



# New York State Correctional Officers & Police Benevolent Association

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TO: NYSCOPBA Chief Sector Stewards

FROM: Sharon Smith, Health Benefits Specialist

DATE: November 23, 2020

RE: Empire Plan's Prescription Drug Advanced Flexible Formulary  
Changes for 2021

As you know, changes to the Empire Plan's Prescription Drug Advanced Flexible Formulary can be made once a year, effective the new plan year. Below are the changes for 2021.

There are 197 new exclusions from the Advanced Flexible Formulary for 2021. An analysis shows that 98.7% of the Advanced Flexible Formulary utilizers (plan-wide) will not be affected by any of these exclusions. The vast majority of the newly excluded drugs are drugs that generally have several formulary alternatives available to members and for which there is no greater therapeutic benefit over the alternatives. Many of the drugs also have therapeutic equivalents available over-the-counter (however, a prescription strength dose of these drugs will have an equivalent formulary alternative listed).

In regards to NYSCOPBA-specific drugs listed below, the lists include drugs with currently 6 or more utilizers. Due to HIPPA regulations, drugs having 5 or fewer utilizers cannot be shared. A total of 18 drugs will be added to the list of exclusions; 0 drugs will move up a tier; 6 drugs will move down a tier; and 1 drug previously excluded on the formulary will be added to coverage at Tier 2. Specifics are as follows:

## **Exclusions:**

### **Drug Name**

### **Use**

### **Brand for Generic Exclusions**

Budes/Formot Inh 160-4.5

Asthma Inhaler

Budes/Formot Inh 80-4.5

Asthma Inhaler

**All Other Exclusions**

Acyclovir Cre 5%	Dermatology
Asmanex HFA Inh 100 MCG	Asthma Inhaler
Azesco Tab 13-1MG	Nutritional Supplement
Bupropion Tab 450MG XL	Antidepressant
Cyclobenzapr Tab 7.5MG	Muscle Pain
Duexis Tab 800-26.6	Arthritis
Fluocinonide Cre 0.1%	Skin Inflammation
Fluoxetine Tab 60MG	Antidepressant
Ins Aspa F/P Pen 100U/ML	Diabetes
Insulin Aspa Via 100U/ML	Diabetes
Lumigan Sol 0.01% OP	Glaucoma
Nicazyme Tab	Nutritional Supplement
Prodigen Cap	Diarrhea
Sucralfate Sus 1GM/10ML	Ulcer
Ubrelvy Tab 100MG	Migraine
Ubrelvy Tab 50MG	Migraine

**Uptier:**

None

**Downtiers:**

Nurtec Tab 75MG ODT	Migraine
Rybelsus Tab 3MG	Diabetes
Rybelsus Tab 7MG	Diabetes
Symbicort Inh 160-4.5	Asthma Inhaler
Symbicort Inh 80-4.5	Asthma Inhaler
Truvada Tab 200-300*	HIV – Anti Viral

**Drugs from Exclusions Added Back on Formulary at Tier 2:**

Tremfya Syn 100MG/ML	Immunologic for Auto Immune Disease
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As a result of the changes, a total of 486 members will be affected by the exclusions; 71 members will be affected by drug downtiers; and 7 members will be affected by the addition of a previous excluded drug. A list of the entire excluded drugs (197) is available on the website.

Disruption letters are mailed to those members affected by the excluded drugs. Participating providers in the Empire Plan will receive the 2021 Advanced Flexi-

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ble Formulary around the same time. (I have also attached a copy of the 2021 Advanced Flexible Formulary with this memo.) 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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Attachment

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