



The Empire Plan

Drugs That Require Prior Authorization for the Empire Plan Prescription Drug Program – Advanced Flexible Formulary

Abstral	Bortezomib	Empliciti
Actemra	Bosulif	Enbrel
Acthar HP	Botox	Entyvio
Actimmune	Buphenyl	Epclusa
Adagen	Cabometyx	Epogen
Adcetris	capecitabine (Xeloda)	Erleada
Adcirca	Caprelsa	Erbitux
Adempas	Carbaglu	Erivedge
Afinitor	Cayston	Erwinaze
Aldurazyme	Cerdelga	Esbriet
Alecensa	Cerezyme	Exjade
Alferon N	Cetrotide	Exondys-51
Alunbrig	Cholbam	Fabrazyme
Ampyra	chorionic gonadotropin (Novarel, Pregnyl)	Farydak
Apokyn	Cinqair	Fasenra
Aralast	Cinryze	fentanyl (Actiq)
Aranesp	Cometriq	Fentora
Arcalyst	Cosentyx	Ferriprox
Arestin	Cotellic	Firazyr
Arzerra	Cuvitru	Firmagon
Aubagio	Cyramza	Flolan
Austedo	Cystagon	Folotyn
Avastin	Cystaran	Forteo
Aveed	Darzalex	Fusilev
Avonex	decitabine (Dacogen)	Fuzeon
azacitidine (Vidaza)	deferoxamine (Desferal)	Ganirelix
Bavencio	diclofenac gel 3% (Solaraze)	Gattex
Beleodaq	Dupixent	Gazyva
Bendeka	Dysport	Gilenya
Benlysta	Egrifta	Gilotrif
Berinert	Elaprase	Glassia
Betaseron	Elelyso	glatiramer (Copaxone) 40 mg
Bethkis	Eligard	Gonal-F
Bivigam	Emflaza	Gonal-F RFF
Blincyto		

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

Portrazza	Sovaldi	Tysabri
Prialt	Spinraza	Tyvaso
Procrit	Sporanox	Uptravi
Procysbi	Sprycel	Valchlor
Prolastin-C	Stelara	Vantus
Proleukin	Stivarga	Vectibix
Prolia	Strensiq	Velcade
Promacta	Subsys	Veletri
Pulmozyme	Supprelin LA	Venclexta
Radicava	Sutent	Ventavis
Rasuvo	Sylatron	Verzenio
Ravicti	Sylvant	Victrelis
Rebif	Symdeko	Vimizim
Remicade	Synagis	Vivitrol
Remodulin	Synribo	Vosevi
Renflexis	Tafinlar	Votrient
Repatha	Tagrisso	VPRIV
Repronex	Tarceva	Weight Loss Drugs
Revatio	Targretin	Xalkori
Revlimid	Tasigna	Xeljanz
ribavirin	Tazorac	Xeomin
Rituxan	Tecentriq	Xermelo
Rubraca	Tecfidera	Xgeva
Ruconest	temozolomide (Temodar)	Xolair
Rydapt	tetrabenazine (Xenazine)	Xtandi
Sabril	Thalomid	Xyrem
Samsca	Tikosyn	Yervoy
Sandostatin LAR	tobramycin inhalation	Zaltrap
Saxenda	solution	Zarxio
Sensipar	Torisel	Zejula
Serostim	Tracleer	Zelboraf
Signifor	Treanda	Zemaira
Soliris	Trelstar	Zoladex
Somatuline Depot	Tykerb	zoledronic acid (Zometa)
Somavert	Tymlos	Zolinza

Zydelig
Zykadia
Zytiga

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 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.

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