	*diclofenac sodium, diclofenac sodium solution, meloxicam, naproxen,* VOLTAREN GEL
PLAVIX	*clopidogrel,* BRILINTA, EFFIENT
PLEGRIDY	*glatiramer,* AUBAGIO, BETASERON, COPAXONE 40 MG, GILENYA, REBIF, TECFIDERA
PREVACID	*esomeprazole, lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole,* DEXILANT
PROTONIX	*esomeprazole, lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole,* DEXILANT
QNASL	*flunisolide, fluticasone, mometasone, triamcinolone*
QSYMIA	BELVIQ, CONTRAVE, SAXENDA
RAYOS	*dexamethasone, methylprednisolone, prednisone*
RELION INSULIN	NOVOLIN INSULIN
RELISTOR	MOVANTIK
RHINOCORT AQUA	*flunisolide, fluticasone, mometasone, triamcinolone*
RIOMET	*metformin, metformin ext-rel*
ROZEREM	*eszopiclone, zolpidem, zolpidem ext-rel,* SILENOR
SAIZEN	HUMATROPE, NORDITROPIN
SYMBICORT	ADVAIR, DULERA
TESTIM	ANDRODERM, AXIRON
testosterone gel 1% [1]	ANDRODERM, AXIRON
TEVETEN, TEVETEN HCT	*candesartan, candesartan-hydrochlorothiazide, eprosartan, irbesartan, irbesartan-hydrochlorothiazide, losartan, losartan-hydrochlorothiazide, telmisartan, telmisartan-hydrochlorothiazide, valsartan, valsartan-hydrochlorothiazide,* BENICAR, BENICAR HCT
TOVIAZ	*oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel*, GELNIQUE, MYRBETRIQ, VESICARE
TRICOR	*fenofibrate, fenofibric acid*
TUDORZA	SPIRIVA
VALCYTE	*valganciclovir*
VALTREX	*acyclovir, valacyclovir*
VERAMYST	*flunisolide, fluticasone, mometasone, triamcinolone*
VIAGRA	CIALIS
VIEKIRA PAK	HARVONI
VIMOVO	*celecoxib*; *diclofenac sodium, meloxicam* or *naproxen* WITH *esomeprazole, lansoprazole, omeprazole, omeprazole-sodium bicarbonate capsule, pantoprazole* or DEXILANT
VOGELXO	ANDRODERM, AXIRON
XOPENEX HFA	PROAIR HFA, PROVENTIL HFA, VENTOLIN HFA
ZETONNA	*flunisolide, fluticasone, mometasone, triamcinolone*
ZUBSOLV	*buprenorphine-naloxone sublingual tablet,* SUBOXONE FILM

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. Please check with your plan sponsor for more information.

FOR YOUR INFORMATION: This list represents brand products in CAPS, branded generics in upper- and lowercase *Italics*, 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 Excelsior Plan Drug List. Enrollees and their physicians must first evaluate whether covered drugs on the Excelsior Plan Drug List 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.

* The preferred options in this list are a broad representation within therapeutic categories of available treatment options and do not necessarily represent clinical equivalency.

[1] Listing reflects the authorized generics for TESTIM and VOGELXO.

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' 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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