2004 Express Scripts
National Preferred Formulary for the NYC PICA Plan

**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
- tioridazine hcl
- thiothixene
- trazodone hcl
- trifluoperazine hcl
- WELLBUTRIN SR, [PA]
- ZOLOFT, [STP]
- ZYPREXA (excluding ZYDIS)

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**INJECTABLES**

- NOTE: Coverage based on benefit design.

**CHEMOTHERAPY**

- ACTIMUMNE, [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]

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**ASTHMA**

- ADVAIR DISKUS
- albuterol
- ATROVENT inh
- COMBIVENT
- dyphylline gg
- FLOVENT ROTADISK
- hydrocortisone tablet
- HYDROCORTONE
- INTAL inh
- isoetharine HCL
- MAXAIR AUTOHALER
- methylprednisolone
- prednisolone
- PROVENTIL HFA
- PROVENTIL REPETABS
- PULMICORT RESPULES
- QVAR
- SEREVENT DISKUS
- SINGULAIR, [STP]
- terbutaline sulfate
- theophylline anhydrous
- TILADE
- VOSPIRE ER
- XOPENEX

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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.

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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.

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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>
<th>Non-Formulary</th>
<th>Formulary Alternative</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCOLATE [STP]</td>
<td>Singulair [STP]</td>
<td>PAMELOR</td>
<td>nortriptiline hcl</td>
</tr>
<tr>
<td>ACCUNEB</td>
<td>albuterol soln</td>
<td>PAXIL [STP]</td>
<td>paroxetine</td>
</tr>
<tr>
<td>AEROBID, M</td>
<td>Flovent Rotadisk, Qvar</td>
<td>PEDIAPRED</td>
<td>prednisolone</td>
</tr>
<tr>
<td>ALUPENT</td>
<td>metaproterenol, albuterol</td>
<td>PERSGONAL</td>
<td>Repronex [FER] [SPBM]</td>
</tr>
<tr>
<td>ANAFRANIL</td>
<td>clomipramine hcl</td>
<td>[FER] [SPBM]</td>
<td>prednisolone</td>
</tr>
<tr>
<td>ANZEMET</td>
<td>Zofran</td>
<td>PRELONE</td>
<td>prednisolone</td>
</tr>
<tr>
<td>AZMACORT</td>
<td>Flovent Rotadisk, Qvar</td>
<td>PROVENTIL</td>
<td>albuterol inh</td>
</tr>
<tr>
<td>BECLOVENT</td>
<td>Flovent Rotadisk, Qvar</td>
<td>PROZAC [STP]</td>
<td>fluoxetine</td>
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<tr>
<td>BRETHINE</td>
<td>terbutaline</td>
<td>PROZAC WEEKLY</td>
<td>fluoxetine (daily), Celexa* [STP],</td>
</tr>
<tr>
<td>CAVERJECT</td>
<td>Edex</td>
<td>[STP]</td>
<td>Lexapro [STP], Paxil CR [STP],</td>
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<tr>
<td>COMPZINE</td>
<td>prochiorperazine</td>
<td></td>
<td>Zoloft [STP]</td>
</tr>
<tr>
<td>CYTOXAN</td>
<td>cyclophosphamide</td>
<td></td>
<td>Flovent Rotadisk, Qvar</td>
</tr>
<tr>
<td>DELTASONE</td>
<td>prednisone</td>
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<td></td>
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<tr>
<td>DESYREL</td>
<td>trazodone hcl</td>
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<tr>
<td>ELAVIL</td>
<td>amitriptyline hcl</td>
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<tr>
<td>ESKALITH, CR</td>
<td>lithium</td>
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<tr>
<td>EULEXIN</td>
<td>flutamide</td>
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<tr>
<td>FERTINEX</td>
<td>Bravelle [FER] [SPBM],</td>
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<tr>
<td>[FER] [SPBM]</td>
<td>Follistim [FER] [SPBM]</td>
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<td>Gonal-F [FER] [SPBM]</td>
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<tr>
<td>FLORINEF</td>
<td>fludrocortisone</td>
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<tr>
<td>GEODON</td>
<td>Abilify, Risperdal (non M-Tab),</td>
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<td></td>
<td>Seroquel, Zyprexa (non-Zydis)</td>
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<tr>
<td>HYDREA</td>
<td>hydroxyurea</td>
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<tr>
<td>KYTRIL</td>
<td>Zofran</td>
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<tr>
<td>LITHOBID</td>
<td>lithium</td>
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<tr>
<td>LUVOX [STP]</td>
<td>fluvoxamine</td>
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<tr>
<td>MEDROL</td>
<td>methylprednisolone</td>
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<tr>
<td>NOLVADEX</td>
<td>tamoxifen</td>
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<tr>
<td>NORPRAMIN</td>
<td>desipramine hcl</td>
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<tr>
<td>ORAPRED</td>
<td>prednisolone</td>
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<tr>
<td>OVIDREL</td>
<td>chorionic gonadotropin [FER]</td>
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<tr>
<td>[FER] [SPBM]</td>
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</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 [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.