



The Empire Plan

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

abiraterone	Arzerra	Blinicyto
Actemra IV	Asceniv	bortezomib (Velcade)
Acthar	Asparlas	bosentan (Tracleer)
Actimmune	Aubagio	Bosulif
Adagen	Austedo	Botox
Adakveo	Avastin	Braftovi
Adcetris	Aveed	Brineura
Adempas	Avonex	Bronchitol
Advate	Avsola	Brukinsa
Adynovate	Ayvakit	Bynfezia
Afstyla	azacitidine (Vidaza)	Cabenuva
Aldurazyme	Bafiertem	Cablivi
Alecensa	Balversa	Cabometyx
Alferon N	Bavencio	Calquence
Aliqopa	Beleodaq	capecitabine (Xeloda)
Alphanate	Belrapzo	Caprelsa
Alphanine SD	bendamustine (Bendeka)	Carbaglu
Alprolix	Benefix	Carimune
Alunbrig	Benlysta	Cayston
ambrisentan (Letairis)	benzphetamine (Regimex)	Cerdelga
Amondys 45	Beovu	Cerezyme
Apokyn	Berinert	Cetrotide
Aralast NP	Besponsa	Chenodal
Aranesp	Betaseron	Cholbam
Arcalyst	Bethkis	chorionic gonadotropin (Novarel, Pregnyl)
Arestin	bexarotene (Targretin)	cinacalcet (Sensipar)
Arikayce	Bivigam	Cinqair
armodafinil (Nuvigil)	Blenrep	

Cinryze	Doptelet	Evkeeza
Coagadex	droxidopa (Northera)	Evrysdi
Cometriq	Duopa	Exondys-51
Contrave	Dupixent	Eylea
Copiktra	Dysport	Fabrazyme
Corifact	Egrifta	Farydak
Cosela	Elaprase	Fasenra
Cosentyx	Elelyso	Feiba
Cotellic	Eligard	Fensolvi
Crysvita	Eloctate	fentanyl (Abstral, Actiq)
Cutaquig	Elzonris	Fentora
Cuvitru	Emflaza	Fibryga
Cyramza	Empaveli	Fintepla
Cystadane	Empliciti	Firdapse
CystaDrops	Enbrel	Firmagon
Cystagon	Endari	Folotyn
Cystaran	Enhertu	Fotivda
dalfampridine (Ampyra)	Enspryng	fulvestrant (Faslodex)
Danyelza	Entyvio	Fusilev
Darzalex	Epclusa	Fuzeon
Darzalex Faspro	Epidiolex	Galafold
Daurismo	Epogen	Gamastan S/D
decitabine (Dacogen)	epoprostenol (Flolan, Veletri)	Gamifant
deferasirox (Exjade, Jadenu)	Erbitux	Gammagard Liquid
deferiprone (Ferriprox)	Erivedge	Gammagard S/D
deferoxamine (Desferal)	Erleada	Gammaked
diclofenac gel 3% (Solaraze)	erlotinib	Gammaplex
diethylpropion	Erwinaze	Gamunex-C
diethylpropion ER	Esbriet	Ganirelix
dimethyl fumarate (Tecfidera)	Esperoct	Gattex
dofetilide (Tikosyn)	Evenity	Gavreto
Dojolvi	everolimus (Afinitor)	Gazyva

Genotropin	imatinib	Khapzory
Gilenya	Imbruvica	Kisqali
Gilotrif	Imcivree	Kitabis
Givlaari	Imfinzi	Koate
Glassia	Imlygic	Kogenate FS
glatiramer (Copaxone)	Inbrija	Korlym
Glatopa	Increlex	Koselugo
Gonal-F	Inflectra	Kovaltry
Gonal-F RFF	Ingrezza	Krystexxa
Granix	Inlyta	Kymriah
Haegarda	Inqovi	Kynmobi
Halaven	Inrebic	Kyprolis
Harvoni	Intron A	lapatinib (Tykerb)
Hemlibra	Iressa	Lartruvo
Hemofil-M	Isturisa	Lemtrada
Herceptin	itraconazole (Sporanox)	Lenvima
Herceptin Hylecta	Ixempra	Leukine
Herzuma	Ixinity	leuprolide (Lupron)
Hetlioz	Jadenu Sprinkle	Levoleucovorin
Hizentra	Jakafi	Libtayo
Humate-P	Jemperli	lidocaine patch (Lidoderm)
Humatrope	Jevtana	Lonsurf
Humira	Juxtapid	Lorbrena
Hycamtin Capsules	Jynarque	Lucentis
hydroxyprogesterone capoate (Makena)	Kadcyla	Lumakras
Hyqvia	Kalbitor	Lumizyme
Ibrance	Kalydeco	Lumoxiti
icatibant (Firazyr)	Kanjinti	Lupaneta Pack
Iclusig	Kanuma	Lupron Depot
Idelvion	Kesimpta	Lupron Depot-PED
IDHIFA	Keveyis	Lutathera
Ilaris	Keytruda	Luxturna

Lynparza	Nivestym	Ovidrel
Macugen	Novoeight	Oxbryta
Margenza	Novoseven	Oxervate
Mavenclad	Nplate	Oxlumo
Mayzent	Nubeqa	Padcev
Mekinist	Nucala	Palynziq
Mektovi	Nulibry	Panzyga
Menopur	Nuplazid	Parsabiv
Mepsevii	Nuwiq	PegIntron
miglustat (Zavesca)	Nyvepria	Pemazyre
Mircera	Obizur	Pepaxto
mitoxantrone	Ocaliva	Perjeta
modafinil	Ocrevus	phendimetrazine
Monjuvi	Octagam	phentermine (Adipex-P)
Monoclate-P	octreotide (Sandostatin)	Phesgo
Mononine	Odomzo	Piqray
Mozobil	Ofev	Plegridy
Mulpleta	Ogivri	Polivy
Mvasi	Oncaspar	Pomalyst
Myalept	Onpattro	Ponvory
Mycapssa	Onsolis	Portrazza
Mylotarg	Ontruzant	Poteligeo
Myobloc	Onureg	Prialt
Naglazyme	Opdivo	Privigen
Natpara	Opsumit	Procysbi
Nerlynx	Orencia	Profilnine SD
Neulasta	Orenitram	Prolastin-C
Neumega	Orgovyx	Proleukin
Nexavar	Orkambi	Prolia
Ninlaro	Orladeyo	Promacta
nitisinone (Orfadin)	Otezla	Pulmozyme
Nityr	Otrexup	Purixan

Qinlock	Sandostatin LAR	Tafinlar
Radicava	sapropterin dihydrochloride (Kuvan)	Tagrisso
Rasuvo	Sarclisa	Takhzyro
Ravicti	Saxenda	Talzenna
Rebif	Scenesse	Tasigna
Rebinyn	Serostim	Tavalisse
Reblozyl	Sevenfact	tazarotene (Tazorac)
Reclast	Signifor	Tazverik
Recombinate	sildenafil (Revatio)	Tecentriq
Reditrex	Simponi ARIA	Tegsedi
Remicade	Skyrizi	temozolomide (Temodar)
Renflexis	sodium phenylbutyrate (Buphenyl)	temsirolimus (Torisel)
Repatha	Soliris	Tepezza
Repronex	Somatuline Depot	Tepmetko
Retacrit	Somavert	terbinafine
Retevmo	Sovaldi	teriparatide (Forteo)
Revlimid	Spinraza	tetrabenazine (Xenazine)
Riabni	Sprycel	Thalomid
ribavirin	Stelara	Tibsovo
Riastap	Stimate	tobramycin inhalation
Rinvoq	Stivarga	tolvaptan (Samsca)
Rituxan	Strensiq	Trazimera
Rituxan Hycela	Subsys	Treanda
Rixubis	Supprelin LA	Trelstar
romidepsin (Istodax)	Sutent	Tremfya
Rozlytrek	Sylatron	treprostinil (Remodulin)
Rubraca	Sylvant	Tretten
Ruconest	Symdeko	Trikafta
Ruxience	Synagis	Triptodur
Ruzurgi	Synribo	Trodelyv
Rybrevant	Tabrecta	Truseltiq
Rydapt	tadalafil (Adcirca, Alyq)	Truxima

Tukysa	Votrient	Xywav
Turalio	VPRIV	Yervoy
Tymlos	Vumerity	Yescarta
Tysabri	Vyndamax	Yonsa
Tyvaso	Vyndaqel	Zaltrap
Udenyca	Vyondys 53	Zejula
Ukoniq	Wakix	Zelboraf
Ultomiris	Wegovy	Zemaira
Uplizna	Wilate	Zeposia
Uptravi	Xalkori	Zepzelca
Valchlor	Xeljanz	Ziextenzo
Vantas	Xeljanz XR	Zirabev
Vectibix	Xembify	Zokinvy
Venclexta	Xenical	Zoladex
Ventavis	Xeomin	zoledronic acid
Verzenio	Xermelo	Zolgensma
vigabatrin (Sabril, Vigadrone)	Xgeva	Zolinza
Viltepso	Xiaflex	Zorbtive
Vimizim	Xolair	Zulresso
Visudyne	Xospata	Zydelig
Vitrakvi	Xpovio	Zykadia
Vizimpro	Xtandi	Zynlonta
Vonvendi	Xyntha	Zytiga 250 mg
Vosevi	Xyrem	

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 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 The Empire Plan Prescription Drug Program benefits for the drug. If the payment is not authorized, The Empire Plan Prescription Drug Program benefits will not pay 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 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.