

CITY OF NEW YORK

PICA Prescription Drug Program

Important PICA Program Benefit Changes **Effective April 1, 2004**

Effective April 1, 2004, important changes will occur to the PICA drug program. This program, administered by NPA, a Division of Express Scripts, in conjunction with the New York City Office of Labor Relations and the Municipal Labor Committee, covers Psychotropic, Injectable, Chemotherapy, and Asthma medications for New York City employees, non-Medicare eligible retirees and their eligible dependents. These changes are:

- A three-tiered copay structure for generic, preferred and non-preferred medications
- Mandatory use of the mail order pharmacy for maintenance medications
- Generics Preferred Program
- Prior Authorization required for some medications
- Step Therapy for certain classes of medications
- Lifetime limit on the use of Fertility medications
- Specialty Care Pharmacy for certain medications

1. Three-Tiered Copay

Effective April 1, 2004, the copays for the PICA plan will be:

Retail Pharmacy (up to a 30 day supply)

- \$5 for generic medications
- \$15 for preferred brand name (formulary) medications
- \$35 for non-preferred brand name (non-formulary) medications*

Mail Order Pharmacy (up to a 90 day supply--saves one copay vs. retail)

- \$10 for generic medications
- \$30 for preferred brand name (formulary) medications
- \$70 for non-preferred brand name (non-formulary) medications*

* If you choose a non-preferred brand name medication that has a generic equivalent, you will be charged the difference in cost between the non-preferred brand name drug and the generic drug plus the non-preferred brand name drug copay. See Generics Preferred section for additional information.

The enclosed brochure lists common PICA preferred medications as well as preferred alternatives to non-preferred drugs. You can save money by changing to preferred or generic medications. Discuss it with your physician. You can also access detailed information about preferred and non-preferred drugs at www.express-scripts.com

2. Mandatory Mail Order

Effective April 1, 2004, you must use the Express Scripts Mail Order pharmacy for maintenance medications. Maintenance medications (those taken regularly over an extended period of time) will no longer be filled at a retail pharmacy after two (2) fills. If you are currently taking a maintenance PICA drug and have filled it twice at a retail pharmacy, you **MUST** send it to mail order. You should ask your doctor **now** to write your prescription for a 90-day supply. Send it in the enclosed envelope with the appropriate copayment. You will be saving money since your copay will be the equivalent of two months retail copays, but you will receive a three-month supply of medication. **Please note that if you pay for your prescription at a retail pharmacy after the use of the mail order pharmacy becomes mandatory, you will not be reimbursed for the cost of the medication.** A mail order envelope is enclosed for your convenience.

3. Generics Preferred Program

Effective April 1, 2004, if you receive a non-preferred brand name medication that has a generic equivalent, you will be responsible for the difference in cost between the non-preferred brand name medication and the generic drug plus the non-preferred brand name copay.

A generic drug is a medication produced after the original drug manufacturer's brand name patent has expired. Every generic drug manufacturer must meet the same strict FDA guidelines required of the original brand name manufacturer. The main difference between a brand name drug and its generic equivalent is the price. Discuss the use of generic drugs instead of any non-preferred brand name medications you are currently prescribed with your physician.

4. Prior Authorization Program

Effective April 1, 2004, the Prior Authorization process will be required for certain medications. These medications require that the prescribing physician provide a letter of medical necessity and diagnosis. PICA medications currently requiring prior authorization are:**

- Erythropoetins (e.g. Epogen or Procrit)
- Growth hormones
- Botox/Myobloc
- Wellbutrin XL/SR
- Forteo

**list is subject to change

If you are currently prescribed any of these medications, you must have your physician call the Express Scripts Prior Authorization Department at (866)374-5549. If approved, prior authorizations will be set up immediately. If the doctor can not call, he/she may fax a letter of medical necessity, which includes a diagnosis, to (866)374-5547. Please allow 2 business days for faxed requests to be processed. If the diagnosis meets approved criteria for that medication and the diagnosis is within the scope of coverage of the plan, prior authorization will be set up so your prescription can be filled under the plan.

5. Step Therapy

Effective April 1, 2004, Step Therapy will be instituted as part of the PICA drug benefit for certain medications used to treat rheumatoid arthritis, asthma, and depression. Step Therapy is a program that encourages the use of the best medication for your condition. The first steps in this process are well established treatments known to be safe and effective. Known as first-line therapy, this treatment is the preferred therapy for most people. If the first-line therapy does not work or causes problems, second-line therapy can be tried. When a prescription for a second-line medication is processed at your pharmacy, the computer system reviews your recent prescription history. If a prescription for a first-line drug is found, the medication will be dispensed. If the system does not find a prescription for a first-line drug, the second-line prescription is not covered. The pharmacist will be alerted that the medication is not covered and will suggest covered first-line alternatives to your physician. The enclosed formulary list indicates the most common Step Therapy medications that are part of the PICA plan.

6. Fertility Medication Maximum

Effective April 1, 2004, injectable medications used to treat infertility will be limited to a 90-day lifetime therapy for those PICA members whose health plan covers the treatment that requires these medications. If you have already received 90 days therapy of fertility drugs through the PICA benefit, you will not be covered for any additional fertility medications through the plan.

7. Express Scripts Specialty Care Pharmacy

Effective April 1, 2004, some specialty injectable medications not covered by your health plan, such as those used to treat Hepatitis C and Multiple Sclerosis, will be filled by the Express Scripts Specialty Care mail service pharmacy (you may receive **one** fill at a retail pharmacy). This program not only supplies the prescribed medication and related supplies such as needles and syringes, but also provides clinical support to you to help improve compliance as well as provide convenient delivery. If you are currently being prescribed a medication that will be filled as part of this program, you will receive more information under separate cover. For a more complete listing of specialty injectable medications, please refer to the enclosed preferred medication list or www.express-scripts.com.

* * *

If you have questions or need additional mail order envelopes, you can call Express Scripts Customer Service at (800)467-2006. You may find answers to many of your questions such as if the medication you are using is a generic, preferred or non-preferred brand, or order refills of your mail order prescriptions at www.express-scripts.com.

For your convenience, enclosed in this package you will find:

- Questions and Answers brochure
- Express Scripts National Preferred Formulary for the PICA plan
- Express Scripts Mail Order Pharmacy envelope



EXPRESS SCRIPTS®

2004

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.

PSYCHOTROPICS

ABILIFY
amitriptyline hcl
amitriptyline/chlordiazepoxide
amitriptyline/perphenazine
amoxapine
CELEXA*, [STP]
chlorpromazine hcl
clomipramine hcl
clozapine
desipramine hcl
doxepin hcl
EFFEXOR, XR, [SNRI]
fluoxetine hcl
fluphenazine hcl
fluvoxamine maleate
haloperidol
imipramine hcl
LEXAPRO, [STP]
lithium
loxapine succinate
maprotiline hcl
mirtazapine
MOBAN
NARDIL
nefazodone hcl
nortriptyline hcl
PARNATE
paroxetine
PAXIL CR, [STP]
perphenazine
REMERON SOLTAB
RISPERDAL
(excluding M-tabs)
SERENTIL
SEROQUEL
thioridazine hcl
thiothixene
trazodone hcl
trifluoperazine hcl
WELLBUTRIN SR, [PA]
ZOLOFT, [STP]
ZYPREXA
(excluding ZYDIS)

INJECTABLES

NOTE: Coverage based on benefit design.

ANTAGON, [FER]
ANTAGON/FOLLISTIM KIT, [FER], [SPBM]
ARANESP, [PA], [SPBM]
atropine sulfate
AVONEX, [SPBM]
BETASERON, [SPBM]
BOTOX, [PA], [SPBM]
BRAVELLE, [FER], [SPBM]
BUPRENEX
CETROTIDE, [FER], [SPBM]
chorionic gonadotropin, [FER]
COPAXONE, [SPBM]
cyanocobalamin
DEPO-PROVERA
diphenhydramine hcl
EDEX
ENBREL, [STP], [SPBM]
EPOGEN, [PA], [SPBM]
FOLLISTIM, [FER], [SPBM]
FORTEO, [PA], [SPBM]
FRAGMIN, [SPBM]
GENOTROPIN, [PA], [SPBM]
GONAL-F, [FER], [SPBM]
heparin sodium
HUMATROPE, [PA], [SPBM]
HUMIRA, [STP], [SPBM]
IMITREX
KINERET, [STP], [SPBM]
LEUKINE, [SPBM]
LOVENOX, [SPBM]
LUNELLE
meperidine hcl
MESTINON
NEULASTA, [SPBM]
NEUPOGEN, [SPBM]
NORDITROPIN, [PA], [SPBM]
NOVAREL, [FER], [SPBM]
NUTROPIN, AQ, DEPOT, [PA], [SPBM]
PÉGASYS, [SPBM]
PEG-INTRON, [SPBM]
PREGNYL, [FER], [SPBM]
PROCRIT, [PA], [SPBM]
PROFASI, [FER], [SPBM]
PROTROPIN, [PA], [SPBM]
REBETRON, [SPBM]
REBIF, [SPBM]
REPRONEX, [FER], [SPBM]
SAIZEN, [PA], [SPBM]
SANDOSTATIN/ LAR, [SPBM]
SEROSTIM, [PA], [SPBM]

CHEMOTHERAPY

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

ACTIMMUNE, [SPBM]
ARIMIDEX
AROMASIN
CARAC
CASODEX
cyclosporine, modified
cyclophosphamide
EFUDEX
EMCYT
EMEND
etoposide
FARESTON
FEMARA
FLUOROPLEX
FLUTAMIDE
GLEEVEC
INTRON A, [SPBM]
IRESSA
hydroxyurea
leucovorin
LEUKERAN
leuprolide acetate
LUPRON/DEPOT, [SPBM]
megestrol
methotrexate
metoclopramide
prochlorperazine
PURINETHOL
ROFERON A, [SPBM]
tamoxifen
tebamide
TEMODAR
thioguanine
trimethobenzamide hcl
XELODA
ZOFRAN, ODT
ZOLADEX, [SPBM]

ASTHMA

ADVAIR DISKUS
albuterol
ATROVENT inh
COMBIVENT
cortisone acetate
cromolyn sodium
DEPO-MEDROL
DUONEB
dyphylline gg
EPIPEN
FLOVENT ROTADISK
fludrocortisone acetate
FORADIL
hydrocortisone tablet
HYDROCORTONE
INTAL inh
ipratropium bromide
ISOETHARINE HCL
MAXAIR AUTOHALER
metaproterenol sulfate
methylprednisolone
prednisolone
prednisone
PROVENTIL HFA
PROVENTIL REPETABS
PULMICORT RESPULES
QVAR
SEREVENT DISKUS
SINGULAIR, [STP]
terbutaline sulfate
theophylline anhydrous
TILADE
VOSPIRE ER
XOPENEX

THIS DOCUMENT LIST IS EFFECTIVE APRIL 1, 2004 THROUGH DECEMBER 31, 2004. 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.

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	Non-Formulary	Formulary Alternative
ACCOLATE [STP]	Singulair [STP]	PAMELOR	nortriptyline hcl
ACCUNEB	albuterol soln	PAXIL [STP]	paroxetine
AEROBID, M	Flovent Rotadisk, Qvar	PEDIAPRED	prednisolone
ALUPENT	metaproterenol, albuterol	PERGONAL	Repronex [FER] [SPBM]
ANAFRANIL	clomipramine hcl	[FER] [SPBM]	
ANZEMET	Zofran	PRELONE	prednisolone
AZMACORT	Flovent Rotadisk, Qvar	PROVENTIL	albuterol inh
BECLOVENT	Flovent Rotadisk, Qvar	PROZAC [STP]	fluoxetine
BRETHINE	terbutaline	PROZAC WEEKLY	fluoxetine (daily), Celexa* [STP],
CAVERJECT	Edex	[STP]	Lexapro [STP], Paxil CR [STP],
COMPAZINE	prochlorperazine		Zoloft [STP]
CYTOXAN	cyclophosphamide	PULMICORT	Flovent Rotadisk, Qvar
DELTASONE	prednisone	(excluding respules)	
DESYREL	trazodone hcl	REGLAN	metoclopramide
ELAVIL	amitriptyline hcl	REMERON	mirtazapine
ESKALITH, CR	lithium	(non SOLTAB)	
EULEXIN	flutamide	RHEUMATREX	methotrexate
FERTINEX	Bravelle [FER] [SPBM],	RISPERDAL M-TAB	Risperdal (non M-tabs)
[FER] [SPBM]	Follistim [FER] [SPBM],	SERZONE	nefazodone, bupropion,
	Gonal-F [FER] [SPBM]		Effexor/XR [SNRI], Remeron
FLORINEF	fludrocortisone		Soltab, Wellbutrin SR [PA]
GEODON	Abilify, Risperdal (non M-Tab),	SINEQUAN	doxepin hcl
	Seroquel, Zyprexa (non-Zydis)	THEO-24	theophylline tab SA
HYDREA	hydroxyurea	TIGAN	trimethobenzamide hcl
KYTRIL	Zofran	TOFRANIL-PM	imipramine tabs
LITHOBID	lithium	UNIPHYL	theophylline tab SA
LUVOX [STP]	fluvoxamine	VANCERIL	Flovent Rotadisk, Qvar
MEDROL	methylprednisolone	VENTOLIN HFA	albuterol inh, Maxair Autohaler,
NOLVADEX	tamoxifen		Proventil HFA
NORPRAMIN	desipramine hcl	VEPESID	etoposide
ORAPRED	prednisolone	VOLMAX	albuterol tab
OVIDREL	chorionic gonadotropin [FER]	ZYFLO [STP]	Singulair [STP]
[FER] [SPBM]		ZYPREXA ZYDIS	Zyprexa (non-Zydis)

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 [SNRI] stands for Serotonin-Norepinephrine Reuptake Inhibitor.

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 indicates that this medication is part of the Step Therapy program.

The symbol [FER] next to a drug name indicates that this medication has a lifetime limit of 90 days when covered.

The symbol [SPBM] next to a drug name indicates that this medication is available through Express Scripts Specialty Care.

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.

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