



## The Empire Plan

## Drugs That Require Prior Authorization for the Empire Plan Prescription Drug Program

Abstral	Blincyto	Dysport
Actemra	Bortezomib*	Egrifta
Acthar HP	Bosulif	Elaprase
Actimmune	Botox	Elelyso
Adagen	Bravelle	Eligard
Adcetris	Buphenyl	Emflaza
Adcirca	Cabometyx	Empliciti
Adempas	capecitabine (Xeloda)	Enbrel
Afinitor	Caprelsa	Entyvio
Aldurazyme	Carbaglu	Epclusa
Alecensa	Cayston	Epogen
Alferon N	Cerdelga	Erleada*
Alunbrig	Cerezyme	Erbix
Ampyra	Cetrotide	Erivedge
Apokyn	Cholbam	Erwinaze
Aralast	chorionic gonadotropin (Novarel, Pregnyl)	Esbriet
Aranesp	Cimzia	Exjade
Arcalyst	Cinqair	Exondys-51
Arestin	Cinryze	Fabrazyme
Arzerra	Cometriq	Farydak
Aubagio	Cosentyx	Fasenra
Austedo*	Cotellic	fentanyl (Actiq)
Avastin	Cuvitru	Fentora
Aveed	Cyramza	Ferriprox
Avonex	Cystagon	Firazyr
azacitidine (Vidaza)	Cystaran	Firmagon
Bavencio	Daklinza	Flolan
Beleodaq	Darzalex	Follistim AQ
Bendeka	decitabine (Dacogen)	Folotyn
Benlysta	deferoxamine (Desferal)	Forteo
Berinert	diclofenac gel 3% (Solaraze)	Fusilev
Betaseron	Dupixent	Fuzeon
Bethkis		Ganirelix
Bivigam		Gattex

Gazyva	Jublia	Mepsevii
Gilenya	Juxtapid	miglustat (Zavesca)*
Gilotrif	Kadcyla	mitoxantrone
Glassia	Kalbitor	modafanil
glatiramer (Copaxone)	Kalydeco	Mozobil
Granix	Kanuma	Myalept
Growth Hormones	Kerydin	Mylotarg
Haegarda	Kevzara	Myobloc
Halaven	Keytruda	Naglazyme
Harvoni	Kineret	Natpara
Herceptin	Kisqali	Nerlynx
Hetlioz	Korlym	Neulasta
Humira	Krystexxa	Neumega
Hycamtin Capsules	Kuvan	Nexavar
Hyqvia	Kynamro	Ninlaro
Ibrance	Kyprolis	Nityr
Iclusig	Lamisil	Northera
IDHIFA	Lartruvo	Nplate
Ilaris	Lazanda	Nucala
Imatinib (Gleevec)	Lemtrada	Nuplazid
Imbruvica	Lenvima	Nuvigil
Imfinzi	Letairis	Ocaliva
Imlygic	Leukine	Ocrevus
Immune Globulins	leuprolide (Lupron)	octreotide (Sandostatin)
Increlex	lidocaine patch (Lidoderm)	Odomzo
Inflectra	Lonsurf	Ofev
Ingrezza	Lumizyme	Olysio
Inlyta	Lupaneta Pack	Oncaspar
Intron A	Lupron Depot	Onmel
Iressa	Lupron Depot-PED	Onsolis
Istodax	Lynparza	Opdivo
Ixempra	Makena	Opsumit
Jadenu	Mavyret	Orencia
Jakafi	Mekinist	Orenitram
Jevtana	Menopur	Orfadin

Orkambi	Rydapt	Tecentriq
Otezla	Sabril	Tecfidera
Otrexup	Samsca	Technivie
Ovidrel	Sandostatin LAR	temozolomide (Temodar)
Parsabiv	Saxenda	tetrabenazine (Xenazine)
Pegasys	Sensipar	Thalomid
PegIntron	Serostim	Tikosyn
Perjeta	Signifor	tobramycin inhalation solution
Plegridy	Siliq	Torisel
Pomalyst	Simponi	Tracleer
Portrazza	Soliris	Treanda
Praluent	Somatuline Depot	Trelstar
Prialt	Somavert	Tremfya
Procrit	Sovaldi	Tykerb
Procysbi	Spinraza	Tymlos
Prolastin-C	Sporanox	Tysabri
Proleukin	Sprycel	Tyvaso
Prolia	Stelara	Uptravi
Promacta	Stivarga	Valchlor
Pulmozyme	Stremsiq	Vantus
Radicava	Subsys	Vectibix
Rasuvo	Supprelin LA	Velcade
Ravicti	Sutent	Veletri
Rebif	Sylatron	Venclexta
Remicade	Sylvant	Ventavis
Remodulin	Symdeko*	Verzenio
Renflexis	Synagis	Victrelis
Repatha	Synribo	Viekira Pak
Repronex	Tafinlar	Vimizim
Revatio	Tagrisso	Vivitrol
Revlimid	Taltz	Vosevi
ribavirin	Tarceva	Votrient
Rituxan	Targretin	VPRIV
Rubraca	Tasigna	Weight Loss Drugs
Ruconest	Tazorac	Xalkori

Xeljanz	Zaltrap	zoledronic acid (Zometa)
Xeomin	Zarxio	Zolinza
Xermelo	Zejula	Zydelig
Xgeva	Zelboraf	Zykadia
Xolair	Zemaira	Zytiga
Xtandi	Zepatier	
Xyrem	Zoladex	
Yervoy		

\*Effective 7/1/18

This list represents brand products beginning with a capital letter and generic products are in lowercase. Prior authorization applies to both brand and generic products. 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, visit [www.empireplanrxprogram.com](http://www.empireplanrxprogram.com) or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select option 4 for 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 select option 4 for 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 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.

106-29729A 061818