



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>	CLINDACIN ETZ	<i>clindamycin gel/solution, erythromycin solution</i>
ACUVAIL	<i>bromfenac, diclofenac, ketorolac</i>	CLINDACIN PAC	<i>clindamycin gel/solution, erythromycin solution</i>
ADOXA	<i>doxycycline hyclate</i>	CLINDAGEL	<i>clindamycin gel/solution, erythromycin solution</i>
ADMELOG	NOVOLOG	<i>clobetasol shampoo</i>	<i>clobetasol foam/solution</i>
ADRENALICK	<i>epinephrine auto-injector</i> , EPIPEN, EPIPEN JR	CLOBEX SHAMPOO	<i>clobetasol foam/solution</i>
AFREZZA	NOVOLIN R, NOVOLOG	CONZIP	<i>tramadol QL, tramadol ext-rel QL</i>
ALTOPREV	<i>atorvastatin, ezetimibe-simvastatin</i> (generic VYTORIN), <i>fluvastatin, lovastatin, pravastatin,</i> <i>rosuvastatin</i> (generic CRESTOR), <i>simvastatin</i>	COREG CR	<i>atenolol, bisoprolol, carvedilol, labetalol,</i> <i>metoprolol succinate ext-rel, metoprolol tartrate, nadolol,</i> <i>pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>
<i>amlodipine-atorvastatin</i>	<i>amlodipine WITH atorvastatin</i>	COSOPT PF	<i>dorzolamide-timolol,latanoprost, TRAVATAN Z *</i>
AMRIX	<i>cyclobenzaprine</i>	<i>cyclobenzaprine ext-rel</i>	<i>cyclobenzaprine</i>
ANDROGEL	<i>testosterone solution</i> , ANDRODERM	DELZICOL	<i>balsalazide, mesalamine delayed-rel</i> (generic LIALDA), <i>sulfasalazine, sulfasalazine delayed-rel, APRISO,</i> <i>PENTASA</i>
APEXICON E	<i>betamethasone dipropionate, desoximetasone,</i> <i>diflorasone cream, fluocinonide</i>	DESVENLAFAXINE ER	<i>duloxetine, venlafaxine, venlafaxine ext-rel</i>
APIDRA, APIDRA SOLOSTAR	NOVOLOG	DEXILANT	<i>lansoprazole, omeprazole, pantoprazole</i>
APLENZIN	<i>bupropion, bupropion ext-rel</i>	DIOVAN HCT	<i>candesartan-hydrochlorothiazide,</i> <i>irbesartan-hydrochlorothiazide,</i> <i>losartan-hydrochlorothiazide,</i> <i>olmesartan-hydrochlorothiazide</i> (generic BENICAR HCT), <i>telmisartan-hydrochlorothiazide,</i> <i>valsartan-hydrochlorothiazide</i>
ARICEPT 23 MG	<i>donepezil, galantamine, galantamine ext-rel,</i> <i>memantine</i> (generic NAMENDA), <i>rivastigmine</i>	DORYX	<i>doxycycline hyclate</i>
ASACOL HD	<i>balsalazide, mesalamine delayed-rel</i> (generic LIALDA), <i>sulfasalazine, sulfasalazine delayed-rel, APRISO,</i> <i>PENTASA</i>	<i>doxycycline hyclate ext-rel tablet</i>	<i>doxycycline hyclate</i>
ATELVIA	<i>alendronate, ibandronate, risedronate</i>	<i>doxycycline monohydrate</i> <i>150 mg capsule</i>	<i>doxycycline hyclate</i>
AUVI-Q	<i>epinephrine auto-injector</i> , EPIPEN, EPIPEN JR	DUEXIS	<i>celecoxib</i> (generic CELEBREX); <i>diclofenac sodium,</i> <i>meloxicam</i> or <i>naproxen WITH lansoprazole,</i> <i>omeprazole</i> or <i>pantoprazole</i>
AVIDOXY DK	<i>doxycycline hyclate</i>	DYMISTA	<i>flunisolide, fluticasone, mometasone</i> (generic NASONEX) or <i>triamcinolone WITH azelastine</i>
BASAGLAR	LANTUS, TRESIBA	EDLUAR	<i>eszopiclone, zolpidem, zolpidem ext-rel</i>
BINOSTO	<i>alendronate, ibandronate, risedronate</i>		
BUNAVAIL	<i>buprenorphine-naloxone sublingual tablet</i> , ZUBSOLV		
CADUET	<i>amlodipine WITH atorvastatin</i>		
CAMBIA	<i>diclofenac sodium, meloxicam, naproxen</i>		
CARAC	<i>flurouracil, imiquimod</i> , PICATO		
<i>carisoprodol 250 mg</i>	<i>carisoprodol 350 mg</i>		
CENTANY AT	<i>mupirocin</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>	<i>metformin ext-rel (generic FORTAMET)</i>	<i>metformin, metformin ext-rel (generic GLUCOPHAGE XR)</i>
<i>esomeprazole</i>	<i>lansoprazole, omeprazole, pantoprazole</i>	<i>metformin ext-rel (generic GLUMETZA)</i>	<i>metformin, metformin ext-rel (generic GLUCOPHAGE XR)</i>
EUFLEXXA	GEL-ONE, HYALGAN, SUPARTZ FX	MINOCIN	<i>doxycycline hyclate, minocycline</i>
EVOCLIN	<i>clindamycin gel/solution, erythromycin solution</i>	MONOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
EVZIO	<i>naloxone injection, NARCAN NASAL SPRAY</i>	MORGIDOX KIT	<i>doxycycline hyclate</i>
EXFORGE	<i>amlodipine-olmesartan (generic AZOR)</i>	NATESTO	<i>testosterone solution, ANDRODERM</i>
EXFORGE HCT	<i>amlodipine-olmesartan-hydrochlorothiazide (generic TRIBENZOR)</i>	NEUPOGEN	ZARXIO SGM
EXTAVIA	BETASERON SGM	NEXIUM	<i>lansoprazole, omeprazole, pantoprazole</i>
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>	NORDITROPIN	HUMATROPE SGM
FLECTOR	<i>diclofenac sodium, diclofenac sodium gel 1% (generic VOLTAREN GEL), meloxicam, naproxen</i>	NORITATE	<i>doxycycline monohydrate (generic ORACEA), metronidazole, FINACEA, SOOLANTRA</i>
FLUOROPLEX	<i>fluorouracil, imiquimod, PICATO</i>	NUTROPIN AQ, NUTROPIN AQ NUSPIN	HUMATROPE SGM
FORTAMET	<i>metformin, metformin ext-rel (generic GLUCOPHAGE XR)</i>	<i>omeprazole-sodium bicarbonate capsule</i>	<i>lansoprazole, omeprazole, pantoprazole</i>
FORTESTA	<i>testosterone solution, ANDRODERM</i>	OMNITROPE	HUMATROPE SGM
FOSAMAX PLUS D	<i>alendronate, ibandronate, risedronate</i>	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>
GELSYN-3	GEL-ONE, HYALGAN, SUPARTZ FX	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>
GENOTROPIN	HUMATROPE SGM	ORTHOVISC	GEL-ONE, HYALGAN, SUPARTZ FX
GLUMETZA	<i>metformin, metformin ext-rel (generic GLUCOPHAGE XR)</i>	OXYTROL *	<i>oxybutynin ext-rel, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel, GELNIQUE, MYRBETRIQ, VESICARE *</i>
GONAL F, GONAL-F RFF	FOLLISTIM AQ	PENNSAID	<i>diclofenac sodium, diclofenac sodium gel 1% (generic VOLTAREN GEL), meloxicam, naproxen</i>
HELIXATE FS	KOGENATE FS	PLAVIX	<i>clopidogrel, prasugrel (generic EFFIENT), BRILINTA</i>
HORIZANT	<i>gabapentin, GRALISE</i>	PRAMOSONE E	<i>hydrocortisone cream</i>
HUMALOG	NOVOLOG	PREVACID SOLUTAB	<i>lansoprazole, omeprazole, pantoprazole</i>
HUMALOG MIX 50/50	NOVOLOG MIX 70/30	PROCORT	CORTIFOAM
HUMALOG MIX 75/25	NOVOLOG MIX 70/30	PROLENSA	<i>bromfenac, diclofenac, ketorolac</i>
HUMULIN	NOVOLIN	PROTONIX	<i>lansoprazole, omeprazole, pantoprazole</i>
HYMOVIS	GEL-ONE, HYALGAN, SUPARTZ FX	PROVIGIL	<i>armodafinil (generic NUVIGIL) PA, modafinil PA</i>
INNOPRAN XL	<i>atenolol, bisoprolol, carvedilol, labetalol, metoprolol succinate ext-rel, metoprolol tartrate, nadolol, pindolol, propranolol, propranolol ext-rel, BYSTOLIC</i>	PROVENTIL HFA	PROAIR HFA, PROAIR RESPICLICK
INTERMEZZO	<i>eszopiclone, zolpidem, zolpidem ext-rel</i>	RELION INSULIN	NOVOLIN INSULIN
JALYN	<i>dutasteride-tamsulosin (generic JALYN), dutasteride (generic AVODART) or finasteride WITH alfuzosin ext-rel, doxazosin, tamsulosin, terazosin or RAPAFLO *</i>	REQUIP XL	<i>pramipexole, ropinirole</i>
KHEDEZLA	<i>duloxetine, venlafaxine, venlafaxine ext-rel</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>
LESCOL XL	<i>atorvastatin, ezetimibe-simvastatin (generic VYTORIN), fluvastatin, lovastatin, pravastatin, rosuvastatin (generic CRESTOR), simvastatin</i>	<i>ropinirole ext-rel</i>	<i>pramipexole, ropinirole</i>
LIPITOR	<i>atorvastatin, ezetimibe-simvastatin (generic VYTORIN), fluvastatin, lovastatin, pravastatin, rosuvastatin (generic CRESTOR), simvastatin</i>	SAIZEN	HUMATROPE SGM
LORTAB ELIXIR	<i>hydrocodone-acetaminophen QL</i>	SITAVIG	<i>valacyclovir</i>
LORZONE	<i>chlorzoxazone</i>	SOLODYN *	<i>doxycycline hyclate, minocycline</i>
LUNESTA	<i>eszopiclone, zolpidem, zolpidem ext-rel</i>	SOMA 250 MG	<i>carisoprodol 350 mg</i>

DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †	DRUG NAME(S)	PREFERRED ALTERNATIVE(S) †
SUBOXONE FILM	<i>buprenorphine-naloxone sublingual tablet</i> , ZUBSOLV	URAMAXIN GT	<i>ammonium lactate 12%</i>
SUMAXIN CP	<i>doxycycline monohydrate</i> (generic ORACEA), <i>metronidazole</i> , FINACEA, SOOLANTRA	VELTIN	<i>adapalene PA</i> , <i>benzoyl peroxide</i> , <i>clindamycin gel/solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tazarotene</i> (generic TAZORAC) PA , <i>tretinoin PA</i> , <i>tretinoin gel microsphere PA</i> , ACANYA *
SUMAXIN TS	<i>doxycycline monohydrate</i> (generic ORACEA), <i>metronidazole</i> , FINACEA, SOOLANTRA	VENTOLIN HFA	PROAIR HFA, PROAIR RESPICLICK
SYNVISC, SYNVISC-ONE	GEL-ONE, HYALGAN, SUPARTZ FX	VIMOVO	<i>celecoxib</i> (generic CELEBREX); <i>diclofenac sodium</i> , <i>meloxicam</i> or <i>naproxen</i> WITH <i>lansoprazole</i> , <i>omeprazole</i> or <i>pantoprazole</i>
TESTIM	<i>testosterone solution</i> , ANDRODERM	VIVLODEX	<i>diclofenac sodium</i> , <i>meloxicam</i> , <i>naproxen</i>
<i>testosterone gel</i>	<i>testosterone solution</i> , ANDRODERM	VOGELXO	<i>testosterone solution</i> , ANDRODERM
TIVORBEX	<i>diclofenac sodium</i> , <i>meloxicam</i> , <i>naproxen</i>	XERESE	<i>acyclovir oral</i> , <i>famciclovir</i> , <i>valacyclovir</i>
TOBI	<i>tobramycin inhalation solution</i> SGM , BETHKIS SGM	XOPENEX HFA	PROAIR HFA, PROAIR RESPICLICK
TOBI PODHALER	<i>tobramycin inhalation solution</i> SGM , BETHKIS SGM	ZEGERID CAPSULE	<i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i>
TOBRADEX OINTMENT	<i>neomycin-polymyxin B-hydrocortisone</i> , <i>neomycin-polymyxin B-bacitracin-hydrocortisone</i> , <i>neomycin-polymyxin B-dexamethasone</i> , <i>sulfacetamide-prednisolone 10%/0.25%</i> , <i>tobramycin-dexamethasone suspension 0.3%/0.1%</i> , ZYLET	ZEGERID POWDER FOR ORAL SUSPENSION	<i>lansoprazole</i> , <i>omeprazole</i> , <i>pantoprazole</i>
TOBRADEX ST	<i>neomycin-polymyxin B-hydrocortisone</i> , <i>neomycin-polymyxin B-bacitracin-hydrocortisone</i> , <i>neomycin-polymyxin B-dexamethasone</i> , <i>sulfacetamide-prednisolone 10%/0.25%</i> , <i>tobramycin-dexamethasone suspension 0.3%/0.1%</i> , ZYLET	ZEMBRACE SYMTOUCH	<i>eletriptan QL/PA</i> , <i>naratriptan QL/PA</i> , <i>rizatriptan QL</i> , <i>sumatriptan nasal spray QL/PA</i> , <i>sumatriptan tablet QL/PA</i> , <i>zolmitriptan QL/PA</i> , ZOMIG NASAL SPRAY QL/PA
TOVIAZ	<i>oxybutynin ext-rel</i> , <i>tolterodine</i> , <i>tolterodine ext-rel</i> , <i>tropium</i> , <i>tropium ext-rel</i> , GELNIQUE, MYRBETRIO, VESICARE *	ZIANA	<i>adapalene PA</i> , <i>benzoyl peroxide</i> , <i>clindamycin gel/solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tazarotene</i> (generic TAZORAC) PA , <i>tretinoin PA</i> , <i>tretinoin gel microsphere PA</i> , ACANYA *
TRETIN-X	<i>adapalene PA</i> , <i>benzoyl peroxide</i> , <i>clindamycin gel/solution</i> , <i>clindamycin-benzoyl peroxide</i> , <i>erythromycin solution</i> , <i>erythromycin-benzoyl peroxide</i> , <i>tazarotene</i> (generic TAZORAC) PA , <i>tretinoin PA</i> , <i>tretinoin gel microsphere PA</i> , ACANYA *	ZIPSOR	<i>diclofenac sodium</i> , <i>meloxicam</i> , <i>naproxen</i>
TREXIMET	<i>eletriptan QL/PA</i> , <i>naratriptan QL/PA</i> , <i>rizatriptan QL</i> , <i>sumatriptan nasal spray QL/PA</i> , <i>sumatriptan tablet QL/PA</i> , <i>zolmitriptan QL/PA</i> , ZOMIG NASAL SPRAY QL/PA	ZOLPIMIST	<i>eszopiclone</i> , <i>zolpidem</i> , <i>zolpidem ext-rel</i>
TRIBENZOR	<i>amlodipine-olmesartan-hydrochlorothiazide</i> (generic TRIBENZOR)	ZOMACTON	HUMATROPE SGM
TRIGLIDE	<i>fenofibrate</i> , <i>fenofibric acid</i>	ZORVOLEX	<i>diclofenac sodium</i> , <i>meloxicam</i> , <i>naproxen</i>
		ZUPLENZ	<i>granisetron</i> , <i>ondansetron</i>
		ZYCLARA	<i>fluorouracil</i> , <i>imiquimod</i> , 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 Vaniqua.

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 2018 or 2019. 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 <https://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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