

2026 Empire Plan Advanced Flexible Formulary Drug List: New Excluded Medications for 2026

2026 Empire Plan Advanced Flexible Formulary Drug List means a Preferred Drug List in which Brand Drugs may be assigned to different copayment levels based on value and clinical judgment. In some cases, drugs may be excluded from coverage if a therapeutic alternative or over-the-counter drug is available.

Access to one or more drugs in select therapeutic categories may be restricted (not covered) if the drug(s) has/have 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:

- (1) Contain an active ingredient available in or are therapeutically equivalent to another drug covered in the class;
- (2) Contain an active ingredient which is a modified version of or are therapeutically equivalent to another covered Prescription Drug Product;
- (3) Are available in over-the counter form or comprised of components that are available in over-the counter form or equivalent.

Excluded Medication	General Medication Use	2026 Empire Plan Advanced Flexible Formulary Preferred products or OTC Options which are available in or therapeutically equivalent to the excluded product	Exclusion Reason
MS CONTIN	Pain	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
NUCYNTA ER	Pain	fentanyl transdermal, hydrocodone ext-rel, hydromorphone ext-rel, methadone, morphine ext-rel, XTAMPZA ER	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
ROXYBOND	Pain	hydromorphone, morphine, oxycodone, NUCYNTA	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
SYMFI	HIV	efavirenz-lamivudine-tenofovir, BIKTARVY, DOVATO, GENVOYA, ODEFSEY, STRIBILD, SYMTUZA, TRIUMEQ	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
REVLIMID	Cancer	lenalidomide	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
CORLANOR	Heart Failure	ivabradine	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
ENTRESTO	Heart Failure	sacubitril-valsartan	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
LOVAZA	Hypertriglyceridemia	omega-3-acid ethyl esters, VASCEPA	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class

©2025 CVS Caremark®. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed, or printed without written permission from CVS Caremark. The information in this document is provided in summary form. It is not intended for use as the sole basis for clinical treatment nor as a substitute for reading the original literature. This document has been reviewed and accepted by the Empire Plan. The Empire Plan is responsible for the accuracy and completeness of all plan documents.

Excluded Medication	General Medication Use	2026 Empire Plan Advanced Flexible Formulary Preferred products or OTC Options which are available in or therapeutically equivalent to the excluded product	Exclusion Reason
TYVASO, TYVASO DPI	Pulmonary hypertension	YUTREPIA	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
VENTAVIS	Pulmonary hypertension	YUTREPIA	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
ADDERALL	ADHD	amphetamine-dextroamphetamine mixed salts, dextmethylphenidate, dextroamphetamine, methylphenidate	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
ADDERALL XR	ADHD	amphetamine-dextroamphetamine mixed salts ext-rel, dextmethylphenidate ext-rel, dextroamphetamine ext-rel, lisdexamfetamine, methylphenidate ext-rel	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
EVEKEO	ADHD	amphetamine-dextroamphetamine mixed salts, dextroamphetamine, dextmethylphenidate, methylphenidate	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
VYVANSE	ADHD	amphetamine-dextroamphetamine mixed salts ext-rel, dextmethylphenidate ext-rel, dextroamphetamine ext-rel, lisdexamfetamine, methylphenidate ext-rel	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
APTIOM	Seizure disorder	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, oxcarbazepine ext-rel, perampanel, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, DILANTIN 30 MG	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class

©2025 CVS Caremark®. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed, or printed without written permission from CVS Caremark. The information in this document is provided in summary form. It is not intended for use as the sole basis for clinical treatment nor as a substitute for reading the original literature. This document has been reviewed and accepted by the Empire Plan. The Empire Plan is responsible for the accuracy and completeness of all plan documents.

Excluded Medication	General Medication Use	2026 Empire Plan Advanced Flexible Formulary Preferred products or OTC Options which are available in or therapeutically equivalent to the excluded product	Exclusion Reason
FYCOMPA	Seizure disorder	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, oxcarbazepine ext-rel, perampanel, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, DILANTIN 30 MG	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
MOTPOLY XR	Seizure disorder	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, oxcarbazepine ext-rel, perampanel, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, DILANTIN 30 MG	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
VIMPAT	Seizure disorder	carbamazepine, carbamazepine ext-rel, divalproex sodium, divalproex sodium ext-rel, gabapentin, lacosamide, lamotrigine, lamotrigine ext-rel, levetiracetam, levetiracetam ext-rel, oxcarbazepine, oxcarbazepine ext-rel, perampanel, phenobarbital, phenytoin, phenytoin sodium extended, pregabalin, primidone, tiagabine, topiramate, topiramate ext-rel, valproic acid, zonisamide, DILANTIN 30 MG	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
AUVELITY	Depression	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
CELEXA	Depression	fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), fluvoxamine, fluvoxamine ext-rel, paroxetine hcl, paroxetine hcl ext-rel, sertraline, vilazodone, TRINTELLIX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
CYMBALTA	Depression	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class

Excluded Medication	General Medication Use	2026 Empire Plan Advanced Flexible Formulary Preferred products or OTC Options which are available in or therapeutically equivalent to the excluded product	Exclusion Reason
DRIZALMA	Depression	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
EFFEXOR XR	Depression	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
EMSAM	Depression	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine hcl, paroxetine hcl ext-rel, phenelzine, sertraline, tranylcypromine, vilazodone, TRINTELLIX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
FETZIMA	Depression	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
FORFIVO XL	Depression	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
LEXAPRO	Depression	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), fluvoxamine, paroxetine hcl, paroxetine hcl ext-rel, sertraline, vilazodone, TRINTELLIX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
MARPLAN	Depression	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine hcl, paroxetine hcl ext-rel, phenelzine, sertraline, tranylcypromine, vilazodone, TRINTELLIX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
NARDIL	Depression	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), fluvoxamine, paroxetine hcl, paroxetine hcl ext-rel, phenelzine, sertraline, tranylcypromine, vilazodone, TRINTELLIX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class

Excluded Medication	General Medication Use	2026 Empire Plan Advanced Flexible Formulary Preferred products or OTC Options which are available in or therapeutically equivalent to the excluded product	Exclusion Reason
PARNATE	Depression	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), fluvoxamine, paroxetine hcl, paroxetine hcl ext-rel, phenelzine, sertraline, tranylcypromine, vilazodone, TRINTELLIX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
PAXIL	Depression	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), fluvoxamine, fluvoxamine ext-rel, paroxetine hcl, paroxetine hcl ext-rel, sertraline, vilazodone, TRINTELLIX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
PAXIL CR	Depression	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), paroxetine hcl, paroxetine hcl ext-rel, sertraline, vilazodone, TRINTELLIX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
PRISTIQ	Depression	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
PROZAC	Depression	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), fluvoxamine, fluvoxamine ext-rel, paroxetine hcl, paroxetine hcl ext-rel, sertraline, vilazodone, TRINTELLIX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
RALDESY	Depression	trazodone	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
VENLAFAXINE BESYLATE ER	Depression	desvenlafaxine ext-rel, duloxetine, venlafaxine, venlafaxine ext-rel	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
VIIBRYD	Depression	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), fluvoxamine, paroxetine hcl, paroxetine hcl ext-rel, sertraline, vilazodone, TRINTELLIX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class

Excluded Medication	General Medication Use	2026 Empire Plan Advanced Flexible Formulary Preferred products or OTC Options which are available in or therapeutically equivalent to the excluded product	Exclusion Reason
WELLBUTRIN SR	Depression	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
WELLBUTRIN XL	Depression	bupropion, bupropion ext-rel (except bupropion ext-rel tablet 450 mg)	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
ZOLOFT	Depression	citalopram, escitalopram, fluoxetine (except fluoxetine tablet 60 mg, fluoxetine tablet [generics for SARAFEM]), fluvoxamine, fluvoxamine ext-rel, paroxetine hcl, paroxetine hcl ext-rel, sertraline, vilazodone, TRINTELLIX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
AUBAGIO	Multiple Sclerosis	dalfampridine ext-rel, dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, PLEGRIDY, REBIG, TYSABRI, VUMERITY, ZEPOSIA	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
GILENYA	Multiple Sclerosis	dalfampridine ext-rel, dimethyl fumarate delayed-rel, fingolimod, glatiramer, teriflunomide, AVONEX, BAFIERTAM, BETASERON, COPAXONE, KESIMPTA, MAYZENT, OCREVUS, PLEGRIDY, REBIG, TYSABRI, VUMERITY, ZEPOSIA	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
VYEPTI	Migraine prophylaxis	AJOVY, EMGALITY, NURTEC ODT, QULIPTA	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
lidothol pad 4-1%	Pain	diclofenac gel 3%	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
zeruvia pad 4-1%	Pain	diclofenac gel 3%	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class

©2025 CVS Caremark®. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed, or printed without written permission from CVS Caremark. The information in this document is provided in summary form. It is not intended for use as the sole basis for clinical treatment nor as a substitute for reading the original literature. This document has been reviewed and accepted by the Empire Plan. The Empire Plan is responsible for the accuracy and completeness of all plan documents.

Excluded Medication	General Medication Use	2026 Empire Plan Advanced Flexible Formulary Preferred products or OTC Options which are available in or therapeutically equivalent to the excluded product	Exclusion Reason
EBGLYSS	Atopic dermatitis	ADBRY, CIBINQO, DUPIXENT, NEMLUVIO	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
metformin tab 750mg	Diabetes	metformin (except metformin 625 mg, 750 mg), metformin ext-rel (except generics for FORTAMET and GLUMETZA)	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
VICTOZA	Diabetes	liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
BRENZAVVY	Diabetes	FARXIGA, JARDIANCE	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
BRYNOVIN	Diabetes	JANUVIA	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
sitagliptin	Diabetes	JANUVIA	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
sitagliptin-metformin, sitagliptin-metformin ext-rel	Diabetes	JANUMET, JANUMET XR	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
ZITUVIMET, ZITUVIMET XR	Diabetes	JANUMET, JANUMET XR	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class

©2025 CVS Caremark®. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed, or printed without written permission from CVS Caremark. The information in this document is provided in summary form. It is not intended for use as the sole basis for clinical treatment nor as a substitute for reading the original literature. This document has been reviewed and accepted by the Empire Plan. The Empire Plan is responsible for the accuracy and completeness of all plan documents.

Excluded Medication	General Medication Use	2026 Empire Plan Advanced Flexible Formulary Preferred products or OTC Options which are available in or therapeutically equivalent to the excluded product	Exclusion Reason
ZITUVIO	Diabetes	JANUVIA	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
HUMATROPE	Growth failure	GENOTROPIN, NORDITROPIN	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
MYRBETRIQ	Urinary incontinence	fesoterodine ext-rel, mirabegron ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
TOVIAZ	Urinary incontinence	fesoterodine ext-rel, mirabegron ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
VESICARE	Urinary incontinence	fesoterodine ext-rel, mirabegron ext-rel, oxybutynin ext-rel, solifenacin, tolterodine, tolterodine ext-rel, trospium, trospium ext-rel	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
MULPLETA	Thrombocytopenia	DOPTELET	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
PROMACTA	Thrombocytopenia	eltrombopag , ALVAIZ, DOPTELET	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
ARANESP	Anemia	EPOGEN, PROCIT, RETACRIT	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class

©2025 CVS Caremark®. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed, or printed without written permission from CVS Caremark. The information in this document is provided in summary form. It is not intended for use as the sole basis for clinical treatment nor as a substitute for reading the original literature. This document has been reviewed and accepted by the Empire Plan. The Empire Plan is responsible for the accuracy and completeness of all plan documents.

Excluded Medication	General Medication Use	2026 Empire Plan Advanced Flexible Formulary Preferred products or OTC Options which are available in or therapeutically equivalent to the excluded product	Exclusion Reason
MIRCERA	Anemia	EPOGEN, PROCRIT, RETACRIT	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
STELARA IV	Psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	SKYRIZI INTRAVENOUS, TYENNE INTRAVENOUS, YESINTEK INTRAVENOUS	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
STELARA SUBCUTANEOUS	Psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HADLIMA, HUMIRA, HYRIMOZ (CORDAVIS), OTEZLA, PYZCHIVA (CORDAVIS), RINVOQ, SKYRIZI SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
IMULDOSA	Psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HADLIMA, HUMIRA, HYRIMOZ (CORDAVIS), OTEZLA, PYZCHIVA (CORDAVIS), RINVOQ, SKYRIZI SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
PYZCHIVA (Sandoz)	Psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HADLIMA, HUMIRA, HYRIMOZ (CORDAVIS), OTEZLA, PYZCHIVA (CORDAVIS), RINVOQ, SKYRIZI SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
OTULFI	Psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HADLIMA, HUMIRA, HYRIMOZ (CORDAVIS), OTEZLA, PYZCHIVA (CORDAVIS), RINVOQ, SKYRIZI SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
SELARSDI	Psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HADLIMA, HUMIRA, HYRIMOZ (CORDAVIS), OTEZLA, PYZCHIVA (CORDAVIS), RINVOQ, SKYRIZI SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
STEQEYMA	Psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HADLIMA, HUMIRA, HYRIMOZ (CORDAVIS), OTEZLA, PYZCHIVA (CORDAVIS), RINVOQ, SKYRIZI SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class

©2025 CVS Caremark®. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed, or printed without written permission from CVS Caremark. The information in this document is provided in summary form. It is not intended for use as the sole basis for clinical treatment nor as a substitute for reading the original literature. This document has been reviewed and accepted by the Empire Plan. The Empire Plan is responsible for the accuracy and completeness of all plan documents.

Excluded Medication	General Medication Use	2026 Empire Plan Advanced Flexible Formulary Preferred products or OTC Options which are available in or therapeutically equivalent to the excluded product	Exclusion Reason
WEZLANA	Psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HADLIMA, HUMIRA, HYRIMOZ (CORDAVIS), OTEZLA, PYZCHIVA (CORDAVIS), RINVOQ, SKYRIZI SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
USTEKINUMAB	Psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HADLIMA, HUMIRA, HYRIMOZ (CORDAVIS), OTEZLA, PYZCHIVA (CORDAVIS), RINVOQ, SKYRIZI SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
USTEKINUMAB-TTWE	Psoriasis, Psoriatic arthritis, Crohn's disease, Ulcerative colitis	ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HADLIMA, HUMIRA, HYRIMOZ (CORDAVIS), OTEZLA, PYZCHIVA (CORDAVIS), RINVOQ, SKYRIZI SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
ACTEMRA IV	Rheumatoid arthritis	SKYRIZI INTRAVENOUS, TYENNE INTRAVENOUS, YESINTEK INTRAVENOUS	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
BIMZELX	Psoriasis, Psoriatic arthritis	ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HADLIMA, HUMIRA, HYRIMOZ (CORDAVIS), OTEZLA, PYZCHIVA (CORDAVIS), RINVOQ, SKYRIZI SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
VELSIPITY	Ulcerative colitis	ADALIMUMAB-ADAZ, COSENTYX, ENBREL, HADLIMA, HUMIRA, HYRIMOZ (CORDAVIS), OTEZLA, PYZCHIVA (CORDAVIS), RINVOQ, SKYRIZI SUBCUTANEOUS, TREMFYA, XELJANZ, XELJANZ XR, YESINTEK SUBCUTANEOUS	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
COBALEFOL	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
FOLETRA	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class

©2025 CVS Caremark®. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed, or printed without written permission from CVS Caremark. The information in this document is provided in summary form. It is not intended for use as the sole basis for clinical treatment nor as a substitute for reading the original literature. This document has been reviewed and accepted by the Empire Plan. The Empire Plan is responsible for the accuracy and completeness of all plan documents.

Excluded Medication	General Medication Use	2026 Empire Plan Advanced Flexible Formulary Preferred products or OTC Options which are available in or therapeutically equivalent to the excluded product	Exclusion Reason
AFLORA	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
FOLAPRIME	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
FOLCYTEINE	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
FLORRAVITE	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
FLORRAXYL	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
LIVITA LIQ ADULTS	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
NUTRALYN	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
SUPPORT LIQ	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class

©2025 CVS Caremark®. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed, or printed without written permission from CVS Caremark. The information in this document is provided in summary form. It is not intended for use as the sole basis for clinical treatment nor as a substitute for reading the original literature. This document has been reviewed and accepted by the Empire Plan. The Empire Plan is responsible for the accuracy and completeness of all plan documents.

Excluded Medication	General Medication Use	2026 Empire Plan Advanced Flexible Formulary Preferred products or OTC Options which are available in or therapeutically equivalent to the excluded product	Exclusion Reason
VITACORE	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
ALTRIXA	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
FOLAWISE	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
MICRONEX	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
MINCORA	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
TRIVIA CAP COMPLETE	Nutritional Supplement	folic acid, folic acid-vitamin b6-vitamin b12, FOLTX	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
FLORAFOL PED CHW 1MG	Nutritional Supplement	multivitamin-fluoride-iron drops	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
GLP-DLAX	Nutritional Supplement	Talk to your prescriber	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class

©2025 CVS Caremark®. All rights reserved.

This document contains confidential and proprietary information of CVS Caremark and cannot be reproduced, distributed, or printed without written permission from CVS Caremark. The information in this document is provided in summary form. It is not intended for use as the sole basis for clinical treatment nor as a substitute for reading the original literature. This document has been reviewed and accepted by the Empire Plan. The Empire Plan is responsible for the accuracy and completeness of all plan documents.

Excluded Medication	General Medication Use	2026 Empire Plan Advanced Flexible Formulary Preferred products or OTC Options which are available in or therapeutically equivalent to the excluded product	Exclusion Reason
CINQAIR	Asthma	DUPIXENT, FASENRA, NUCALA, TEZSPIRE, XOLAIR	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
DULERA	Asthma	budesonide-salmeterol, fluticasone-salmeterol, BREO ELLIPTA	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
ANORO ELLIPTA	Chronic obstructive pulmonary disease	STIOLTO RESPIMAT	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
BEVESPI AEROSPHERE	Chronic obstructive pulmonary disease	STIOLTO RESPIMAT	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
NUVARING	Contraceptive	eluryng, enilloring, ethinyl-estradiol-etonogestrel, haloette	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class
XIIDRA	Dry eye disease	RESTASIS, RESTASIS MULTIDOSE	#1: Agent contains an active ingredient available in or are therapeutically equivalent to another drug covered in the class