




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

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TO: NYSCOPBA Chief Sector Stewards With Binding Arbitration

FROM: Sharon Smith, Health Benefits Specialist 

DATE: November 9, 2009

RE: Empire Plan 2010 Prescription Drug Formulary (Flexible)

As a result of the Arbitration Award between NYSCOPBA and the State of New York, effective January 1, 2010, the Empire Plan's Prescription Drug Program will include a Flexible Formulary. The purpose of this formulary is to reduce unnecessary costs without impacting clinically appropriate medication options for members. Due to this change in formulary, certain drugs will either go up a tier or down a tier, and some will be excluded altogether (there is no appeal process for drugs excluded from the Flexible Formulary).

On the following pages, I listed each group separately in order to make it easier to read and post.

In regards to the excluded drugs, United HealthCare's Pharmacy and Therapeutics Committee has determined that these drugs have no clinical advantage over other generic and brand name medications in the same therapeutic class. Therapeutically equivalent alternatives are available for each of these drugs and will produce the same clinical effect and have the same general safety profile as the excluded drugs.

In regards to the drugs moving from Tier 2 (Preferred) to Tier 3 (Non-Preferred), for each of these drugs, there are alternatives which may be either generic or brand name drugs, or both, considered to be equally effective in treating the same condition.

One drug, Ventolin HFA, will move from Tier 3 (Non-Preferred) to Tier 1 (Generic). Ventolin HFA is an albuterol inhaler used to treat conditions such as asthma, bronchitis and emphysema. HFA inhalers are all brand name drugs and there are no general equivalents currently available; therefore, Ventolin HFA will be placed on the lowest tier so members can pay a generic copay.

Disruption letters to affected members began going out 11/6/09.

November 4, 2009

Page 2

I have attached a copy of the 2010 Flexible Formulary. Note that this copy lists the most commonly prescribed drugs and **is not a complete list of all prescription drugs on the formulary.**

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

**DRUGS EXCLUDED FROM EMPIRE PLAN COVERAGE EFFECTIVE 1/1/10
(24 DRUGS)**


<u>Drug Not Covered</u>	<u>Therapeutic Category</u>
Adoxa Doryx	Tetracycline antibiotics used to treat infections
Amrix	Muscle relaxant used to treat musculoskeletal conditions such as pain or injury
Asacol HD	Used to treat ulcerative colitis, proctitis and proctosigmoiditis
Caduet	Used to lower blood pressure & cholesterol
Clobex Shampoo Olux/Olux-E Complete Pack	Used to treat a number of skin conditions such as allergic reactions, eczema and psoriasis
Coreg CR	Used to treat high blood pressure & heart failure
Detrol LA	Used to treat overactive bladder
Flector	Used to treat pain caused by minor sprains, strains or bruising
Genotropin Humatrope Norditropin Omnitrope	Used to treat many conditions of low growth hormone levels, growth failure & short stature
Nexium Prevacid Capsules Lansoprazole Kapidex	Used to treat gastro-intestinal conditions like heartburn and gastro-esophageal reflux disease (GERD)
Requip XL	Used to treat Parkinson's Disease and Restless Leg Syndrome
Soma 250	Muscle relaxant used to treat injuries and other painful musculoskeletal conditions
Testim	Used in males to treat low testosterone levels
Treximet	Used to treat migraine headaches
Veramyst	Used to treat symptoms of allergies
Xopenex Inhalation Solution	Used to treat reversible obstructive airway conditions such as asthma, bronchitis and emphysema

**DRUGS WHICH WILL MOVE FROM TIER 2 (PREFERRED) TO TIER 3
(NON-PREFERRED) EFFECTIVE 1/1/10
(7 DRUGS)**

Betopic S	Used to treat open-angle glaucoma and other causes of high pressure inside the eye
Diovan Diovan HCT	Used to treat high blood pressure
Nascobal	Used to treat Vitamin B12 deficiency
Proventil HFA Xopenex HFA	Used to treat reversible obstructive airway conditions such as asthma, bronchitis and emphysema
Zylet	Used to treat eye inflammation caused by surgery, infection, allergies and other conditions

**DRUGS MOVED FROM TIER 3 (NON-PREFERRED) TO TIER 2 (PREFERRED)
EFFECTIVE 1/1/10
(14 DRUGS)**

Apriso Lialda	Used to treat ulcerative colitis, proctitis and proctosigmoiditis
Arcaylst	Used to treat some symptoms of rare genetic conditions such as Familial Cold Auto-inflammatory Syndrome or Muckle-Wells Syndrome
Atacand Atacand HCT	Used to treat high blood pressure
Betimol	Used to open-angle glaucoma and other causes of high pressure inside the eye
Calomist	Used to treat Vitamin B12 deficiency
Cimzia (PA)	Used to treat Crohn's disease and moderate to severe rheumatoid arthritis
Exjade	Used to treat iron overload caused by blood transfusions
Noxafil	Used to prevent fungal infections in people with weak immune systems resulting from chemotherapy or stem cell transplantation
Relistor	Used to block certain side effects caused by narcotic medications.
Sanctura XR	Used to treat overactive bladder
Symbicort	Used to treat asthma or chronic obstructive pulmonary disease
Voltaren Gel	Used to treat joint pain caused by osteoarthritis



THE EMPIRE PLAN

2010 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 2010 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. 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.

For the enrollee: Enrollees are encouraged to ask their doctors to prescribe generic versions of brand-name drugs whenever appropriate, as this will result in a lower copayment. 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 generic and preferred products when medically appropriate for your patients.

CARDIOVASCULAR

Antiarrhythmics

amiodarone
disopyramide
mexiletine
quinidine gluconate
quinidine sulfate
sotalol

Blood Modifiers

ticlopidine
warfarin
Arixtra
Lovenox
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
metoprolol
metoprolol succinate sustained release (generic Toprol XL)
moexipril
nadolol
nadolol with bendroflumethiazide
nifedipine (all formulations)
prazosin
propranolol sustained action capsule
propranolol tablet
quinapril
quinapril with hydrochlorothiazide
ramipril
spironolactone
spironolactone with hydrochlorothiazide
torsemide
trandolapril
triamterene with hydrochlorothiazide
verapamil
verapamil sustained release
Aceon*
Atacand
Atacand HCT
Azor
Benicar
Benicar HCT

Bystolic
Cardizem LA
Cozaar*
Hyzaar*
Innopran XL
Micardis
Micardis HCT
Sular (g)*

Cholesterol Lowering

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

Heart Failure

carvedilol (generic Coreg)
digoxin
BiDil

Nitrates/Other Angina

isosorbide
Ranexa

Pulmonary Artery Hypertension Agents
Revatio (PA)
Tracleer (PA)
Ventavis (PA)

CENTRAL NERVOUS SYSTEM

Alzheimer's Disease

galantamine (generic Razadyne)
galantamine extended release (generic Razadyne ER)
Aricept*, Aricept ODT*
Namenda

Multiple Sclerosis

Avonex (PA)
Betaseron (PA)
Copaxone (PA)
Rebif (PA)

Nausea/Vomiting

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

Parkinson's Disease

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

Seizure Disorder

carbamazepine
clonazepam
divalproex sodium (generic Depakote)

KEY

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You can get more information about your prescription drug benefits by calling The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and selecting The Empire Plan Prescription Drug Program. From the homepage, <https://www.cs.state.ny.us>, select either Employees or Retirees and follow the links to Health Benefits. Select your group and benefit plan if prompted. On the resulting NYS Online health benefits page, select "Using Your Benefits" and scroll down to the 2010 Empire Plan Flexible Formulary.

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

DERMATOLOGY/ SKIN DISORDER

benzoyl peroxide/erythromycin
betamethasone dipropionate
clindamycin (all formulations)
clobetasol
erythromycin topical
fluocinonide
hydrocortisone topical
isotretinoin
metronidazole topical
podofilox topical
sulfacetamide/sulfur
tretinoin (PA)
triamcinolone topical
Condylox (g)*
Dovonex (g)*
Duac
Protopic
Retin-A Micro Gel (PA)
Soriatane
Tazorac (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
Avandamet
Avandaryl
Avandia
Byetta
Duetact
Humalog
Humulin
Janumet

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Januvia
Lantus
Levemir
Novolin
Novolog
Onglyza
Prandin*
Symlin

GASTROINTESTINAL

GERD/Peptic Ulcer

metoclopramide
misoprostol
omeprazole (generic Prilosec)
pantoprazole (generic Protonix)
ranitidine
sucralfate
Aciphex
Axid Oral Solution
Helidac
Prevpac
Pylera
Zegerid

Gastrointestinal-Other

chlordiazepoxide/clidinium
dicyclomine
hyoscyamine

Pancreatic Enzymes

Creon
Pancrease MT (g)*

Ulcerative Colitis

balsalazide disodium
(generic Colasal)
mesalamine enema
sulfasalazine
Apriso
Asacol
Dipentum
Entocort EC
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
metronidazole
minocycline
penicillin V potassium
sulfamethoxazole with
trimethoprim
tetracycline
Gantrisin
Levaquin

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
Tamiflu
Valtrex*
Zovirax Ointment, Cream

Hepatitis

ribavirin
Baraclude
Hepsera
Infergen (PA)
Intron-A (PA)
Pegasys (PA)
Peg-Intron (PA)
Roferon A (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
cyclobenzaprine
diazepam
methocarbamol
orphenadrine/orphenadrine
compound
Skelaxin

OPHTHALMIC (EYE)

Glaucoma

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

Other Eye Medications

ciprofloxacin drops
cromolyn sodium drops
cyclopentolate
diclofenac sodium drops (generic
Voltaren Ophthalmic)
flurbiprofen drops
ofloxacin drops
prednisolone drops
tobramycin drops
tobramycin/dexamethasone
drops (generic Tobradex)
Elestat
Flarex
FML Forte/FML SOP
Optivar
Pred Mild
Restasis
Vexol

OTIC (EAR)

ofloxacin (generic Floxin)
Ciprodex

PAIN/ARTHRITIS

acetaminophen with codeine
acetaminophen with
hydrocodone
diclofenac
etodolac
fentanyl citrate lollipop
fentanyl transdermal system
flurbiprofen
ibuprofen

ibuprofen with hydrocodone
indomethacin
ketoprofen
leflunomide
meloxicam (generic Mobic)
methotrexate
nabumetone
naproxen
oxaprozin
oxycodone with acetaminophen
oxycodone with aspirin
piroxicam
propoxyphene with acetaminophen
sulindac
tolmetin
tramadol
tramadol with acetaminophen
Celebrex
Cimzia (PA)
Enbrel (PA)
Humira (PA)
Oxycontin
Prevacid NapraPAC
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
Vyvanse

Depression

amitriptyline
bupropion

bupropion sustained action
bupropion sustained release 24 Hour
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)
sertraline (generic Zoloft)
tranylcypromine
trazodone
venlafaxine (generic Effexor)
Effexor XR*
Nardil

Psychosis

clozapine
haloperidol
risperidone (generic Risperdal)
Geodon
Moban
Seroquel (except for XR)
Symbyax
Zyprexa (except for Zydis)

RESPIRATORY

Allergy-Antihistamines

fexofenadine (generic Allegra)
hydroxyzine

Allergy-Antihistamines/Decongestants

Allegra-D (g)*

Allergy-Nasal Antihistamines

Astelin*

Allergy-Nasal Corticosteroids

flunisolide nasal spray
fluticasone (generic Flonase)
Nasonex

Allergy-Other

Epipen
Twinject

Asthma-Inhaled Drugs

albuterol inhalation solution
albuterol/ipratropium solution
cromolyn
ipratropium inhalation solution
Advair
Asmanex
Combivent
Flovent
Foradil
Pulmicort Flexhaler
Pulmicort Respules*

QVAR
Serevent
Spiriva
Symbicort
Tilade
Ventolin HFA♦

Asthma-Oral Drugs

albuterol
prednisolone
prednisone
terbutaline
theophylline
Singulair

THYROID REPLACEMENT

levothyroxine (generic Synthroid)
liothyronine (generic Cytomel)

URINARY TRACT

Benign Prostatic Hyperplasia (BPH)

doxazosin
finasteride (generic Proscar)
terazosin
Flomax*

Erectile Dysfunction

Viagra

Miscellaneous Anticholinergics/

Antispasmodics-Other

desmopressin
oxybutynin/oxybutynin extended release
Enablex
Oxytrol
Sanctura XR
Vesicare

WEIGHT LOSS

phentermine (PA)
Meridia (PA)

WOMEN'S HEALTH

Contraceptives

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

Hormone Therapy-Oral

estropipate
medroxyprogesterone tablet
methyltestosterone with esterified estrogens
Activella (g)*
Cenestin
Enjuvia
Prefest
Prometrium

Hormone Therapy-Patches

estradiol patch
Combipatch
Singulair
Esclim
Estraderm
Vivelle/Vivelle-Dot

Hormone Therapy-Miscellaneous

Estrace Cream
Estring
Vagifem

Infertility

clomiphene
leuprolide
Cetrotide
Follistim AQ
Gonal-F
Luveris
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
Precare

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Examples of Non-Preferred and Excluded Drugs with 2010 Empire Plan Flexible Formulary Alternatives

Non-Preferred Drugs	Empire Plan Flexible Formulary Alternatives
Abilify	risperidone (generic Risperdal), Geodon, Seroquel (except for XR), Zyprexa (except for Zydys)
Ambien CR	zaleplon (generic Sonata), zolpidem (generic Ambien)
Avalide	Atacand HCT, Benicar HCT, Hyzaar*, Micardis HCT
Avapro	Atacand, Benicar, Cozaar*, Micardis
Avelox	ciprofloxacin, ofloxacin, Levaquin
Avodart	doxazosin, finasteride (generic Proscar), terazosin, Flomax*
Betoptic S	betaxolol, timolol, Betimol
Cialis	Viagra
Concerta	amphetamine with dextroamphetamine salt combination extended release (generic Adderall XR), methylphenidate, Vyvanse
Cymbalta	venlafaxine (generic Effexor), Effexor XR*
Diovan	Atacand, Benicar, Cozaar*, Micardis
Diovan HCT	Atacand HCT, Benicar HCT, Hyzaar*, Micardis HCT
Levitra	Viagra
Lexapro	citalopram (generic Celexa), fluoxetine (generic Prozac), paroxetine (generic Paxil), paroxetine sustained release 24 hour (generic Paxil CR), sertraline (generic Zoloft), venlafaxine (generic Effexor), Effexor XR*
Lunesta	zaleplon (generic Sonata), zolpidem (generic Ambien)
Nascobal	CaloMist
Ortho Tri-Cyclen Lo	tri-sprintec, trinessa
Premarin Cream	Estrace Cream
Premarin Tablets	estradiol, estropipate, Cenestin, Enjuvia
Premphase	Activella (g)*, Prefest
Prempro	Activella (g)*, Prefest
Prevacid Solutabs	omeprazole (generic Prilosec), pantoprazole (generic Protonix), Aciphex, Zegerid
Proventil HFA	Ventolin HFA ♦
Provigil (PA)	amphetamine with dextroamphetamine salt combination, amphetamine with dextroamphetamine salt combination extended release (generic Adderall XR), dextroamphetamine, methylphenidate
Strattera	amphetamine with dextroamphetamine salt combination extended release (generic Adderall XR), methylphenidate, Vyvanse
Synthroid	levothyroxine
Xalatan	Lumigan, Travatan, Travatan Z
Xopenex HFA	Ventolin HFA ♦
Zetia	lovastatin, pravastatin (generic Pravachol), simvastatin (generic Zocor), Crestor, Lipitor, Tricor, Vytorin, Welchol
Zylet	neomycin/polymyxin/dexamethasone drops, tobramycin/dexamethasone drops (generic Tobradex)

Excluded Drugs†	Empire Plan Flexible Formulary Alternatives
Adoxa	doxycycline
Amrix	cyclobenzaprine
Asacol HD	Apriso, Asacol, Lialda
Caduet	amlodipine (generic Norvasc) plus Lipitor
Clobex Shampoo	clobetasol
Coreg CR	carvedilol (generic Coreg)
Detrol LA	oxybutynin, oxybutynin extended release, Enablex, Sanctura XR, Vesicare
Doryx	doxycycline
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)
Kapidex	omeprazole (generic Prilosec), pantoprazole (generic Protonix), Aciphex, Zegerid
lansoprazole (effective 11/1/09)	omeprazole (generic Prilosec), pantoprazole (generic Protonix), Aciphex, Zegerid
Nexium	omeprazole (generic Prilosec), pantoprazole (generic Protonix), Aciphex, Zegerid
Norditropin (PA)°°°	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Olux/Olux-E Complete Pack	clobetasol
Omnitrope (PA)	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Prevacid Capsules	omeprazole (generic Prilosec), pantoprazole (generic Protonix), Aciphex, Zegerid
Requip XL	ropinirole (generic Requip)
Soma 250	carisoprodol
Testim	Androgel
Treximet	naproxen sodium plus sumatriptan (generic Imitrex)
Veramyst	flunisolide, fluticasone (generic Flonase), Nasonex
Xopenex Inhalation Solution	albuterol inhalation solution

° 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.state.ny.us> 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.