EXPRESS SCRIPTS®

2005
Express Scripts
National Preferred Formulary
for the NYC PICA Plan

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your pharmacy benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: The symbol * next to a drug signifies subject to non-formulary status when generic is available throughout the year. Not all the drugs listed are covered by all pharmacy benefit programs, check your benefit materials for the specific drugs covered and the copay information for your pharmacy benefit program. For specific questions about your coverage, please call the phone number printed on your ID card.

INJECTABLES

NOTE: Coverage based on benefit design.

AMEVIVE, [PA], [SPBM]
ANTAGON, [FER], [SPBM]
ARANESP, [PA], [SPBM]
ARIXTRA, [SPBM]
atropine sulfate
AVONEX, [SPBM]
BETASERON, [SPBM]
BOTOX, [PA], [SPBM]
BRAVELLE, [FER], [SPBM]
BUPRENEX
CETROTIDE, [FER], [SPBM]
chlorpromazine hcl (inj)
chorionic gonadotropin, [FER], [SPBM]
COPAXONE, [SPBM]
cyanocobalamin
desmopressin
dexamethasone (inj), [SPBM]
diphenhydramine hcl
EDEX
ENBREL, [STP], [SPBM]
epinephrine
EPIPEN/JR
EPOGEN, [PA], [SPBM]
fluphenazine decanoate (inj)
FOLLISTIM AQ, [FER], [SPBM]
FORTEO [PA], [SPBM]
FRAGMIN, [SPBM]
FUZEON, [SPBM]
GANIRELIX ACETATE, [FER], [SPBM]
GENOTROPIN, [PA], [SPBM]
GEREF, [PA], [SPBM]
GONAL-F, RFF, [FER], [SPBM]
haloperidol decanoate (inj)

heparin sodium
HUMATROPE, [PA], [SPBM]
HUMIRA, [STP], [SPBM]
IMITREX
INFERGEN, [SPBM]
KINERET, [STP], [SPBM]
LEUKINE, [SPBM]
LOVENOX, [SPBM]
LUNELLE
medroxyprogesterone
meperidine hcl
MESTINON
methylprednisolone (inj)
MYOBLOC, [PA]
NEULASTA, [SPBM]
NEUMEGA, [SPBM]
NEUPOGEN, [SPBM]
NORDITROPIN, [PA], [SPBM]
NOVAREL, [FER], [SPBM]
NUTROPIN, AQ, DEPOT, [PA], [SPBM]
OVIDREL, [FER], [SPBM]
PEGASYS, [SPBM]
PEG-INTRON, [SPBM]
PEG-INTRON REDIPEN, [SPBM]
PROCRIT, [PA], [SPBM]
PROTROPIN, [PA], [SPBM]
RAPTIVA, [PA], [SPBM]
REBETRON, [SPBM]
REBIF, [SPBM]
REPRONEX, [FER], [SPBM]
RISPERDAL CONSTA
SAIZEN, [PA], [SPBM]
SANDOSTATIN/ LAR, [SPBM]
SEROSTIM, [PA], [SPBM]
terbutaline sulfate (inj)
ZYPREXA (inj)

CHEMOTHERAPY

NOTE: All brand oral antineoplastics are considered formulary, unless available generically.

ACTIMMUNE, [SPBM]
ALKERAN
ARIMIDEX
AROMASIN
bleomycin
CARAC
CASODEX
CEENU
cyclophosphamide
EFUDEX cream
ELIGARD, [SPBM]
ELSPAR
EMCYT
EMEND
etoposide
FARESTON
FASLODEX
FEMARA
FLUOROPLEX
fluorouracil
flutamide
FUDR
GLEEVEC
hydroxyurea
INTRON A, [SPBM]
IRESSA
leucovorin
LEUKERAN
leuprolide acetate, [SPBM]
LUPRON DEPOT, PED, [SPBM]
LYSODREN
megestrol
mercaptopurine
methotrexate

metoclopramide
MUSTARGEN
MYLERAN
ONCASPAR
PLENAXIS
prochlorperazine
ROFERON A, [SPBM]
tamoxifen
TARCEVA
TARGRETIN
tebamide
TEMODAR
thioguanine
THIOPLEX
THIOTEPA
TRELSTAR DEPOT
TRELSTAR LA
trimethobenzamide hcl
UVADEX
VESANOID
VIDAZA
XELODA
ZOFRAN, ODT*
ZOLADEX, [SPBM]

Examples of Non-Formulary Medications with Selected Formulary Alternatives

The following is a list of some non-formulary brand medications with examples of selected alternatives that are on the formulary.

Column 1 lists examples of non-formulary medications.
Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Non-Formulary	Formulary Alternative
ANZEMET	Zofran*
BLENOXANE	bleomycin
CAVERJECT	Edex
COMPAZINE	prochlorperazine
CYTOXAN	cyclophosphamide
EFUDEX solution	fluorouracil
EULEXIN	flutamide
FERTINEX [FER] [SPBM]	Bravelle [FER] [SPBM], Follistim AQ [FER] [SPBM], Gonal- F/RFF [FER] [SPBM]
GEODON (inj)	Risperdal Consta, Zyprexa (inj)
HALDOL DECANOATE (inj)	haloperidol decanoate (inj)
HYDREA	hydroxyurea
KYTRIL	Zofran*
LUPRON [SPBM]	leuprolide acetate [SPBM]
MEGACE	megestrol
NOLVADEX	tamoxifen
PERGONAL [FER] [SPBM]	Repronex [FER] [SPBM]
PREGNYL [FER] [SPBM]	chorionic gonadotropin [FER] [SPBM]
PROFASI [FER] [SPBM]	chorionic gonadotropin [FER] [SPBM]
PROLIXIN DECANOATE (inj)	fluphenazine decanoate (inj)
PURINETHOL	mercaptopurine
REGLAN	metoclopramide
RHEUMATREX	methotrexate
TEV-TROPIN [PA] [SPBM]	Humatrope [PA] [SPBM], Nutropin [PA] [SPBM], Saizen [PA] [SPBM]
TIGAN	trimethobenzamide hcl
VEPESID	etoposide
VIADUR	leuprolide

KEY

The symbol [G] next to a drug name indicates that a generic is available for at least one or more strengths of the brand medication.
The symbol [PA] next to a drug name indicates that this medication is subject to the Prior Authorization program.
The symbol [STP] next to a drug name indicates that this medication is part of the Step Therapy program.
The symbol [FER] next to a drug name indicates that this is a fertility medication in which there is a lifetime limit of 90 days (or 3 cycles of therapy) when covered.
The symbol [SPBM] next to a drug name indicates that this medication is available through CuraScript Pharmacy.

For the member: 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 preferred products and allow generic substitutions when medically appropriate. Thank you.

Brand name drugs are listed in CAPITAL letters.
Generic drugs are listed in lower case letters.

THIS DOCUMENT LIST IS EFFECTIVE JULY 1, 2005 THROUGH DECEMBER 31, 2005. THIS LIST IS SUBJECT TO CHANGE.
The symbol [G] next to a drug name signifies that a generic is available for at least one or more strengths of the brand medication. Most generics are available at the lowest copay.
You can get more information and updates to this document at our web site at www.express-scripts.com.