

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]

**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](http://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
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](http://www.express-scripts.com).**