



## **New York State Correctional Officers & Police Benevolent Association, Inc.**

102 Hackett Boulevard - Albany, NY 12209  
(518) 427-1551 [www.nyscopba.org](http://www.nyscopba.org) [nyscopba@nyscopba.org](mailto:nyscopba@nyscopba.org)



TO: NYSCOPBA Chief Sector Stewards  
FROM: Sharon Smith, Health Benefits Specialist  
DATE: November 22, 2011  
RE: Empire Plan Flexible Formulary Changes for 2012

As you know, a Flexible Formulary for the Empire Plan's Prescription Drug Program took effect 1/1/10. Changes to that formulary (except when a new generic is introduced) can be made once a year, effective the new plan year.

For 2012, there are 24 drugs which will be excluded from coverage, there are 8 drugs which will move up a tier and there are 12 drugs which will move down a tier. I have attached a list of those drugs.

Disruption letters are being mailed to members affected by both the excluded drugs and those drugs which will have the higher copay. Participating providers in the Empire Plan will receive the 2012 Flexible Formulary (also attached) around the same time. Affected members should speak with their provider regarding their scripts and possible alternatives.

Should you have any questions, feel free to contact me.

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Attachments

cc: NYSCOPBA Executive Board  
NYSCOPBA Jt. Committee on Health Benefits

# 2012 Flexible Formulary Changes

## Brand on Level 1

(Brand-name medications that will have a Level 1 copay in 2012)

Brand in 2011	General Medication Use
Alvesco	Asthma
Asmanex	Asthma
Qvar	Asthma

## Downtiers

(Non-Preferred medications that will be Preferred in 2012)

Downtier	General Medication Use
Adcirca (PA)	Pulmonary Arterial Hypertension
Carbaglu	Hyperammonemia
Coartem	Malaria
Letairis (PA)	Pulmonary Arterial Hypertension
Lysteda	Heavy Menstrual Bleeding
Multaq	Atrial Fibrillation
Promacta	Thrombocytopenia
Samsca	Hyponatremia
Stelara (PA)	Plaque Psoriasis
Tirosint	Hypothyroidism
Tyvaso (PA)	Pulmonary Arterial Hypertension
Zenpep	Digestive Enzyme

## Uptiers

(Preferred medications that will be Non-Preferred in 2012)

Uptier	General Medication Use
Azor	High Blood Pressure
Flovent	Asthma
Humira (PA)	Arthritis & Psoriasis
Pulmicort Flexhaler	Asthma
Retin A Micro (PA)	Acne
Serevent	Asthma
Simcor	High Cholesterol
Twinject	Anaphylaxis

(PA) - medication requires prior authorization

## 2012 Flexible Formulary – Newly Excluded Medications

<b>2012 Empire Plan Flexible Formulary Excluded Medications</b>		
Newly Excluded Drug	General Medication Use	2012 Flexible Formulary Exclusion Criteria
<b>ANALPRAM ADVANCED KIT</b>	Hemorrhoid Management	<p><b>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</b></p> <ol style="list-style-type: none"> <li><b>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</b></li> <li><b>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</b></li> <li><b>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</b></li> </ol> <p>Comments – Analpram Advanced Kit contains the same active ingredient as pramoxine/hydrocortisone (generic Analpram HC) along with aloe vera wipes and Vasculera, a dietary supplement. Pramoxine/hydrocortisone (generic Analpram HC) is preferred on the 2012 Flexible Formulary.</p>
<b>ANDROGEL</b>	Testosterone Replacement	<p><b>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</b></p> <ol style="list-style-type: none"> <li><b>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</b></li> <li><b>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</b></li> <li><b>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</b></li> </ol> <p>Comments – Androgel (testosterone gel) contains the same active ingredient as Testim (testosterone gel). Testim is preferred on the 2012 Flexible Formulary.</p>
<b>ARICEPT 23mg</b>	Alzheimer Disease	<p><b>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</b></p> <ol style="list-style-type: none"> <li><b>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</b></li> <li><b>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</b></li> <li><b>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</b></li> </ol> <p>Comments – Aricept 23mg contains the same active ingredient as donepezil 5mg and 10mg (generic Aricept). Generic donepezil 5mg and 10mg are preferred on the 2012 Flexible Formulary.</p>

CAMBIA	Migraine	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Cambia contains the same active ingredient as generic diclofenac. Generic diclofenac is preferred on the 2012 Flexible Formulary.</p>
CENTANY AT	Topical Infection	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Centany AT contains the same active ingredient as mupirocin ointment along with gauze pads and tape. Generic mupirocin is preferred on the 2012 Flexible Formulary.</p>
CLINDACIN PAC	Acne	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Clindacin PAC is a combination of clindamycin pledgets along with an Acuwash cleanser which contains Aloe and Green Tea for moisturizing and hydrating purposes. Generic clindamycin pledgets are preferred on the 2012 Flexible Formulary.</p>

JALYN	Enlarged Prostate	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Jalyn is a combination of tamsulosin (generic Flomax) and Avodart. Tamsulosin (generic Flomax) is preferred on the 2012 Flexible Formulary. Avodart is covered as a Non-Preferred medication.</p>
MORGIDOX KIT	Acne	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Morgidox Kit is a combination of doxycycline capsules along with an Acuwash cleanser which contains Aloe and Green Tea for moisturizing and hydrating purposes. Doxycycline is preferred on the 2012 Flexible Formulary.</p>
ORBIVAN	Headache	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Orbivan contains the same active ingredients as butalbital/acetaminophen/caffeine. Butalbital/acetaminophen/caffeine is preferred on the 2012 Flexible Formulary.</p>

<b>PACNEX HP/LP/MX</b>	Acne	<p><b>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</b></p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) <b>are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</b></li> </ol> <p>Comments – Pacnex HP, Pacnex LP and Pacnex MX contain the same active ingredient as generic benzoyl peroxide. Generic benzoyl peroxide products that require a prescription are preferred on the 2012 Flexible Formulary. Benzoyl peroxide products are also available OTC.</p>
<b>PENNSAID</b>	Pain	<p><b>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</b></p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Pennsaid contains the same active ingredient as Voltaren Gel. Voltaren Gel is preferred on the 2012 Flexible Formulary.</p>
<b>RYBIX ODT</b>	Pain	<p><b>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</b></p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Rybix ODT contains the same active ingredient as generic tramadol. Generic tramadol is preferred on the 2012 Flexible Formulary.</p>

SILENOR	Insomnia	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Silenor contains the same active ingredient as generic doxepin. Generic doxepin is preferred on the 2012 Flexible Formulary.</p>
SUMAXIN TS	Acne & Rosacea	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Sumaxin TS contains the same active ingredient as generic sodium sulfacetamide/sulfur. Generic sodium sulfacetamide/sulfur is preferred on the 2012 Flexible Formulary.</p>
TOBRADEX ST	Ocular Inflammation/ Infection	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Tobradex ST suspension contains the same active ingredient as generic tobramycin/dexamethasone suspension. Generic tobramycin/dexamethasone suspension is preferred on the 2012 Flexible Formulary.</p>

<p><b>TRIBENZOR</b></p>	<p>High Blood Pressure</p>	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Tribenzor is a combination of Benicar, amlodipine (generic Norvasc) and hydrochlorothiazide. Benicar, amlodipine and hydrochlorothiazide are preferred on the 2012 Flexible Formulary.</p>
<p><b>TRICOR</b></p>	<p>High Cholesterol</p>	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Tricor contains the same active ingredient as generic fenofibrate. Generic fenofibrate, Antara, Fenoglide, Lipofen, and Triglide are preferred on the 2012 Flexible Formulary.</p>
<p><b>TRILIPIX</b></p>	<p>High Cholesterol</p>	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Trilipix is therapeutically equivalent to fenofibrate. Generic fenofibrate, Antara, Fenoglide, Lipofen, and Triglide are preferred on the 2012 Flexible Formulary.</p>

URAMAXIN GT	Skin Emollient for Damaged Nails	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Uramaxin GT contains the same active ingredient as generic urea. Generic urea is preferred on the 2012 Flexible Formulary.</p>
VELTIN	Acne	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Veltin gel is a combination of tretinoin (PA) gel and clindamycin gel. Generic tretinoin gel (PA) and clindamycin gel are both preferred on the 2012 Flexible Formulary.</p>
VIMOVO	Arthritis	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Vimovo is a combination of Nexium and naproxen. Nexium is a PPI and is therapeutically equivalent to other PPIs. Omeprazole (generic Prilosec) and pantoprazole (generic Protonix), and naproxen are preferred on the 2012 Flexible Formulary. Omeprazole and naproxen are also available OTC.</p>

<b>XERESE</b>	Cold Sores	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Xerese is a combination of Zovirax cream and hydrocortisone cream. Zovirax cream and hydrocortisone cream are preferred on the 2012 Flexible Formulary. Hydrocortisone cream is also available OTC.</p>
<b>ZUPLENZ</b>	Nausea & Vomiting	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Zuplenz contains the same active ingredient as generic ondansetron. Generic ondansetron is preferred on the 2012 Flexible Formulary.</p>
<b>ZYCLARA</b>	Actinic Keratosis & Genital Warts	<p>Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has no clinical advantage over other generic and brand name medications in the same therapeutic class. Drugs considered to have no clinical advantage that may be excluded include any products that</p> <ol style="list-style-type: none"> <li>1) contain an active ingredient available in and therapeutically equivalent to another drug covered in the class;</li> <li>2) contain an active ingredient which is a modified version of and therapeutically equivalent to another covered Prescription Drug Product; or,</li> <li>3) are available in over-the-counter form or comprised of components that are available in over-the-counter form or equivalent.</li> </ol> <p>Comments – Zyclara cream contains the same active ingredient as generic imiquimod cream. Generic imiquimod cream is preferred on the 2012 Flexible Formulary.</p>

(PA) Medication requires Prior Authorization

OTC – Over-the-Counter (OTC products are not covered under the Empire Plan Prescription Drug Program)



# THE EMPIRE PLAN

Effective  
January 1, 2012

## 2012 EMPIRE PLAN FLEXIBLE FORMULARY

Administered by UnitedHealthcare

The following is a list of the most commonly prescribed generic and brand-name drugs included on the 2012 Empire Plan Flexible Formulary. This is not a complete list of all prescription drugs on the flexible formulary or covered under The Empire Plan. This list and excluded medications are subject to change. New prescription drugs may be subject to exclusion when they become available in the market. For specific questions about your prescriptions, coverage and copayments, please call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select The Empire Plan Prescription Drug Program or visit the website at <https://www.cs.ny.gov>. Click on Benefit Programs, then NYSHIP Online. Provide your group and plan information if prompted. On the resulting NYSHIP Online page, select Using Your Benefits and scroll to the 2012 Empire Plan Flexible Formulary links.

**For the enrollee:** Enrollees are encouraged to ask their doctors to prescribe covered generic versions of brand-name drugs whenever appropriate, as this will result in a lower copayment, unless the brand-name drug has been placed on Level 1. Brand products on Level 1 will be less expensive than the generic equivalent. Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

**For the physician:** Please prescribe covered Level 1 and Level 2 or preferred products when medically appropriate for your patients.

### CARDIOVASCULAR

#### Antiarrhythmics

amiodarone  
disopyramide  
mexiletine  
quinidine gluconate  
quinidine sulfate  
sotalol  
Multaq

#### Blood Modifiers

fondaparinux (generic Arixtra)  
ticlopidine  
warfarin  
Lovenox (g)\*  
Plavix\*

#### Blood Pressure Lowering

amlodipine (generic Norvasc)  
amlodipine and benazepril  
(generic Lotrel)  
atenolol  
atenolol with chlorthalidone  
benazepril  
benazepril with  
hydrochlorothiazide  
bisoprolol with  
hydrochlorothiazide

captopril  
captopril with  
hydrochlorothiazide  
clonidine  
clonidine patch (generic  
Catapres-TTS)  
diltiazem (all formulations)  
enalapril  
enalapril with hydrochlorothiazide  
felodipine (generic Plendil)  
fosinopril  
fosinopril with hydrochlorothiazide  
furosemide  
guanfacine  
hydrochlorothiazide  
indapamide  
isradipine  
labetalol  
lisinopril  
lisinopril with hydrochlorothiazide  
losartan (generic Cozaar) ½T  
losartan with hydrochlorothiazide  
(generic Hyzaar)  
metoprolol  
metoprolol succinate sustained  
release (generic Toprol XL)  
moexipril ½T  
nadolol

nadolol with bendroflumethiazide  
nifedipine (all formulations)  
nisoldipine (generic Sular)  
perindopril (generic Aceon) ½T  
prazosin  
propranolol sustained action  
capsule  
propranolol tablet  
quinapril  
quinapril with hydrochlorothiazide  
ramipril  
spironolactone  
spironolactone with  
hydrochlorothiazide  
torsemide  
trandolapril ½T  
triamterene with  
hydrochlorothiazide  
verapamil  
verapamil sustained release  
Atacand\* ½T  
Atacand HCT\*  
Benicar ½T  
Benicar HCT  
Bystolic  
Cardizem LA (g)\*  
Innopran XL

Micardis  
Micardis HCT

#### Cholesterol Lowering

cholestyramine  
colestipol  
fenofibrate  
gemfibrozil  
lovastatin  
pravastatin (generic Pravachol) ½T  
simvastatin (generic Zocor) ½T  
Advicor  
Altoprev  
Antara  
Crestor ½T  
Fenoglide  
Lipitor\*  
Lipofen  
Lofibra Tablet  
Niaspan  
Triglide  
Vytorin  
Welchol

#### Heart Failure

carvedilol (generic Coreg)  
digoxin  
BiDil

### KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol \* next to a brand-name drug signifies that this drug may be available as a generic in 2011 or 2012. When a generic version is available, mandatory generic substitution will apply, unless the brand-name drug has been placed on Level 1. Use of a covered Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug, unless the brand-name drug has been placed on Level 1 of the Flexible Formulary. The symbol (g) next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug, if covered, may be Level 3 or non-preferred. The symbol (PA) next to a drug name indicates that prior authorization is required. The symbol ♦ next to a drug indicates a brand-name medication with a Level 1 copayment. The symbol ½T next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

### Nitrates/Other Angina

isosorbide  
Nitrostat  
Ranexa

### Pulmonary Artery

#### Hypertension Agents

Adcirca (PA)  
Letairis (PA)  
Revatio\*(PA)  
Tracleer (PA)  
Tyvaso (PA)  
Ventavis (PA)

## **CENTRAL NERVOUS SYSTEM**

### Alzheimer's Disease

donepezil 5mg, 10mg  
(generic Aricept)  
galantamine (generic Razadyne)  
galantamine extended release  
(generic Razadyne ER)  
Namenda

### Multiple Sclerosis

Ampyra (PA)  
Avonex (PA)  
Copaxone (PA)  
Rebif (PA)

### Nausea/Vomiting

granisetron (generic Kytril)  
ondansetron (generic Zofran)  
prochlorperazine  
promethazine  
Emend

### Parkinson's Disease

amantadine  
benztropine  
carbidopa/levodopa  
pramipexole (generic Mirapex)  
ropinirole (generic Requip)  
Apokyn

### Seizure Disorder

carbamazepine  
clonazepam  
divalproex sodium  
(generic Depakote)  
divalproex sodium extended  
release (generic Depakote ER)  
gabapentin  
lamotrigine  
levetiracetam (generic Keppra)  
oxcarbazepine  
phenobarbital  
phenytoin  
primidone  
topiramate (generic Topamax) ½T  
Dilantin (g)  
Felbatol  
Gabitril\*  
Lyrica  
Tegretol XR (g)\*

## **DERMATOLOGY/ SKIN DISORDER**

adapalene (generic Differin) (PA)  
benzoyl peroxide/erythromycin  
betamethasone dipropionate  
clindamycin (all formulations)  
clobetasol  
erythromycin topical  
fluocinonide  
hydrocortisone topical  
imiquimod (generic Aldara)  
isotretinoin  
metronidazole topical  
mometasone furoate topical  
mupirocin ointment  
podoxifox topical  
sulfacetamide/sulfur  
tretinoin (PA)  
triamcinolone topical  
Condylox (g)\*  
Dovonex (g)\*  
Duac  
Protopic  
Soriatane  
Stelara (PA)

## **DIABETES**

acarbose (generic Precose)  
glimepiride  
glipizide  
glipizide extended release  
glipizide with metformin  
glyburide  
glyburide with metformin  
glyburide, micronized  
metformin  
metformin extended release  
nateglinide (generic Starlix)  
Actoplus Met\*  
Actos\* ½T  
Byetta  
Duetact  
Humalog  
Humulin  
Janumet  
Januvia  
Lantus  
Levemir  
Novolin  
Novolog  
Onglyza  
Prandin  
Symlin  
Victoza

## **GASTROINTESTINAL**

### GERD/Peptic Ulcer

metoclopramide  
misoprostol  
nizatidine oral solution  
omeprazole (generic Prilosec)  
pantoprazole (generic Protonix)  
ranitidine  
sucralfate  
Helidac  
Prevpac  
Pylera

Gastrointestinal-Other  
chlordiazepoxide/clidinium  
dicyclomine  
hyoscyamine

### Pancreatic Enzymes

Creon  
Zenpep

### Ulcerative Colitis

balsalazide disodium  
(generic Colasal)  
budesonide (generic Entocort EC)  
mesalamine enema  
sulfasalazine  
Apriso  
Asacol  
Lialda

## **GROWTH HORMONES**

Nutropin/Nutropin AQ (PA)  
Saizen (PA)  
Serostim (PA)  
Tev-Tropin (PA)  
Zorbtive (PA)

## **INFECTION**

### Antibiotics-Oral

amoxicillin  
amoxicillin with potassium  
clavulanate (generic  
Augmentin)  
ampicillin  
azithromycin (generic Zithromax)  
cefaclor  
cefadroxil  
cefdinir (generic Omnicef)  
cefprozil  
cefuroxime  
cephalexin  
ciprofloxacin  
clarithromycin (generic Biaxin)  
clarithromycin extended release  
(generic Biaxin XL)  
clindamycin capsule  
doxycycline  
erythromycin  
levofloxacin (generic Levaquin)  
metronidazole  
minocycline  
penicillin V potassium  
sulfamethoxazole with  
trimethoprim  
tetracycline

### Antifungal Drugs-Oral

fluconazole  
itraconazole (PA)  
ketoconazole  
nystatin  
terbinafine (generic Lamisil) (PA)  
Noxafil  
Vfend

### Antifungal Drugs-Topical

ciclopirox solution, non-oral  
clotrimazole with  
betamethasone  
nystatin

nystatin with triamcinolone  
Naftin

### Antiviral Drugs

acyclovir  
amantadine  
famciclovir  
rimantadine  
valacyclovir (generic Valtrex) ½T  
Tamiflu  
Zovirax Ointment, Cream

### Hepatitis

ribavirin (PA)  
Baraclude  
Hepsera  
Infergen (PA)  
Intron-A (PA)  
Pegasys (PA)  
Peg-Intron (PA)  
Tyzeka

## **MIGRAINE HEADACHE**

butalbital/acetaminophen/caffeine  
butalbital/aspirin/caffeine  
butorphanol nasal spray  
ergotamine/caffeine  
propranolol tablet  
sumatriptan (generic Imitrex)  
Frova  
Maxalt\*  
Relpax  
Zomig

## **MUSCLE RELAXANTS**

carisoprodol 350mg  
cyclobenzaprine (generic Flexeril)  
diazepam  
metaxalone (generic Skelaxin)  
methocarbamol  
orphenadrine/orphenadrine  
compound

## **OPHTHALMIC (EYE)**

### Glaucoma

betaxolol  
brimonidine  
dorzolamide (generic Trusopt)  
latanoprost (generic Xalatan)  
pilocarpine  
timolol maleate  
Azopt  
Betimol  
Combigan  
Lumigan  
Travatan/Travatan Z

### Other Eye Medications

azelastine (generic Optivar)  
ciprofloxacin drops  
cromolyn sodium drops  
cyclopentolate  
diclofenac sodium drops (generic  
Voltaren Ophthalmic)  
epinastine drops (generic Elestat)  
flurbiprofen drops  
ketorolac tromethamine drops  
ofloxacin drops  
prednisolone drops  
tobramycin drops

tobramycin/dexamethasone drops (generic Tobradex)  
Flarex  
FML Forte/FML SOP  
Pred Mild  
Restasis  
Vexol

## **OTIC (EAR)**

ofloxacin (generic Floxin)  
Ciprodex

## **PAIN/ARTHRITIS**

acetaminophen with codeine  
acetaminophen with hydrocodone  
diclofenac  
etodolac  
fentanyl citrate lollipop (PA)  
fentanyl transdermal system  
flurbiprofen  
ibuprofen  
ibuprofen with hydrocodone  
indomethacin  
ketoprofen  
leflunomide  
meloxicam (generic Mobic)  
methotrexate  
nabumetone  
naproxen  
oxaprozin  
oxycodone with acetaminophen  
oxycodone with aspirin  
oxymorphone (generic Opana)  
piroxicam  
sulfindac  
tolmetin  
tramadol  
tramadol extended release  
tramadol with acetaminophen  
Celebrex  
Cimzia (PA)  
Enbrel (PA)  
Opana ER  
Oxycontin  
Simponi (PA)  
Voltaren Gel

## **PSYCHOTHERAPEUTIC AGENTS**

### Anxiety, Insomnia and Sedative Agents

alprazolam/alprazolam extended release  
buspirone  
diazepam  
flurazepam  
lorazepam  
temazepam  
triazolam  
zaleplon (generic Sonata)  
zolpidem (generic Ambien)

### Attention Deficit

### Hyperactivity Disorder (ADHD)

amphetamine with dextroamphetamine salt combination

amphetamine with dextroamphetamine salt combination extended release (generic Adderall XR)  
dextroamphetamine sustained release  
methylphenidate  
methylphenidate extended release  
Intuniv  
Vyvanse

### Depression

amitriptyline  
bupropion hcl  
bupropion hcl extended release  
bupropion hcl sustained release  
citalopram (generic Celexa)  
desipramine  
doxepin  
fluoxetine (generic Prozac)  
imipramine  
mirtazapine  
mirtazapine dispersible tablet  
nortriptyline  
paroxetine (generic Paxil)  
paroxetine sustained release 24 hour (generic Paxil CR)  
phenelzine (generic Nardil)  
sertraline (generic Zoloft) 1/2T  
tranylcypromine  
trazodone  
venlafaxine (generic Effexor)  
venlafaxine extended release capsule (generic Effexor XR)

### Psychosis

clozapine  
haloperidol  
olanzapine (generic Zyprexa)  
risperidone (generic Risperdal)  
Geodon\*  
Molan  
Seroquel (except for XR)\* 1/2T  
Symbyax\*

## **RESPIRATORY**

### Allergy-Antihistamines

hydroxyzine  
levocetirizine (generic Xyzal)

### Allergy-Nasal Antihistamines

azelastine nasal spray (generic Astelin)

### Allergy-Nasal Corticosteroids

flunisolide nasal spray  
fluticasone (generic Flonase)  
Nasonex

### Allergy-Other

epinephrine pen  
EpiPen

### Asthma-Inhaled Drugs

albuterol inhalation solution  
albuterol/ipratropium solution  
cromolyn  
ipratropium inhalation solution  
Advair  
Alvesco♦  
Asmanex♦

Combivent  
Foradil  
Pulmicort Respules (g)\*  
QVAR♦  
Spiriva  
Symbicort  
Ventolin HFA♦

### Asthma-Oral Drugs

albuterol  
prednisolone  
prednisone  
terbutaline  
theophylline  
Singular\*

## **THYROID REPLACEMENT**

levothyroxine (generic Synthroid)  
liothyronine (generic Cytomel)  
Tirosint

## **URINARY TRACT**

### Benign Prostatic Hyperplasia (BPH)

doxazosin  
finasteride (generic Proscar)  
tamsulosin (generic Flomax)  
terazosin

### Erectile Dysfunction

Viagra

### Miscellaneous

### Anticholinergics/

### Antispasmodics-Other

desmopressin  
oxybutynin/oxybutynin extended release  
trospium (generic Sanctura)  
Enablex  
Gelnique  
Oxytrol  
Sanctura XR  
Vesicare

## **VITAMIN DEFICIENCY**

cyanocobalamin injection  
Nascobal

## **WEIGHT LOSS**

phentermine (PA)

## **WOMEN'S HEALTH**

### Contraceptives

aviane  
gianvi (generic Yaz)  
kariva  
levonorgestrel-ethinyl estradiol tablet, dosepack, 3 month (generic Seasonale)  
medroxyprogesterone 150mg/ml  
microgestin fe  
ocella (generic Yasmin)  
tri-sprintec  
trinessa  
NuvaRing

### Hormone Therapy-Oral

estradiol/norethindrone (generic Activella)  
estropipate  
medroxyprogesterone tablet  
methyltestosterone with esterified estrogens  
Cenestin  
Enjuvia  
Prefest  
Prometrium

### Hormone Therapy-Patches

estradiol patch  
Combipatch  
Estraderm  
Vivelle/Vivelle-Dot

### Hormone Therapy-

### Miscellaneous

Estrace Cream  
Estring  
Vagifem

### Infertility

clomiphene  
leuprolide  
Cetrotide  
Follistim AQ  
Gonal-F  
Luvris  
Ovidrel

### Osteoporosis

alendronate sodium tablet (generic Fosamax)  
etidronate disodium  
Actonel  
Boniva  
Evista  
Forteo (PA)

### Other Agents

clindamycin vaginal cream  
metronidazole vaginal gel  
prenatal vitamins (generic)  
tamoxifen  
terconazole  
Clindesse  
Lysteda

Level 3 or Non-Preferred Drugs	Empire Plan Flexible Formulary Alternatives
Abilify ½T	olanzapine (generic Zyprexa), risperidone (generic Risperdal), Geodon*, Seroquel (except for XR)* ½T
Aciphex	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Avalide*	losartan with hydrochlorothiazide (generic Hyzaar), Atacand HCT*, Benicar HCT, Micardis HCT
Avapro* ½T	losartan (generic Cozaar) ½T, Atacand* ½T, Benicar ½T, Micardis
Avelox	ciprofloxacin, levofloxacin (generic Levaquin), ofloxacin
Avodart	doxazosin, finasteride (generic Proscar), tamsulosin (generic Flomax), terazosin
Azor	amlodipine (generic Norvasc) plus Benicar ½T
Betaseron (PA)	Avonex (PA), Copaxone (PA), Rebif (PA)
Cialis	Viagra
Cymbalta	venlafaxine (generic Effexor), venlafaxine extended release capsule (generic Effexor XR)
Diovan* ½T	losartan (generic Cozaar) ½T, Atacand* ½T, Benicar ½T, Micardis
Diovan HCT*	losartan with hydrochlorothiazide (generic Hyzaar), Atacand HCT*, Benicar HCT, Micardis HCT
Flovent	Alvesco ♦, Asmanex ♦, QVAR ♦
Humira (PA)	Cimzia (PA), Enbrel (PA), Simponi (PA), Stelara (PA)
Lexapro* ½T	citalopram (generic Celexa), fluoxetine (generic Prozac), paroxetine (generic Paxil), paroxetine sustained release 24 hour (generic Paxil CR), sertraline (generic Zoloft) ½T, venlafaxine (generic Effexor), venlafaxine extended release capsule (generic Effexor XR)
Lunesta	zaleplon (generic Sonata), zolpidem (generic Ambien)
Proventil HFA	Ventolin HFA ♦
Pulmicort Flexhaler	Alvesco ♦, Asmanex ♦, QVAR ♦
Retin-A Micro (PA)	tretinoin (PA)
Serevent	Foradil
Simcor	simvastatin (generic Zocor) ½T plus Niaspan
Twinject	epinephrine pen, EpiPen
Zegerid Powder for Oral Suspension	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Zetia	lovastatin, pravastatin (generic Pravachol) ½T, simvastatin (generic Zocor) ½T, Crestor ½T, Lipitor*, Vytorin, Welchol

For enrollee groups eligible for the Enhanced Flexible Formulary, you have an additional feature called **Brand for Generic (B4G)** which saves you money on certain Brand-Name drugs that have a new generic available. When advantageous to the Plan, this feature allows a Brand-Name drug to be placed on Level 1, the lowest copayment level, and the new generic equivalent to be placed on Level 3, the highest copayment level or excluded. These placements are for a limited time, typically six months, and may be revised mid-year when such changes are advantageous to The Empire Plan.

UnitedHealthcare will notify you when B4G savings are available.

We will also notify your pharmacist so that the lowest cost option will always be dispensed.

Please refer to the DCS website at <https://www.cs.ny.gov> for the most current information regarding the B4G feature.

#### KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol \* next to a brand-name drug signifies that this drug may be available as a generic in 2011 or 2012. When a generic version is available, mandatory generic substitution will apply, unless the brand-name drug has been placed on Level 1. Use of a covered Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug, unless the brand-name drug has been placed on Level 1 of the Flexible Formulary. The symbol (g) next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug, if covered, may be Level 3 or non-preferred. The symbol (PA) next to a drug name indicates that prior authorization is required. The symbol ♦ next to a drug indicates a brand-name medication with a Level 1 copayment. The symbol ½T next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

Excluded drugs with 2012 Empire Plan Flexible Formulary Alternatives

Excluded Drug†	Empire Plan Flexible Formulary Alternatives
Acuvail	diclofenac sodium drops (generic Voltaren Ophthalmic), ketorolac tromethamine drops
Adoxa	doxycycline
Amrix	cyclobenzaprine (generic Flexeril)
Analpram Advanced Kit	hydrocortisone/pramoxine cream
AndroGel	Testim
Aplenzin	bupropion hcl extended release, bupropion hcl sustained release
Aricept 23mg	donepezil 5mg, 10mg (generic Aricept)
Asacol HD	Apriso, Asacol, Lialda
BenzEfoam	benzoyl peroxide
Caduet	amlodipine (generic Norvasc) plus Lipitor*
Cambia	diclofenac
carisoprodol 250mg (generic Soma 250mg)	carisoprodol 350mg
Centany AT	mupirocin ointment
Clindacin PAC	clindamycin topical
Clobex Shampoo	clobetasol
Coreg CR	carvedilol (generic Coreg)
cyclobenzaprine extended release capsule (generic Amrix)	cyclobenzaprine (generic Flexeril)
Detrol LA	oxybutynin, oxybutynin extended release, trospium (generic Sanctura), Enablex, Sanctura XR, Vesicare
Dexilant (formerly Kapidex)	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Doryx	doxycycline
doxycycline hyclate extended release tablet (generic Doryx)	doxycycline
doxycycline monohydrate 150mg capsule (generic Adoxa 150mg capsule)	doxycycline
Edluar	zaleplon (generic Sonata), zolpidem (generic Ambien)
Epiduo	adapalene (generic Differin) (PA) plus benzoyl peroxide
Extavia	Avonex (PA), Copaxone (PA), Rebif (PA)
Flector	Voltaren Gel
Genotropin (PA)°	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Humatrope (PA)°°	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Jalyn	finasteride (generic Proscar) plus tamsulosin (generic Flomax)
lansoprazole capsule	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Metozolv ODT	metoclopramide
Momexin Kit	mometasone furoate topical plus ammonium lactate
Morgidox Kit	doxycycline
Naprelan	diclofenac, ibuprofen, naproxen
Neobenz Micro	benzoyl peroxide
Nexium	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Norditropin (PA)°°°	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Olux/Olux-E Complete Pack	clobetasol
omeprazole/sodium bicarbonate capsule (generic Zegerid)	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Omnitrope (PA)°	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Orbivan	butalbital/acetaminophen/caffeine

° Excluded, except for the treatment of growth failure due to Prader-Willi syndrome or Small for Gestational Age.

°° Excluded, except for the treatment of growth failure due to SHOX deficiency or Small for Gestational Age.

°°° Excluded, except for the treatment of short stature associated with Noonan syndrome or Small for Gestational Age.

† Coverage for prescription drugs excluded under the benefit plan design are not subject to exception. This includes prescription medications excluded from coverage under The Empire Plan Flexible Formulary. New prescription drugs may be subject to exclusion when they become available in the market. Please refer to the DCS website at <https://www.cs.ny.gov> or call The Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447) for current information regarding exclusions of newly launched prescription drugs.

Excluded drugs with 2012 Empire Plan Flexible Formulary Alternatives Continued

Excluded Drug†	Empire Plan Flexible Formulary Alternatives
Pacnex HP/Pacnex LP/Pacnex MX	benzoyl peroxide
Pennsaid	Voltaren Gel
Prevacid Capsule	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Requip XL	ropinirole (generic Requip)
Rybix ODT	tramadol, tramadol extended release
Ryzolt	tramadol, tramadol extended release
Silenor	doxepin
Soma 250	carisoprodol 350mg
Sumaxin TS	sodium sulfacetamide/sulfur
Terbinex	terbinafine (generic Lamisil) (PA)
Tobradex ST	tobramycin/dexamethasone drops (generic Tobradex)
Treximet	naproxen sodium plus sumatriptan (generic Imitrex)
Triaz	benzoyl peroxide
Tribenzor	amlodipine (generic Norvasc) plus hydrochlorothiazide plus Benicar ½T or amlodipine (generic Norvasc) plus Benicar HCT
Tricor	fenofibrate, Antara, Fenoglide, Lipofen, Triglide
Trilipix	fenofibrate, Antara, Fenoglide, Lipofen, Triglide
Twynsta	amlodipine (generic Norvasc) plus Micardis
Uramaxin GT	urea
Veltin	tretinoin (PA) plus clindamycin topical
Veramyst	flunisolide, fluticasone (generic Flonase), Nasonex
Vimovo	naproxen plus omeprazole (generic Prilosec)
Xerese	Zovirax Ointment, Cream
Xopenex Inhalation Solution	albuterol inhalation solution
Zegerid Capsule	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Ziana	tretinoin (PA) plus clindamycin topical
Zipsor	diclofenac, ibuprofen, naproxen
Zuplenz	ondansetron (generic Zofran)
Zyclara	imiquimod (generic Aldara)

° Excluded, except for the treatment of growth failure due to Prader-Willi syndrome or Small for Gestational Age.

°° Excluded, except for the treatment of growth failure due to SHOX deficiency or Small for Gestational Age.

°°° Excluded, except for the treatment of short stature associated with Noonan syndrome or Small for Gestational Age.

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