2005 Express Scripts National Preferred Formulary for the NYC PICA Plan

### 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**
- **EPINET/JR**
- **EPOGEN, [PA], [SPBM]**
- **fluphenazine decanoate (inj)**
- **FOLLISTIM AQ, [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 REDIPEN, [SPBM]**
- **PROCRIT, [PA], [SPBM]**
- **PROTROPIN, [PA], [SPBM]**
- **RAPTIVA, [PA], [SPBM]**
- **REBETRON, [SPBM]**
- **REBIF, [SPBM]**
- **REPONEX, [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**
- **CENU**
- **cyclophosphamide**
- **EFUDEX cream**
- **ELIGARD, [SPBM]**
- **ELSAR**
- **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**
- **metclopramide**
- **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.

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

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.