



2013 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 2013 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 2013 Empire Plan Prescription Drug Program 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

clopidogrel (generic Plavix)
enoxaparin (generic Lovenox)
fondaparinux (generic Arixtra)
ticlopidine
warfarin
Xarelto

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
irbesartan (generic Avapro) ½T
irbesartan with hydrochlorothiazide (generic Avalide)
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

torseamide
trandolapril ½T
triamterene with hydrochlorothiazide
valsartan (generic Diovan) ½T
valsartan with hydrochlorothiazide (generic Diovan HCT)
verapamil
verapamil sustained release
Atacand* ½T
Atacand HCT*
Benicar ½T
Benicar HCT
Bystolic
Cardizem LA (g)*
Dutoprol
Innopran XL
Micardis
Micardis HCT

Cholesterol Lowering

atorvastatin (generic Lipitor) ½T
cholestyramine
colestipol
fenofibrate

KEY

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

Symbol	Meaning
*	This drug may be available as a generic in 2012 or 2013. 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 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.
(g)	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 (if covered) may be Level 3 or non-preferred.
(PA)	Prior authorization is required.
◆	A brand-name medication with a Level 1 copayment.
½T	Certain strengths of this medication may be eligible for the Half Tablet Program.

fluvastatin (generic Lescol)
gemfibrozil
lovastatin
pravastatin (generic Pravachol) ½T
simvastatin (generic Zocor) ½T
Advicor*
Antara
Crestor ½T
Fenoglide
Lipofen
Lofibra Tablet
Niaspan*
Triglide
Welchol

Heart Failure

carvedilol (generic Coreg)
digoxin
BiDil

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
bentropine
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
calcipotriene (generic Dovonex)
clindamycin (all formulations)
clindamycin/benzoyl peroxide
(generic Duac)
clobetasol
erythromycin topical
fluocinonide
hydrocortisone topical
imiquimod (generic Aldara)
isotretinoin
metronidazole topical
mometasone furoate topical
mupirocin ointment
podofilox solution
sulfacetamide/sulfur
tretinoin (PA)
triamcinolone topical
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)
pioglitazone (generic Actos)½T
pioglitazone with metformin
(generic Actoplus Met)
Apidra
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
hyoscynamine

Pancreatic Enzymes

Creon
Zenpep

Ulcerative Colitis

balsalazide disodium
(generic Colazal)
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
vancomycin (generic Vancocin)

Antifungal Drugs-Oral

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

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
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)
Maxalt*
Relpax
Zomig*

MUSCLE RELAXANTS

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

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
sulindac
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)
zolpidem extended release (generic Ambien CR)

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
escitalopram (generic Lexapro) 1/2T
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) 1/2T
quetiapine (generic Seroquel) 1/2T
risperidone (generic Risperdal)
ziprasidone (generic Geodon)
Moban
Symbyax (g)*

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
montelukast (generic Singulair)
prednisolone
prednisone
terbutaline
theophylline

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
tolterodine (generic Detrol)
trospium (generic Sanctura)
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
progesterone capsule (generic Prometrium)
Cenestin
Enjuvia
Prefest

Hormone Therapy-Patches

estradiol patch
Combipatch
Estraderm
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
ibandronate tablet (generic Boniva)
Evista
Forteo (PA)

Other Agents

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

Examples of Level 3 or Non-Preferred Drugs with 2013 Empire Plan Flexible Formulary Alternatives

Level 3 or Non-Preferred Drugs	Empire Plan Flexible Formulary Alternatives
Abilify ½T	olanzapine (generic Zyprexa) ½T, quetiapine (generic Seroquel) ½T, risperidone (generic Risperdal), ziprasidone (generic Geodon)
Aciphex*	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Actonel	alendronate sodium tablet (generic Fosamax), ibandronate tablet (generic Boniva)
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
Condylox gel	imiquimod (generic Aldara), podofilox solution
Cymbalta*	venlafaxine (generic Effexor), venlafaxine extended release capsule (generic Effexor XR)
Enablex	oxybutynin, oxybutynin extended release, tolterodine (generic Detrol), trospium (generic Sanctura), Sanctura XR*, Vesicare
Flovent	Alvesco♦, Asmanex♦, QVAR♦
Frova	sumatriptan (generic Imitrex), Maxalt*, Relpax, Zomig*
Humira (PA)	Cimzia (PA), Enbrel (PA), Simponi (PA), Stelara (PA)
Lunesta	zaleplon (generic Sonata), zolpidem (generic Ambien), zolpidem extended release (generic Ambien CR)
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
Vytorin	atorvastatin (generic Lipitor) ½T, lovastatin, pravastatin (generic Pravachol) ½T, simvastatin (generic Zocor) ½T, Crestor ½T, Welchol
Zegerid Powder for Oral Suspension	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Zetia	atorvastatin (generic Lipitor) ½T, lovastatin, pravastatin (generic Pravachol) ½T, simvastatin (generic Zocor) ½T, Crestor ½T, 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.

Symbol	Meaning
*	This drug may be available as a generic in 2012 or 2013. 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 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.
(g)	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 (if covered) may be Level 3 or non-preferred.
(PA)	Prior authorization is required.
♦	A brand-name medication with a Level 1 copayment.
½T	Certain strengths of this medication may be eligible for the Half Tablet Program.

Excluded drugs with 2013 Empire Plan Flexible Formulary Alternatives

Excluded Drugs†	Empire Plan Flexible Formulary Alternatives
Acuvail	diclofenac sodium drops (generic Voltaren Ophthalmic), ketorolac tromethamine drops
Adoxa	doxycycline
Atelvia	alendronate sodium tablet (generic Fosamax), ibandronate tablet (generic Boniva)
Altoprev	atorvastatin (generic Lipitor) ½T, lovastatin, pravastatin (generic Pravachol) ½T, simvastatin (generic Zocor) ½T, Crestor ½T
amlodipine/atorvastatin (generic Caduet)	amlodipine (generic Norvasc) plus atorvastatin (generic Lipitor) ½T
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
Axiron	Testim
Bromday	bromfenac sodium drops, diclofenac sodium drops (generic Voltaren Ophthalmic), ketorolac tromethamine drops
BenzEfoam	benzoyl peroxide
Caduet	amlodipine (generic Norvasc) plus atorvastatin (generic Lipitor) ½T
Cambia	diclofenac
carisoprodol 250mg (generic Soma 250mg)	carisoprodol 350mg
Centany AT	mupirocin ointment
Clindacin PAC	clindamycin topical
Clindagel	clindamycin topical
clobetasol propionate shampoo (generic Clobex Shampoo)	clobetasol
Clobex Shampoo	clobetasol
ConZip	tramadol, tramadol extended release
Coreg CR	carvedilol (generic Coreg)
cyclobenzaprine extended release capsule (generic Amrix)	cyclobenzaprine (generic Flexeril)
Detrol LA	oxybutynin, oxybutynin extended release, tolterodine (generic Detrol), trospium (generic Sanctura), 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
Duexis	ibuprofen plus famotidine
Edluar	zaleplon (generic Sonata), zolpidem (generic Ambien), zolpidem extended release (generic Ambien CR)
Epiduo	adapalene (generic Differin) (PA) plus benzoyl peroxide
Exforge	amlodipine (generic Norvasc) plus valsartan (generic Diovan) ½T
Exforge HCT	amlodipine (generic Norvasc) plus valsartan (generic Diovan) ½T plus hydrochlorothiazide
Extavia	Avonex (PA), Copaxone (PA), Rebif (PA)
Flector	Voltaren Gel
Flo-Pred	prednisolone solution
Fortesta	Testim
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)
levalbuterol inhalation solution (generic Xopenex Inhalation Solution)	albuterol inhalation solution
Lorzone	chlorzoxazone
Metozolv ODT	metoclopramide

° 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 2013 Empire Plan Flexible Formulary Alternatives

Excluded Drugs†	Empire Plan Flexible Formulary Alternatives
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) ^{ooo}	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Oleptro ER	trazodone
Olux/Olux-E Complete Pack	clobetasol
omeprazole/sodium bicarbonate capsule (generic Zegerid)	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Omnitrope (PA) ^o	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Orbivan	butalbital/acetaminophen/caffeine
Pacnex HP/Pacnex LP/Pacnex MX	benzoyl peroxide
Pennsaid	Voltaren Gel
Pramosone E	hydrocortisone/pramoxine cream, Pramosone
Prevacid Capsule	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
ProCort	hydrocortisone/pramoxine cream
Requip XL	ropinirole (generic Requip)
ropinirole extended release (generic 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)
tramadol extended release tablet (generic Ryzolt)	tramadol, tramadol extended release
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/Kit	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
Zolpimist	zaleplon (generic Sonata), zolpidem (generic Ambien), zolpidem extended release (generic Ambien CR)
Zolvit	acetaminophen with hydrocodone
Zuplenz	ondansetron (generic Zofran)
Zyclara	imiquimod (generic Aldara)

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

^{oo} Excluded, except for the treatment of growth failure due to SHOX deficiency or Small for Gestational Age.

^{ooo} 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.