



The Empire  
Plan

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

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

DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †	DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †
SOMA 250 MG	<i>carisoprodol 350 mg</i>	URAMAXIN GT	<i>ammonium lactate 12%</i>
SUBOXONE FILM	<i>buprenorphine-naloxone sublingual tablet, ZUBSOLV</i>	VELTIN	<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>
SUMAXIN CP	<i>doxycycline monohydrate (generic ORACEA), metronidazole, FINACEA, SOOLANTRA</i>	VENTOLIN HFA	PROAIR HFA, PROAIR RESPICLICK
SUMAXIN TS	<i>doxycycline monohydrate (generic ORACEA), metronidazole, FINACEA, SOOLANTRA</i>	VIMOVO	<i>celecoxib (generic CELEBREX); diclofenac sodium, meloxicam or naproxen WITH lansoprazole, omeprazole or pantoprazole</i>
SYNVISC, SYNVISC-ONE	GEL-ONE, HYALGAN, SUPARTZ FX	VIVLODEX	<i>diclofenac sodium, meloxicam, naproxen</i>
TESTIM	<i>testosterone solution (generic AXIRON), ANDRODERM</i>	VOGELXO	<i>testosterone solution (generic AXIRON), ANDRODERM</i>
<i>testosterone gel</i>	<i>testosterone solution (generic AXIRON), ANDRODERM</i>	XERESE	<i>acyclovir oral, famciclovir, valacyclovir</i>
TIVORBEX	<i>diclofenac sodium, meloxicam, naproxen</i>	XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK
TOBI	<i>tobramycin inhalation solution SGM, BETHKIS SGM</i>	ZEGERID CAPSULE	<i>lansoprazole, omeprazole, pantoprazole</i>
TOBI PODHALER	<i>tobramycin inhalation solution SGM, BETHKIS SGM</i>	ZEGERID POWDER FOR ORAL SUSPENSION	<i>lansoprazole, omeprazole, pantoprazole</i>
TOBRADEX OINTMENT	<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>	ZEMBRACE SYMTOUCH	<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>
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>	ZIANA	<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>
TOVIAZ	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, MYRBETRIQ, VESICARE</i>	ZIPSOR	<i>diclofenac sodium, meloxicam, naproxen</i>
TRETIN-X	<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>	ZOLPIMIST	<i>eszopiclone, zolpidem, zolpidem ext-rel</i>
TREXIMET	<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>	ZOMACTON	HUMATROPE SGM
TRIBENZOR	<i>amlodipine-olmesartan-hydrochlorothiazide (generic TRIBENZOR)</i>	ZORVOLEX	<i>diclofenac sodium, meloxicam, naproxen</i>
TRIGLIDE	<i>fenofibrate, fenofibric acid</i>	ZUPLENZ	<i>granisetron, ondansetron</i>
		ZYCLARA	<i>flourouracil, 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, 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 <b>For Your Information</b> 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](http://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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