



# Excluded Drug List for the Two-Tier Prescription Drug Formulary

Capital District Physicians' Health Plan, Inc.  
500 Patroon Creek Blvd. • Albany, NY 12206-1057

The CDPHP **Excluded Drug List** represents an alphabetical listing of drugs that are currently excluded (not covered) on the CDPHP two-tier formulary. Please note that these drugs may be considered for coverage through the CDPHP Medical Exception Review Process.

Be advised that the information contained herein is current as of the revision date listed on the document. Listed drugs are subject to change at any time by CDPHP. For the most current drug coverage information regarding CDPHP's formulary, please log onto [www.cdphp.com](http://www.cdphp.com) and click on Rx Corner.

The formulary is subject to continuous review by the CDPHP Pharmacy and Therapeutics Committee ("P&T" Committee) which is a committee comprised of participating practitioners within the CDPHP network. The P&T Committee meets regularly to discuss which drug and classes of drugs are appropriate for the formulary.

The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with CDPHP. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between CDPHP and such third-party pharmaceutical companies.

This list does not apply to the Medicare Part D Plan.



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*New to market drugs are excluded until reviewed by CDPHP P&T Committee.*

- \* ACEON
- ACIPHEX
- \* ACTIQ
- \* ADALAT CC
- \* ADOXA
- AEROBID
- AEROBID-M
- \* ALCET
- ALTOPREV
- ALVESCO INHALER
- AMBIEN CR **QL**
- \* AMOXIL (500mg and 875mg film coated tablets, 200mg/5ml and 400mg/5ml susp)
- ALAGESIC LQ
- \* **ALLEGRA**
- \* ANAPROX
- \* ANAPROX DS
- \* ANEXSIA
- \* ANSAID
- APLENZIN EXT-RELEASE
- \* ATIVAN
- \* AXID
- BECONASE AQ
- BENICAR
- BENICAR HCT
- \* BETAPACE
- \* BIAXIN
- \* BIAXIN XL
- \* BUSPAR
- \* CALAN
- \* CALAN SR
- CAPITAL W/CODEINE
- \* CAPOTEN
- \* CAPOZIDE
- \* CARDENE
- CARDENE SR
- \* CARDIZEM
- \* *CARDIZEM CD*
- \* CARDIZEM SR
- CARDURA XL
- \* CATAFLAM
- \* CECLOR
- \* CEFTIN tablets
- \* CIPRO XR
- CLARINEX
- CLARINEX-D
- \* CLINORIL
- \* CORGARD
- COVERA-HS
- CRESTOR 5MG, 10MG, 20MG*
- \* **CYCLESSA**
- \* DARVOCET A500
- \* DARVOCET N-50
- \* DARVOCET N-100

- \* DARVON-65
- \* DAYPRO
- \* DEMEROL (tablets and syrup)
- \* DEMULEN 1/35
- \* DEMULEN 1/50
- \* **DESOGEN**
- DEXILANT*
- \* DILACOR XR
- DIOVAN
- DIOVAN HCT
- \* DITROPAN
- DOLGIC PLUS
- \* DOLOBID
- DORYX
- \* DOXYCYCLINE HYCLATE 75mg and 100mg enteric-coated capsules
- \* DURICEF (capsules and tablets)
- \* DYNACIN
- DYNACIRC CR
- \* EC-NAPROSYN
- EDLUAR SUBLINGUAL **QL**
- \* ERYC
- \* ESGIC PLUS
- FACTIVE
- \* FAMVIR
- \* FELDENE
- FEMCON FE
- FENTORA
- FLECTOR TOPICAL PATCH
- \* FLOXIN
- \* INDERAL
- \* INDOCIN SR
- \* INDOMETHACIN capsules
- \* ISOPTIN SR
- KADIAN
- \* KEFLEX
- \* KERLONE
- \* KETOPROFEN 50mg and 75mg
- KETOPROFEN 100mg SA
- LESCOL*
- LESCOL XL*
- LEVATOL
- \* LEVLEN
- \* LEVLITE
- \* LIBRIUM
- LIPITOR 10MG, 20MG, 40MG*
- LIVALO*
- \* LODINE
- \* LODINE XL
- \* **LOESTRIN FE**
- \* **LO-OVRAL**
- \* LOPRESSOR
- \* LORCET 10/650
- \* LORCET HD
- \* LORCET PLUS

- \* LORTAB
- \* LORTAB ELIXIR
- \* LOTENSIN
- \* LOTENSIN HCT
- LUNESTA **QL**
- LUVOX CR
- MAGNACET
- MAXAQUIN
- \* MEVACOR
- MICARDIS
- MICARDIS HCT
- \* MINOCIN
- MINOCIN COMBO PAK
- MINOCYCLINE HCL EXT-RELEASE
- \* MOBIC
- \* MONODOX
- \* MONOPRIL
- \* MONPRIL HCT
- \* MOTRIN
- NALFON
- \* NAPRELAN 500mg
- NAPRELAN 375mg
- \* NAPROSYN
- \* NASAREL
- NEXIUM*
- \* NIRAVAM
- \* NORCO
- \* NORMODYNE
- NOROXIN
- OMNARIS NASAL SPRAY
- OPANA
- OPANA ER
- \* **ORTHO-CEPT**
- \* **ORTHO-CYCLEN**
- \* **ORTHO-TRI-CYCLEN**
- \* ORUVAIL 200mg
- OVCON FE
- \* OVRAL
- PCE
- \* PEPCID
- PEPCID RPD
- PHRENILIN FORTE
- \* PONSTEL
- \* *PRAVACHOL*
- \* *PREVACID*
- PREVACID NAPRAPAC
- \* *PRILOSEC*
- \* PRINIVIL
- \* PRINZIDE
- PRISTIQ
- \* PROCARDIA
- \* PROCARDIA XL
- PROQUIN XR
- \* PROTONIX **QL**
- \* PROZAC
- \* PROZAC WEEKLY

- \* QUESTRAN
- \* QUESTRAN LIGHT
- RANICLOR
- \* RAPIFLUX
- \* RELAFEN
- ROZEREM **QL**
- SANCTURA
- \* SECTRAL
- \* SOLODYN
- \* SONATA **QL**
- \* SPECTRACEF
- \* SPORANOX capsules
- SPORANOX solution
- SYNALGOS-DC
- TACLONEX
- \* TAGAMET
- \* TALACEN
- \* TALWIN NX
- \* TENORETIC
- \* TENORMIN
- TEVETEN
- TEVETEN HCT
- \* TORADOL **QL**
- \* TRANDATE
- \* TRANXENE-T
- \* TRI-LEVLEN
- \* ULTRAM
- \* ULTRAM ER
- \* VALIUM
- VANCENASE AQ 84mcg
- \* VANSPAR
- \* VASERETIC
- \* VASOTEC
- \* VERELAN
- \* VERELAN PM
- \* VICODIN
- \* VICODIN HP
- \* VICODIN ES
- \* VICOPROFEN
- \* VOLTAREN
- \* VOLTAREN XR
- VOLTAREN TOPICAL GEL
- \* WELLBUTRIN
- \* XANAX
- \* XANAX XR
- XYZAL
- \* ZANTAC (tablets and capsules)
- \* ZEBETA
- \* *ZEGERID*
- \* ZESTORETIC
- \* ZESTRIL
- \* ZIAC
- \* ZOCOR

\* INDICATES A GENERIC PRODUCT IS AVAILABLE AND COVERED.

**QL** QUANTITY LIMITATIONS APPLY.

**BOLDFACE INDICATES EFFECTIVE 08/15/2010**

*ITALICIZED* INDICATES EFFECTIVE 06/16/2010 FOR NEW STARTS TO THERAPY AND EFFECTIVE 10/10/2010 FOR ALL EXISTING UTILIZERS.