

PreferredOne

UPDATE

A NEWSLETTER FOR PREFERREDONE PROVIDERS

February 2004

| | |
|----------------------------|----------|
| In this Issue: | |
| Claims follow-up Procedure | Pg 2 |
| Coding | Pg 3 |
| Network Management | Pg 2-5 |
| Medical Management | Pg 6-8 |
| Medical Policy Update | Pg 8 |
| Exhibits | |
| Exhibit 1 | Pg 9-10 |
| Exhibit 2 | Pg 11-12 |

Dear Provider:

As the new year has arrived, I will give an update on the year past and a quick look forward to 2004.

2003 was a challenging year for PreferredOne. The healthcare market was quite competitive with our larger competitors giving us many challenges. The PPO product continued to decline in enrollment with the biggest impact being United HealthCare moving their membership to Medica for more competitive provider rates.

We continue to expect the PPO to be challenged on this issue by other payers. The HMO and TPA products competed well during 2003. However, this will be a very competitive area in 2004.

Disease Management programs at PreferredOne reached maturity in 2003 and our employer groups are showing great interest. In 2004 we will be rolling out an additional new approach to Disease Management with a partnership with Active Health Management (AHM). AHM will work with us to identify claims and pharmacy data that would be helpful to providers as they work with PreferredOne members. This data will be communicated to physicians rather than to members, to directly assist them in their efforts. Our initial discussions with network physicians on this approach have been well received. Additional information is included in this newsletter about AHM. I would be interested in any feedback on this activity.

The most exciting activity in 2003 has been the Community Measurement Project. This collaborative effort between health plans has allowed many provider groups to get credible data on their performance on many of the HEDIS measurements, as well as the ICSI Diabetes community initiative. This has been well received by the involved provider groups, MMA, MMGMA, and state regulators. The plans for 2004 are to continue to develop comparable, credible data for the provider groups, to expand the project to other payers and providers, and finally to cautiously make the data more available.

Best wishes to you all in 2004.

John Frederick, MD

CMO, Exec VP PreferredOne

john.frederick@preferredone.com

PreferredOne
6105 Golden Hills Drive
Golden Valley, MN 55416
Phone: 763-847-4000
800-451-9597
Fax: 763-847-4010

CLAIMS ADDRESSES:

PreferredOne PPO
P.O. Box 1527
Minneapolis, MN 55440-1527
Phone: 763-847-4400
800-451-9597
Fax: 763-847-4010

PreferredOne Community Health Plan (PCHP)
P.O. Box 59052
Minneapolis, MN 55459-0052
Phone: 763-847-4488
800-379-7727
Fax: 763-847-4010

PreferredOne Administrative Services (PAS)
P.O. Box 59212
Minneapolis, MN 55459-0212
Phone: 763-847-4477
800-997-1750
Fax: 763-847-4010



Network Management Updates

Claims Follow-up Procedure

For outstanding claim issues, PreferredOne requires follow-up with our PPO payers, PreferredOne Administrative Services (PAS) and PreferredOne Community Health Plan (PCHP). We suggest follow-up be done within 45 days of submission. Follow these steps when checking on claim status.

1. Verify claim receipt at PreferredOne. This can be accomplished in two ways:

- A. Go to PreferredOne's Secure Website at www.preferredone.com. Under Online Resource Center, choose For Providers and Login to check claim status and review the following information:

PPO:

- Claim receipt date at PreferredOne.
- Itemized contractual repriced amounts.
- Date claim was processed and sent to the payer.
- Payer address and phone number.

PAS and PCHP:

- Claim receipt date at PreferredOne.
- Itemized contractual amounts.
- Payment information.
- Remittance and Explanation of Benefits.

*If currently not connected to the PreferredOne's Secure Website go to www.preferredone.com. Under Online Resource Center, choose For Providers and then Register and complete the information requested.

- B. If Internet access is not available, the above information can be obtained through Customer Service at:

PPO: (763)847-4400 or (800)451-9597

PAS: (763)847-4470 or (800)558-5185

PCHP: (763)847-4488 or (800)379-7727

2. PAS/PCHP Follow-up:

- For questions concerning claim payment, coding, benefit determination or eligibility, contact Customer Service at the above numbers.

- Timely Filing Appeals must be submitted to your Provider Relations Representative with supporting documentation and the Remittance within 60 days from the date of the initial denial at:

PreferredOne
6105 Golden Hills Drive
Golden Valley, MN 55416
Fax: 763-847-4010

3. PPO Follow-up:

- If the claim has been received at PreferredOne, contact the payer to check claim status. If claim has not been received at PreferredOne, verify on either our secured website or at PreferredOne Customer Service if the group number is valid. If the group number is valid, resubmit the claim to PreferredOne. If not, contact patient for updated information.
- If the payer shows receipt of the claim, verify claim processing date, payment amount, and request a copy of the EOB if needed. If claim and/or repricing have not been received, obtain fax number from payer. The PreferredOne repricing information can be printed from our secured website or call PreferredOne Customer Service for forwarding of repricing to the payer.
- If you receive an EOB from a payer that contains an incorrect payment according to the PreferredOne repricing, contact the payer and fax the repricing sheet if needed.
- If the claim is repriced appropriately and you have additional questions regarding reimbursement relating to coding, benefits or denial of services, a written appeal should be sent to the payer. If the concern is not addressed to your satisfaction, submit a written appeal to your PreferredOne Provider Relations Representative.
- If you are submitting the claim for the fourth time within 90 days of the original submission, contact the payer for claim status or the patient for updated insurance information.
- If you have not received a remittance advice after 90 days from the payer's receipt of your claim, it is acceptable to bill the member.

Please contact your Provider Relations Representative if you have any questions or difficulties throughout this process.

Network Management Updates

Coding Update

by Elaine McLinden, Manager

Grace Period

PreferredOne will accept 2003 deleted codes through March 31. This continues to mirror Medicare and community standards.

Low Osmolar Contrast Material:

CMS has issued an emergency correction. Beginning January 1, 2004 A4644 (100-199 mgs of iodine,) A4645 (200 –300 mgs of iodine)– A4646 (300-399 mgs of iodine) were to be deleted, and replaced with one new code A9525 (10 mg of iodine).

ERRATA information by CMS has reinstated A4644 - A4646.

C Codes:

C codes were developed by Medicare for APC's and pass through payment for hospitals. C codes are for hospital billing on UB92's.

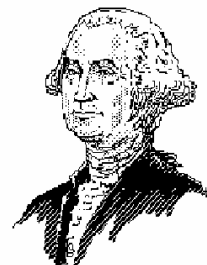
When we receive a claim for physician services that include "C" codes, the claim will auto deny as inappropriate billing.

H, T. Codes:

As noted in our previous newsletter H, & T codes are for state agencies. PreferredOne does not contract for these services. Do not submit these codes to PreferredOne as they will be denied upon processing for PCHP/PAS, and claims will be returned for the PPO.

Mental health services from H, T categories should be submitted using the mental health CPT codes. As an example, H0004 Behavior health counseling and therapy, per 15 minutes, should be submitted with psychotherapy CPT codes.

The only exception of accepted H codes is the pre-natal risk assessment codes, which we do accept and forward to the PPO payers and consider part of the OB global services for PCHP/PAS.



S Codes:

S codes are accepted for injectable medication. Most other services are duplicates of CPT codes and therefore not accepted. As an example, S9401 anticoagulation clinic, inclusive of all services except laboratory tests per session, will not be accepted. Providers should report the actual E/M encounter that occurred with the MD, PA-C, or NP and any laboratory tests performed (E/M services have relative values on which reimbursement is based) .

Exceptions to acceptable "S" codes are specifically agreed upon contracts for certain services, such as Home Health Care. If you are a Home Health Care provider, you should have already received your new fee schedule with a limited number of "agreed upon S" codes.

G Codes:

New G codes and the new codes for end stage renal disease are being processed. However, the previous end stage renal disease codes are still active in our system and can be submitted for the remainder of this year, at which time they will no longer be accepted. We recommend the continued use of CPT 90918-90925 wherever possible even though Medicare is not accepting them.

J, S, Q codes for injectable medications:

The new codes have been added with current AWP pricing. Pricing is based as the dosage listed in HCPCS. As an example, J0215, Amevive is listed with a dosage of 0.5mg. Reimbursement is based on this dosage. If a patient had 15 mg (which is a typical dosage) you would need to increase the units to 30.

Amevive requires prior authorization.

E- Mail Visits:

The AMA has published a new category III code effective July 2004. CPT 0074T is defined as Online Evaluation & Management Service for Established Patients. PreferredOne does not consider electronic communication reimbursable at this time.

Network Management Updates

Credentialing Reminder:

In order for PreferredOne to begin the credentialing process, the MN Uniform Credentialing Application must have an Authorization & Release form with PreferredOne's name on it. We are unable to begin the process if the form is left blank or has another health plans' name on it.

For your convenience a preprinted Authorization & Release form for PreferredOne is available with the MN Uniform Credentialing Application on the secured PreferredOne website at:

www.preferredone.com

Clarification on 6/03

"Requests for Medical Records"

We have had questions about a statement regarding HIPAA that appeared in an article entitled "Requests for Medical Records" on page 2 of the June 2003 PreferredOne Update. The statement was that "HIPAA regulations allow health plans to obtain records without an authorization."

The statement was intended to address the effect of the HIPAA privacy regulations alone, and not state law. Please recognize that state law may also impose constraints upon a provider's use and disclosure of a patient's individually identifiable health information. If state law is more restrictive than the HIPAA Privacy Regulations, you should know that HIPAA defers to the more stringent state law.



Therefore, you will need to observe both HIPAA and any state law more stringent than HIPAA in your use and disclosure of patient health information.

PPO Payer Update

Lumenos---ID Card Alert

Lumenos is a new PPO payer for PreferredOne effective January 1, 2004. Current Lumenos groups accessing PreferredOne PPO include: TRW Automotive, Frank's Nursery and Craft, Banta Corporation and Deluxe Corporation. Please be aware that the group number listed on their card is specifically for their Pharmacy Benefit Manager. When submitting PreferredOne claims, please use the "Group:" field, which will show the name of the group. PreferredOne has designated their name as their group number and this should be placed in Box 11/11b on professional claims and box 61/62 on hospital claims or the correlating fields of the electronic version.

Member ID Cards

You may find that some payers are making the decision to eliminate the Subscriber Social Security Number from the Medical ID cards. However, the SSN is still a key identifier in the payer claims system. Therefore, it is important that if a SSN number is not on the ID card, you are specific in asking your patient for the "**subscriber**" number.



PPO Payers

TPA Payer Relationships Listing is available on the Secured Site, or you may call PreferredOne at 800-451-9597 or 763-847-4000. Ask to be transferred to Network Management to request a paper copy.

Network Management Updates

CIGNA Offers New Product for 2004

Effective January 1, 2004, Connecticut General (CIGNA) introduced a new group health insurance product called **Open Access Plus (OAP)**. The OAP plan resembles both a POS (Point of Service) plan and a PPO (Preferred Provider Organization).

Similar to a PPO plan, no referral is required by a primary care physician. However, selection of a primary care physician is encouraged.

Like a POS plan, the OAP plan reduces benefits if services are rendered out of the network. This is accomplished by having a significantly higher plan deductible and greater coinsurance differential between in network and out of network services.

The OAP identification card will resemble the card used for the PPO. Instead of indicating PPO, the plan type will show as **Open Access Plus** with the PreferredOne logo and mailing address.

Below is a brief list of the characteristics associated with OAP.

- Primary care physician designation is encouraged as a valuable resource and personal health advocate
- No referrals required
- Pre-certification required for hospital admission
- In-network and out of network coverage

Most co-payments are listed on the member's ID card.

Secured Web Site

PreferredOne continues to enhance the Secured Provider Web Site. A new feature is **Provider ID Lookup**.

Provider ID Lookup gives you the ability to view your clinic's individual provider identification numbers and their effective dates. The number is assigned by PreferredOne for use on claims billing. The list is updated weekly. Also, please review the list and report any changes to your Provider Relations Representative.

PPO Subscriber/Dependent Information contains member data from claims received for eligible groups. This informational site does not include all members because PreferredOne does not receive individual member eligibility from Payers. Payers are required to supply us with employer group information. Members are then enrolled when a claim is received with a valid PreferredOne group number. For current member eligibility, please reference the members ID card or contact the Payer directly.

The PreferredOne PPO Payer Listing is available on the Secured Website under PPO Products. If you do not have access, contact your Provider Relations Representative.

Access Registration

If you have Internet access and are interested in member, claims, referral and payer information pertaining to your clinic or facility and updated PreferredOne policies and procedures, you can register for our Secured Web Site. Go to www.preferredone.com. Under Online Resource Center, choose "For Providers" then "Register." Within 5 business days, you will receive a Login ID and Password for online secured access.

Listed below is the information available on our secured web site:

- **PCHP / PAS Products**
 - Subscriber / Dependent Eligibility
 - Claim Status
 - Referral Inquiry
 - Referral Submission
 - Reports
 - PCC Roster
- **PPO Products**
 - Subscriber / Dependent Information
 - Claims Inquiry
 - PPO Group / Payer Lookup
 - PPO Payer Listing
 - PPO Reports
- **Information**
 - Provider ID Lookup – New
 - Medical Policy
 - Coding Hot Topics
 - Provider Newsletter
 - Forms
 - Office Procedures Manuals
 - Tiered Program

If you have any question about our Secured Web Site, please contact your Provider Relations Representative.

Medical Management Updates

Quality Improvement Update

By Debra Doyle

Director Quality Improvement/Privacy Officer

PreferredOne is preparing to collect Health Plan Data and Information Set (HEDIS ®) measures for 2004. The Minnesota Department of Health requires that all Health Maintenance Organizations report on selected measures annually to meet Minnesota Statutes under 62D. Most of the information for the measures is obtained from claims data; however, a few of the measures require chart review. The measures for 2004 include the following:

- Childhood Immunizations*
- Adolescent Immunizations*
- Beta Blocker after Heart Attack*
- Cholesterol Management after Acute Cardiovascular Event*
- Comprehensive Diabetes Care*
- Chlamydia Screening
- Use of Appropriate Medications for People with Asthma
- Follow-up after hospitalization for Mental Health
- Antidepressant Medication Management

We are pleased to inform you that in keeping with the goals of the Community Measurement Project to decrease administrative burden to the providers, we are collaborating with UCare and BlueCross BlueShield of Minnesota to have one vendor perform the HEDIS chart audits. This vendor is QMark/HedisHelp. The clinics that will require chart audits are identified through the patient's claims data history. Once we have identified the clinics, they will be notified by mail of the upcoming chart reviews. QMark/HedisHelp will send a list of all patients whose charts need to be available for review.

We recognize this can take a lot of valuable time from your staff and would like to make this as easy as possible for everyone. If you have a centralized location for patients' charts or have specific contacts for your clinic, please let us know by sending an email to Susan Gauthier, Quality Improvement Assistant at susan.gauthier@preferredone or call 763-847-3562.

*Measure that requires chart review.

Institute for Clinical Systems Improvement

(ICSI) Update

By Joni Riley, Medical Policy

Listed below are the ICSI Guidelines and Technology Assessment Reports newly available on the ICSI web site (www.ICSI.org).

Guidelines approved October 28, 2003, by the Cardiovascular Steering Committee

- * Atrial Fibrillation
- * Diagnosis and Initial Treatment of Ischemic Stroke
- * Venous Thromboembolism Prophylaxis for Surgical/Trauma Patients

Guidelines approved November, 2003, by the Cardiovascular Steering Committee

- * Anticoagulation Therapy Supplement Guideline
- * Cardiac Stress Test Supplement Guideline
- * Stable Coronary Artery Disease Guideline

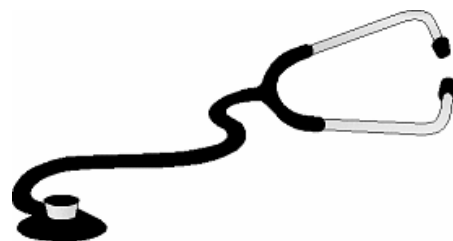
Guidelines approved November 4, 2003, by the Committee on Evidence-Based Practice

- * Diagnosis and Treatment of Adult Degenerative Joint Disease (DJD) of the Knee
- * Diagnosis of Breast Disease
- * Domestic violence
- * Management of Type 2 Diabetes Mellitus

Technology Assessment Reports released in December by the Technology Assessment Committee

- * Lung Volume Reduction Surgery for Emphysema
- * Pancreas Transplant for Insulin-Dependent Diabetes
- * Rhythm Therapy versus Rate Control for Long-term Management of Recurrent Atrial Fibrillation

.... Continued pg 7



Medical Management Updates

Pharmacy

By Kristine Jackson, R.Ph.
Director, Pharmacy Benefits

PreferredOne utilizes the Express-Scripts National Preferred formulary for its members that have Express-Scripts as their Pharmacy Benefits Manager (PBM). This formulary undergoes a complete review annually with all changes taking effect in January of each year. Attached please find the 2004 Express-Scripts National Preferred Formulary for physicians (listed by therapeutic class) and for patients (listed alphabetically) for your reference. The physician formulary is also available online to providers registered with the secured site at www.preferredone.com. The formulary is located under **Information/Forms/PreferredOne Provider Formulary**.

Effective January 1, 2004, PreferredOne implemented additional Step Therapy programs. Step Therapy is a program that encourages physicians to follow established guidelines of care starting with conservative therapies and progressing to more aggressive therapies, as the patient's needs dictate. The drug classes/drugs currently involved in the Step Therapy program include, but are not limited to the following:

- Leukotriene Pathway Inhibitors (Singulair, Accolate, Zyflo)
- Proton Pump Inhibitors (omeprazole, Nexium, Prevacid, Aciphex, Protonix)
- COX-II Inhibitors (Celebrex, Bextra, Vioxx)
- Brand Name Nonsteroidal Anti-Inflammatory Drugs (Ponstel, Arthrotec, Mobic)
- Zetia



Effective April 1, 2004, PreferredOne will implement additional quantity limits on certain medications. The Quantity Level Limit program addresses situations where certain drugs are being dispensed in higher doses than approved by the FDA or higher than recommended in best practice guidelines. The drug classes/drugs currently involved in the Quantity Level Limit program include,

but are not limited to the following:

- Proton Pump Inhibitors (omeprazole, Nexium, Prevacid, Aciphex, Protonix)
- Anti-Migraine Agents (Imitrex, Amerge, Axert, Maxalt/MLT, Zomig/ZMT)
- Sedative-Hypnotic Drugs (Ambien, Sonata)
- Toradol

The Medication Request Form can be used by physicians to request prior authorized medications, nonformulary medications, quantity limit overrides, step therapy overrides, and copay overrides on behalf of your patients. The patient's benefit design and plan set up may dictate which medications can be reviewed and/or overridden. The Medication Request Form is also available on the PreferredOne secured site at www.preferredone.com. This form is located under **Information/Forms/Pharmacy Medication Request Form**.



(Continued from pg 6)

ICSI Clinical Evidence Roundtables are designed to facilitate community-wide, evidence-based discussions of controversial topics in clinical medicine. No attempt is made to reach consensus during these sessions. However, attendees should leave with an awareness of the areas of controversy and the strength of the evidence supporting various viewpoints pertaining to those areas.

The topic of the next ICSI clinical evidence roundtable is Screening for Breast Disease. It is scheduled on March 22, 2004 from 6:00-8:00 p.m. The location is the ICSI Office in the Riverview Office Tower (8009 34th Avenue South, Suite 1200, Bloomington). Maps are available at www.ICSI.org or by calling (952) 814-7060. RSVP is requested to (952) 814-7060 or e-mail liz.melby@icsi.org.

Medical Management Updates

Medical Policy Update

By Joni Riley, Medical Policy

Medical Policies are available to members and to providers and providers at www.PreferredOne.com. Click on Health Resources in the upper left hand corner and choose the Medical Policy menu item.

The latest indexes are attached indicating new and revised Medical Policy documents. These policies have been approved at November 2003 meetings of PreferredOne Quality Management Subcommittees including the Medical/Surgical Quality Management Subcommittee, Behavioral Health Quality Management Subcommittee, and Pharmacy & Therapeutics Quality Management Subcommittee.

Newly approved criteria include pharmacy criteria: H001 Humira Step Therapy, Welbutrin, Lamisil/Sporanox, NSAID (branded) Step Therapy, Cyclooxygenase-2 (COX-2) Inhibitors Step Therapy, and Proton Pump Inhibitor Step Therapy. These criteria sets are not yet available on the PreferredOne internet web site but will be in the near future. If you require paper copies at this time please see below.

PreferredOne Medical Policy and Criteria are developed and updated using an evidence-based approach analyzing available scientific literature in addition to expert professional practice guidelines and expert consensus opinion.

Based on this approach, new developments in Medical Policy include archiving the non-coverage Medical Policy for the nasal-spray influenza vaccine (FluMist) for this year's influenza season. The decision was made to cover FluMist this season as described by the Center for Disease Control (CDC) because of the shortage of the standard vaccine. The coverage position and medical policy will be revisited for the 2004-2005 influenza season.

In addition, the criteria for determining coverage of Home Terbutaline Therapy will be archived and this therapy will not be eligible for coverage effective April 1, 2004. This change in coverage position is based on the American College of Obstetricians and

Gynecologists (ACOG) position that its use is not supported because they find it is not scientifically proven as stated in the ACOG May 2003 Management of Preterm Labor's Practice Bulletin which states "Tocolytic drugs may prolong gestation for 2-7 days, which can provide time for administration of steroids and maternal transport to a facility with a neonatal intensive care unit. The benefits of prolonging pregnancy after 2-7 days with tocolysis are otherwise unclear".

Please add the attached Medical Policy and Criteria indexes (Exhibits 1 and 2) to the Utilization Management section of your Office Procedures Manual and always refer to the on-line policies for the most current versions.

If you wish to have paper copies of medical policies or you have questions feel free to contact me at (763)-847-3238 or email at jriley@preferredone.com.





EXPRESS SCRIPTS®

2004

Express Scripts National Preferred Formulary

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.

A

- ABILIFY
- ACCU-CHEK
- ACTIVE KIT
- ACCU-CHEK
- ACTIVE test strips
- ACCU-CHEK
- ADVANTAGE KIT
- ACCU-CHEK
- ADVANTAGE
- test strips
- ACCU-CHEK
- COMFORT CURVE
- test strips
- ACCU-CHEK
- COMPACT KIT
- ACCU-CHEK
- COMPACT
- test strips
- ACCU-CHEK
- COMPLETE KIT
- acetaminophen
- w/codeine
- ACTONEL
- ACTOS
- acyclovir
- ADVAIR DISKUS
- ADVICOR
- AGGRENOLX
- albuterol
- ALLEGRA
- ALLEGRA-D
- ALOMIDE
- ALTACE
- AMARYL
- AMBIEN
- amitriptyline hcl
- ammonium lactate
- amox tr/potassium
- clavulanate
- amoxicillin
- amphetamine
- salt combo
- ANDRODERM
- ANTAGON [INJ]
- ARICEPT
- ASACOL
- ASTELIN
- atenolol, chlorthalidone
- ATROVENT inh
- AUGMENTIN ES, XR
- AVALIDE
- AVANDAMET
- AVANDIA
- AVAPRO
- AVELOX, ABC PACK
- AVITA gel

- AVODART
- AZOPT

B

- BENZAFLIN
- BENZAMYCIN [G]
- benzonatate
- BIAXIN, XL
- bisoprolol
- fumarate/hctz
- BRAVELLE [INJ]
- brimonidine
- butalbital/apap/caffeine

C

- carbamazepine
- carisoprodol
- cefuroxime
- CEFZIL
- CELEXA *
- cephalexin
- CETROTIDE [INJ]
- CHEMSTRIP bG
- choline mag
- trisalicylate
- CILOXAN *
- cimetidine
- CIPRO *
- CIPRO HC
- CLARINEX
- CLIMARA [G]
- clindamycin phosphate
- clobetasol propionate
- clomiphene citrate
- clonidine hcl
- clotrimazole/
- betamethasone
- clozapine
- COMBIPATCH
- COMBIVENT
- CONCERTA
- CONDYLOX gel
- COPEGUS
- COREG
- COSOPT
- CREON [G]
- CRESTOR
- cromolyn sodium
- CYCLESSA
- cyclobenzaprine hcl
- cyclosporine, modified

D

- DEPAKOTE
- desmopressin acetate

- desogestrel -
- ethinyl estradiol
- DETROL, LA
- dextroamphetamine
- sulfate
- diclofenac sodium
- dicyclomine hcl
- DIDRONEL
- DIFLUCAN
- diflunisal
- diltiazem,
- extended release
- DIOVAN, HCT
- dipyridamole
- DITROPAN XL

E

- EDEX [INJ]
- EFFEXOR, XR [SNRI]
- ELIDEL
- EMADINE
- enalapril maleate, hctz
- erythromycin
- erythromycin/
- benzoyl perox.
- ESCLIM
- estradiol
- ESTRATEST, H.S.
- ethinyl estradiol
- ethinyl estradiol -
- levonorgestrel
- ethynodiol diacet -
- ethinyl estradiol
- EVISTA
- EXELON

F

- famotidine
- FEMHRT
- FINACEA
- FLOMAX
- FLOXASE *
- FLOVENT ROTADISK
- fluocinonide
- fluoxetine hcl
- folic acid
- FOLLISTIM [INJ]
- FOLTIX
- FORADIL
- FORTEO [INJ]
- FOSAMAX

G

- gemfibrozil
- GENOTROPIN [INJ]

- gentamicin sulfate
- glipizide
- GLUCOTROL XL *
- GLUCOVANCE *
- glyburide
- GONAL-F [INJ]
- guaifenesin
- w/pseudoephedrine

H

- haloperidol
- homatropine
- hydrobromide
- HUMALOG
- HUMATROPE [INJ]
- HUMULIN
- hydrochlorothiazide
- hydrocodone
- w/guaifenesin
- hydrocodone/
- acetaminophen
- hydrocortisone acetate
- hydroxyurea
- hyoscyamine sulfate

I

- ibuprofen
- IMITREX
- indomethacin
- INNOPRAN XL
- INTAL inh
- IOPIDINE
- ipratropium bromide
- isotretinoin

K

- ketoconazole

L

- lactulose
- LAMISIL tabs
- LANTUS
- leucovorin
- leuprolide acetate [INJ]
- levothyroxine sodium
- LEXAPRO
- LIPITOR
- lisinopril, hctz
- LIVOSTIN
- LOTEMAX
- LOTENSIN, HCT *
- LOTREL
- lovastatin

M

- MACROBID
- MAXAIR AUTOHALER
- meclizine hcl
- medroxyprogesterone
- acetate
- megestrol
- MENEST
- MENTAX
- MERIDIA
- METADATE CD
- METADATE ER [G]
- METAGLIP
- metformin hcl
- methotrexate
- methylphenidate hcl
- methylprednisolone
- metoclopramide hcl
- metoprolol tartrate
- METROGEL, CREAM,
- LOTION
- mirtazapine
- moexipril
- MS CONTIN [G]
- MSIR [G]

N

- nabumetone
- naproxen
- NASACORT AQ
- NASONEX
- neomycin/polymyxin/hc
- NEURONTIN
- NEXIUM
- NIASPAN
- nifedipine er
- nitrofurantoin
- macrocrystal
- nizatidine
- NORDITROPIN [INJ]
- norethindrone -
- ethinyl estradiol
- norethindrone -
- mestranol
- norgestrel -
- ethinyl estradiol
- NORVASC
- NOVOFINE 30
- NOVOLIN
- NOVOLOG
- NUTROPIN, AQ,
- DEPOT [INJ]
- NUVARING
- nystatin
- nystatin
- w/triamcinolone

O

- OCUFLOX *
- omeprazole
- ONETOUCH
- FASTTAKE
- ONETOUCH BASIC
- SYSTEM
- ONETOUCH INDUO
- ONETOUCH PROFILE
- SYSTEM
- ONETOUCH II /
- Basic / Profile
- test strips
- ONETOUCH ULTRA
- test strips
- ONETOUCH ULTRA
- SMART
- ONETOUCH ULTRA
- SYSTEM
- ONETOUCH
- SURESTEP
- test strips
- ONETOUCH
- SURESTEP
- SYSTEM
- ORTHO EVRA
- ORTHO
- TRI-CYCLEN LO
- oxybutynin chloride
- oxycodone
- w/acetaminophen
- OXYCONTIN *

P

- paroxetine
- PATANOL
- PAXIL CR *
- peg 3350/electrolyte
- PEGASYS [INJ]
- PEG-INTRON [INJ]
- penicillin v potassium
- PENLAC
- PENTASA
- perphenazine
- phentermine hcl
- phenytoin sodium,
- extended
- PLAVIX
- PLEXION, SCT, TS [G]
- polymyxin b sul/
- trimethoprim
- PRANDIN
- PRECISION
- SURE DOSE
- PRECISION XTRA
- PRECOSE

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 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.

prednisolone acetate
prednisone
PREMARIN
PREMARIN
PREMARIN
LOW DOSE
PREMPHASE
PREMPRO
PREMPRO
LOW DOSE
PRENATE
ADVANCE [G]
PRENATE GT [G]
PREVACID
(excluding Solutab)
PREVPAC
promethazine hcl
promethazine vc
promethazine
w/codeine
PROMETRIUM
propranolol hcl
PROSCAR
PROTROPIN [INJ]
PROVENTIL HFA
pseudoephedrine
w/chlorphenir

Q

quetiapine fumarate
QVAR

R

ranitidine
REBETOL *
REBIF [INJ]
REMERON soltab
REPRONEX [INJ]
rimantadine
RISPERDAL
(excluding M-tabs)

S

SAIZEN [INJ]
salsalate
selenium sulfide
SEREVENT DISKUS
SINGULAIR
SKELAXIN
SONATA
SPORANOX
STARLIX
STRATTERA
sulfacetamide sodium
sulfasalazine

T

TAMIFLU
tamoxifen
TAZORAC
TEGRETOL XR
temazepam
TEQUIN
TESTIM
theophylline anhydrous
thioguanine

thioridazine hcl
thiothixene
thyroid
ticlopidine hcl
timolol maleate
tobramycin sulfate
TOPAMAX
TOPROL XL
TRAVATAN
trazodone hcl
triamcinolone
acetonide
trifluoperazine hcl
trimethoprim
TRUSOPT
TUSSIONEX

U

UNITHROID

V

VALTREX
verapamil hcl
VERELAN PM
VIAGRA
VIGAMOX
VIOXX
VOLTAREN ophthalmic

W

WELCHOL
WELLBUTRIN SR

X

XALATAN
XENICAL
XOPENEX

Y

YASMIN

Z

ZADITOR
ZAROXOLYN
ZETIA
ZITHROMAX
ZOCOR
ZOFRAN, ODT
ZOLOFT
ZOMIG, ZMT
ZONEGRAN
ZYMAR
ZYPREXA
(excluding Zydys)

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 | Singulair | MAXIDONE | hydrocodone/apap |
| ACCURIL | enalapril, lisinopril, Altace, Lotensin * | MIACALCIN NASAL | Actonel, Fosamax |
| ACCURETIC | enalapril/hctz, lisinopril/hctz, Lotensin HCT * | MICARDIS | Avapro, Diovan |
| ACEON | enalapril, lisinopril, Altace, Lotensin * | MICARDIS HCT | Avalide, Diovan HCT |
| ACIPHEX | omeprazole, Nexium, Prevacid | MIDRIN | isometh'd- chloralphenaz/apap |
| ACTIVELLA | FemHRT, Prempro/Premphase | MOBIC | Generic NSAIDs |
| ACULAR,PF | Voltaren Ophthalmic | MONOPRIL | enalapril, lisinopril, Altace, Lotensin * |
| AEROBID,M | Flovent Rotadisk, Qvar | MONOPRIL HCT | enalapril/hctz, lisinopril/hctz, Lotensin HCT * |
| ALAMAST | cromolyn sodium, Alomide, Patanol, Zaditor | MUSE | Edex |
| ALOCRIL | cromolyn sodium, Alomide, Patanol, Zaditor | NASAREL | Flonase *, Nasacort AQ, Nasonex |
| ALORA | Generics, Climara, Esclim | NORITATE | Metrocream, Metrogel, Metro lotion |
| ALPHAGAN P | brimonidine tartrate | NOROXIN | Avelox, Cipro *, Tequin |
| ALREX | Generic steroids | NULEV | hyocyanine sulfate, Neosol |
| ALTOCOR | lovastatin, Crestor, Lipitor, Zocor | NULYTELY | PEG electrolyte |
| AMERGE | Imitrex, Zomig/ZMT | OMNICEF | amox tri/potassium clavulanate, Augmentin ES/XR, Cefzil |
| ANDROGEL | Testim, Androderm | OPTIVAR | amox tri/potassium clavulanate, Augmentin ES/XR, Cefzil |
| ANZEMET | Zofran | ORAPREL | Patanol, Zaditor |
| ASCENSIA | Accu-Chek, OneTouch | OVIDREL | prednisolone soln |
| ATACAND | Avapro, Diovan | OXISTAR | chorionic gonadotropin |
| ATACAND HCT | Avalide, Diovan HCT | OXYIR | OTCs, Mentax |
| AVINZA | Generics, MS Contin | OXYTROL | oxycodone hcl caps immediate release |
| AXERT | Imitrex, Zomig/ZMT | PCE | DetroL/LA, Ditropan XL |
| AZELEX | Generics, Avita gel | PENETREX | erythromycin, Biaxin/XL, Zithromax |
| AZMACORT | Flovent Rotadisk, Qvar | PERGONAL | prednisolone soln |
| BECONASE AQ | Flonase *, Nasacort AQ, Nasonex | PHENYTEK | Avelox, Cipro *, Tequin |
| BENICAR | Avapro, Diovan | PLENDIL | Repronex |
| BENICAR HCT | Avalide, Diovan HCT | PRAVACHOL | phenytoin sodium extended release |
| BETIMOL | betaxolol, timolol, other generics | PRAVIGARD | nifedipine extended release, Norvasc |
| BEXTRA | Viiox | PRECISION Q-I-D | lovastatin, Crestor, Lipitor, Zocor |
| CARDENE SR | nifedipine extended release, Norvasc | PREFEST | Accu-Chek, OneTouch |
| CARDIZEM LA | diltiazem extended release, Verelan PM | PRIOSEK | FemHRT, Prempro/Premphase |
| CATAPRES-TTS | clonidine hcl | PROTONIX | Generic omeprazole |
| CAVEJECT | Edex | PROTOPIC | omeprazole, Nexium, Prevacid |
| CECLOR CD | cefaclor extended release | PROZAC WEEKLY | Elidel |
| CEDAX | amox tri/potassium clavulanate, Augmentin ES/XR, Cefzil | PULMICORT | fluoxetine (daily), Celexa *, Lexapro, Paxil/CR *, Zoloft |
| CELEBREX | Viiox | (excluding respules) | Flovent Rotadisk, Qvar |
| CENESTIN | Menest, Premarin | QUIXIN | Ciloxan *, Ocuflox *, Vigamox, Zymar |
| CERUMENEX | OTC Debrox, Murine Ear | RELENZA | rimantadine, Tamiflu |
| CIPRO XR | Avelox, Cipro *, Tequin | RELPAK | Imitrex, Zomig/ZMT |
| COLAZAL | Asacol, Pentasa | RESCULA | Travatan, Xalatan |
| COVERA-HS | verapamil extended release, Verelan PM | RESTORIL 7.5mg | temazepam |
| COZAAR | Avapro, Diovan | RETIN-A liquid, MICRO | Generics, Avita gel |
| DIFFERIN | Generics, Avita gel | RHINOCORT AQUA | Flonase *, Nasacort AQ, Nasonex |
| DIPENTUM | Asacol, Pentasa | RISPERDAL M-TAB | Risperdal (non M-tabs) |
| DYNABAC | erythromycin, Biaxin/XL, Zithromax | RITALIN LA | methylphenidate, Concerta, Metadate CD/ER |
| DYNACIRC,CR | nifedipine extended release, Norvasc | RYNATAN | Allegra-D |
| ESTRADERM | Generics, Climara, Esclim | SEMPREX-D | OTC antihistamine/decongestants |
| EXELDERM | OTCs, Mentax | SERZONE | bupropion, Effexor/XR, Remeron Soltab, Wellbutrin SR |
| FAMVIR | acyclovir, Valtrex | SKELID | Actonel, Didronel, Fosamax |
| FERTINEX | Bravelle, Follistim, Gonal-F | SOF-TACT | Accu-Chek, OneTouch |
| FLOXIN | Avelox, Cipro *, Tequin | SPECTRACEF | amox tri/potassium clavulanate, Augmentin ES/XR, Cefzil |
| FML FORTE | Generic steroids, Lotemax | SULAR | nifedipine extended release, Norvasc |
| FOCALIN | methylphenidate, Concerta, Metadate CD/ER | SUPRAX | amox tri/potassium clavulanate, Augmentin ES/XR, Cefzil |
| FREESTYLE | Accu-Chek, OneTouch | TARKA | verapamil+ACE Inhibitor, Lotrel |
| FROVA | Imitrex, Zomig/ZMT | TESTODERM | Androderm, Testim |
| GEODON | Abilify, Risperdal (non M-Tab), Seroquel, Zyprexa (non-Zydys) | TEVETEN | Avapro, Diovan |
| GLUCOMETER | Accu-Chek, OneTouch | TEVETEN HCT | Avalide, Diovan HCT |
| GLUCOPHAGE XR | metformin | TOFRANIL-PM | imipramine tabs |
| GLYSET | Precose | TRINALIN | Allegra-D |
| GOLYTELY | PEG electrolyte | TRI-NORINYL | Ortho Tri-Cyclen Lo, generics |
| HELIDAC | Prevpac | TROVAN | Avelox, Cipro *, Tequin |
| HYZAAR | Avalide, Diovan HCT | UNIPHYL | theophylline tab SA |
| KADIAN | Generics, MS Contin | UNIRETIC | enalapril/hctz, lisinopril/hctz, Lotensin HCT * |
| KLARON | Generic, Plexion SCT | VANTIN | amox tri/potassium clavulanate, Augmentin ES/XR, Cefzil |
| KRISTALOSE | lactulose | VENTOLIN HFA | albuterol inh, Maxair Auto, Proventil HFA |
| KYTRIL | Zofran | VEXOL | Generic steroids, Lotemax |
| LAMISIL topical | OTC Lamisil | VIVELLE.DOT | Generics, Climara, Esclim |
| LESCOL XL | lovastatin, Crestor, Lipitor, Zocor | ZAGAM | Avelox, Cipro *, Tequin |
| LEVAQUIN | Avelox, Cipro *, Tequin | ZYFLO | Singulair |
| LEXEL | Lotrel | ZYPREXA ZYDIS | Zyprexa (non-Zydys) |
| LOPROX | OTCs, Mentax | ZYRTEC | Allegra, Clarinex |
| LORABID | amox tri/potassium clavulanate, Augmentin ES/XR, Cefzil | ZYRTEC syrup | Allegra, Clarinex Reditab |
| LOTRISONE | OTCs, Mentax + topical steroids | ZYRTEC-D | Allegra-D |
| LUMIGAN | Travatan, Xalatan | | |
| MAVIK | enalapril, lisinopril, Altace, Lotensin * | | |
| MAXALT,MLT | Imitrex, Zomig/ZMT | | |
| MAXAQUIN | Avelox, Cipro *, Tequin | | |

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 [INJ] next to a drug name indicates that the drug is available in injectable form only.

The symbol [SNRI] stands for Serotonin-Norepinephrine Reuptake Inhibitor.

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 JANUARY 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 copy.

You can get more information and updates to this document at our web site at www.express-scripts.com.



EXPRESS SCRIPTS®

2004 Express Scripts National Preferred Formulary

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.

ANTIINFECTIVES

Antivirals

NOTE: All oral antiviral drugs for the treatment of HIV infection are formulary.

acyclovir
rimantadine
TAMIFLU
VALTREX
Cephalosporins

cefuroxime
CEFZIL
cephalexin
Macrolides
BIAXIN, XL
ZITHROMAX

Oral Antifungals
DIFLUCAN
ketoconazole
LAMISIL tabs
nystatin
SPORANOX

Penicillins
amox tr/potassium
clavulanate
amoxicillin
AUGMENTIN ES, XR
penicillin v potassium

Quinolones
AVELOX, ABC PACK
CIPRO *
TEQUIN

Topical Antifungals
ketoconazole
MENTAX
nystatin
PENLAC

Topical Antifungal-Corticosteroids
clotrimazole/
betamethasone
nystatin w/triamcinolone

Urinary Antifungals
MACROBID
nitrofurantoin
macrocrystal
trimethoprim

ANTINEOPLASTIC/ IMMUNOSUPPRESS- ANT DRUGS

NOTE: All brand oral antineoplastics are considered formulary, unless available generically.
methotrexate
cyclosporine, modified
hydroxyurea
leucovorin
megestrol
tamoxifen
thioguanine

CARDIOVASCULAR MEDICATIONS

**ACE Inhibitors + HCT
Combos**
ALTACE

enalapril maleate, hctz
lisinopril, hctz
LOTENSIN, HCT *

moexipril
**Angiotensin II
Receptor Antagonists
+ HCT Combos**

AVALIDE
AVAPRO
DIOVAN, HCT
**Beta-Adrenergic
Antagonists**

atenolol, chlorthalidone
bisoprolol fumarate/hctz
COREG
INNOPRAN XL
metoprolol tartrate
propranolol hcl
TOPROL XL

Calcium Antagonists
diltiazem,
extended release
nifedipine er
NORVASC

verapamil hcl
VERELAN PM
**Centrally Acting
Antihypertensives**

clonidine hcl
**HMG-CoA Reductase
Inhibitors**
CRESTOR
LIPITOR

lovastatin
ZOCOR
Hypolipoproteinemics
ADVICOR
gemfibrozil

NIASPAN
WELCHOL
ZETIA
**Thiazide & Related
Drugs**

hydrochlorothiazide
ZAROXOLYN
**Other
Antihypertensives**
LOTREL

AUTONOMIC & CNS MEDICATIONS

Anticonvulsants
carbamazepine
DEPAKOTE
NEURONTIN
phenytoin sodium,
extended

TEGRETOL XR
TOPAMAX
ZONEGRAN
Antidementia Drugs

ARICEPT
EXELON
Antidepressants
EFFEXOR, XR [SNRI]
REMERNON soltab

mirtazapine
trazodone hcl
WELLBUTRIN SR
Antipsychotic Drugs
ABILIFY
clozapine

haloperidol
perphenazine
quetiapine fumarate
RISPERDAL
(excluding M-tabs)

thioridazine hcl
thiothixene
trifluoperazine hcl
ZYPREXA
(excluding Zydys)

**Antivertigo &
Antiemetics**
meclizine hcl
ZOFTRAN, ODT
Class II Narcotics

MS CONTIN [G]
MSIR [G]
oxycodone
w/acetaminophen
OXYCONTIN *

Class III Narcotics
acetaminophen
w/codeine
hydrocodone/
acetaminophen

CNS Stimulants
amphetamine salt
combo
CONCERTA
dextroamphetamine
sulfate

METADATE CD
METADATE ER [G]
methylphenidate hcl
**Other Drugs For
ADHD**

STRATTERA
**Drugs To Prevent &
Treat Headaches**
butalbital/apap/caffeine
IMITREX

ZOMIG, ZMT
Sedative/Hypnotics
AMBIEN
SONATA

temazepam
**Selective Serotonin
Reuptake Inhibitors**
CELEXA *
fluoxetine hcl

LEXAPRO
paroxetine
PAXIL CR *
ZOLOFT
Tertiary Amines

amitriptyline hcl
**DERMATOLOGICAL
MEDICATIONS**

Anti acne Drugs
AVITA gel
BENZACLIN
BENZAMYCIN [G]

clindamycin phosphate
erythromycin/
benzoyl perox.
FINACEA
isotretinoin

METROGEL, CREAM,
LOTION
PLEXION, SCT, TS [G]

**Antipsoriasis &
Antieczema Drugs**
selenium sulfide
TAZORAC
Corticosteroids

clobetasol propionate
flucinonide
triamcinolone acetonide
Keratolytics
CONDYLOX gel

**Miscellaneous
Dermatologicals**
ammonium lactate
ELIDEL

EAR-NOSE MEDICATIONS

**Drugs Affecting The
Ear**
CIPRO HC
neomycin/polymyxin/hc

**Drugs Affecting The
Nose**
ASTELIN
FLONASE *
ipratropium bromide
NASACORT AQ
NASONEX

ENDOCRINE MEDICATIONS

Glucocorticoids
methylprednisolone
prednisone
Insulins

HUMALOG
HUMULIN
LANTUS
NOVOLIN
NOVOLOG

Insulin Sensitizers
ACTOS
AVANDAMET
AVANDIA

Oral Hypoglycemics
AMARYL
glipizide
GLUCOTROL XL *
GLUCOVANCE *

glyburide
METAGLIP
metformin hcl
PRANDIN
PRECOSE
STARLIX

Thyroid Supplements
levothyroxine sodium
thyroid
UNITHROID
**Other Endocrine
Drugs**

ACTONEL
desmopressin acetate
DIDRONEL
EVISTA
FORTEO [INJ]
FOSAMAX

GASTROINTESTINAL MEDICATIONS

**Antispasmodics/Drugs
Affecting GI Motility**
dicyclomine hcl
hyoscyamine sulfate
metoclopramide hcl

H. Pylori Drugs
PREVPAC
**Proton Pump
Inhibitors**

NEXIUM
omeprazole
PREVACID
(excluding Solutab)

Other GI Drugs
ASACOL
cimetidine
CREON [G]
famotidine
hydrocortisone acetate

nizatidine
peg 3350/electrolyte
PENTASA
ranitidine
sulfasalazine

IMMUNOLOGICALS

*NOTE: Coverage based
on benefit design.*
**Growth Hormones &
Related Drugs**

GENOTROPIN [INJ]
HUMATROPE [INJ]
NORDITROPIN [INJ]
NUTROPIN, AQ,
DEPOT [INJ]

PROTROPIN [INJ]
SAIZEN [INJ]
Interferons
REBIF [INJ]
**Pegylated Interferons/
Oral Ribavirin Agents**

COPEGUS
PEG-INTRON [INJ]
PEGASYS [INJ]
REBETOL *

MUSCULOSKELETAL MEDICATIONS

CNS Muscle Relaxants
carisoprodol
cyclobenzaprine hcl
SKELAXIN

**Non-Steroidal Anti-
Inflammatory Agents**
diclofenac sodium
ibuprofen
indomethacin
nabumetone

naproxen
VIOXX
**Salicylates & Related
Drugs**
choline mag trisalcylate
diflunisal
salsalate

NUTRITION & BLOOD MODIFIERS

Antiplatelet Drugs
AGGRENOX
dipyridamole
PLAVIX
ticlopidine hcl

Blood Detoxicants
lactulose
**Therapeutic Vitamins
& Minerals**
folic acid
FOLTX

OBSTETRICAL & GYNECOLOGICAL MEDICATIONS

Androgen Drugs
ANDRODERM
TESTIM
Contraceptives

*NOTE: Coverage based
on benefit design.*
CYCLESSA
desogestrel -
ethinyl estradiol

ethynodiol diacet -
ethinyl estradiol
ethinyl estradiol
levo-norgestrel
norethindrone -
ethinyl estradiol

norethindrone -
mestranol
norgestrel -
ethinyl estradiol
NUVARING
ORTHO EVRA
ORTHO

TRI-CYCLEN LO
YASMIN
Estrogen Drugs
CLIMARA [G]
ESCLIM
estradiol
ESTRATEST, H.S.

MENEST
PREMARIN
PREMARIN
LOW DOSE
**Estrogen/Progestin
Combinations**

COMBIPATCH
FEMHRT
PREMPHASE
PREMPRO
PREMPRO LOW DOSE
Ovulatory Stimulants

*NOTE: Coverage based
on benefit design.*
ANTAGON [INJ]
BRAVELLE [INJ]
clomiphene citrate
FOLLISTIM [INJ]
GONAL-F [INJ]

REPRONEX [INJ]
Prenatal Vitamins
PRENATE
ADVANCE [G]
PRENATE GT [G]

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 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.

Progesterin Drugs
medroxyprogesterone acetate
PROMETRIUM
Specialized OBI/GYN Drugs
CETROTIDE [INJ]
leuprolide acetate [INJ]

OPHTHALMIC MEDICATIONS

Antibacterial Drugs
CILOXAN *
erythromycin
gentamicin sulfate
OCUFLOX *
polymyxin b sul/
trimethoprim
sulfacetamide sodium
tobramycin sulfate
VIGAMOX
ZYMAR

Antiglaucoma Drugs

AZOPT
brimonidine
COSOPT
IOPIDINE
timolol maleate
TRAVATAN
TRUSOPT
XALATAN
Corticosteroid Drugs
LOTEMAX
prednisolone acetate
Other Ophthalmic Drugs
ALOMIDE
EMADINE
homatropine
hydrobromide
LIVOSTIN
PATANOL
VOLTAREN ophthalmic
ZADITOR

RESPIRATORY MEDICATIONS

Antihistamines

ALLEGRA
CLARINEX
promethazine hcl
Antihistamine/Decongestants
ALLEGRA-D
promethazine vc
pseudoephedrine
w/chlorphenir

Antitussive & Expectorants

benzonatate
guaifenesin
w/pseudoephedrine
hydrocodone
w/guaifenesin
promethazine w/codeine
TUSSIONEX

Beta-2 Adrenergics

albuterol
FORADIL
MAXAIR AUTOHALER
PROVENTIL HFA
SEREVENT DISKUS
XOPENEX

Leukotriene Modifiers

Methyl Xanthines

theophylline anhydrous
Other Drugs For Asthma
ADVAIR DISKUS
ATROVENT inh
COMBIVENT

cromolyn sodium
FLOVENT ROTADISK
INTAL inh
ipratropium bromide
QVAR

UROLOGICAL MEDICATIONS

Anticholinergic Antispasmodics

DETROL, LA
DITROPAN XL
oxybutynin chloride
Other Genitourinary Products
NOTE: Coverage based on benefit design.
AVODART
EDEX [INJ]
FLOMAX
PROSCAR
VIAGRA

MISCELLANEOUS MEDICATIONS

NOTE: Coverage based on benefit design.

Appetite Suppressants

MERIDIA
phentermine hcl
Other Weight Loss Products
XENICAL

DIABETIC SUPPLIES

NOTE: Coverage based on benefit design.

Meters & Strips

ACCU-CHEK ACTIVE KIT
ACCU-CHEK ACTIVE test strips
ACCU-CHEK ADVANTAGE KIT
ACCU-CHEK ADVANTAGE test strips
ACCU-CHEK COMFORT CURVE test strips
ACCU-CHEK COMPACT KIT
ACCU-CHEK COMPACT test strips
ACCU-CHEK COMPLETE KIT
CHEMSTRIP bG
ONETOUCH FAST TAKE
ONETOUCH BASIC SYSTEM
ONETOUCH INDUO
ONETOUCH PROFILE SYSTEM
ONETOUCH II / Basic / Profile test strips
ONETOUCH ULTRA test strips
ONETOUCH ULTRA SMART
ONETOUCH ULTRA SYSTEM
ONETOUCH SURESTEP test strips
ONETOUCH SURESTEP SYSTEM
PRECISION XTRA
Needles & Syringes
NOVOFINE 30
PRECISION SURE DOSE

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 | Singulair | MAXIDONE | hydrocodone/apap |
| ACCUPRIL | enalapril, lisinopril, Altace, Lotensin * | MIACALCIN NASAL | Actonel, Fosamax |
| ACCURETIC | enalapril/hctz, lisinopril/hctz, Lotensin HCT * | MICARDIS | Avapro, Diovan |
| ACEON | enalapril, lisinopril, Altace, Lotensin * | MICARDIS HCT | Avalide, Diovan HCT |
| ACIPHEX | omeprazole, Nexium, Prevacid | MIDRIN | isometh'd- chloralphenaz/apap |
| ACTIVELLA | FemHRT, Prempro/Premphase | MOBIC | Generic NSAIDs |
| ACULAR PF | Voltaren Ophthalmic | MONOPRIL | enalapril, lisinopril, Altace, Lotensin * |
| AEROBID, M | Flovent Rotadisk, Qvar | MONOPRIL HCT | enalapril/hctz, lisinopril/hctz, Lotensin HCT * |
| ALAMAST | cromolyn sodium, Alomide, Patanol, Zaditor | MUSE | Edox |
| ALOCRIL | cromolyn sodium, Alomide, Patanol, Zaditor | NASAREL | Flonase *, Nasacort AQ, Nasonex |
| ALORA | Generics, Climara, Esclim | NORITATE | Metrocream, Metrogel, Metrolothin |
| ALPHAGAN P | brimonidine tartrate | NOROXIN | Avelox, Cipro *, Tequin |
| ALREX | Generic steroids | NULEV | hycosamine sulfate, Neosol |
| ALTOCOR | lovastatin, Crestor, Lipitor, Zocor | NULYTELY | PEG electrolyte |
| AMERGE | Imitrex, Zomig/ZMT | OMNICEF | amox tripotassium clavulanate, Augmentin ES/XR, Cefzil |
| ANDROGEL | Testim, Androderm | OPTIVAR | Patanol, Zaditor |
| ANZEMET | Zofran | ORAPRED | prednisolone soln |
| ASCENSIA | Accu-Chek, OneTouch | OXIDREL | chrorionic gonadotropin |
| ATACAND | Avapro, Diovan | OXISTAT | OTCs, Mentax |
| ATACAND HCT | Avalide, Diovan HCT | OXYIR | oxycodone hcl caps immediate release |
| AVINZA | Generics, MS Contin | OXYTROL | Detrol/LA, Ditropan XL |
| AXERT | Imitrex, Zomig/ZMT | PCE | erythromycin, Biaxin/XL, Zithromax |
| AZELEX | Generics, Avita gel | PEDIAPRED | prednisolone soln |
| AZMACORT | Flovent Rotadisk, Qvar | PENETREX | Avelox, Cipro *, Tequin |
| BECOMASE AQ | Flonase *, Nasacort AQ, Nasonex | PERGONAL | Repronex |
| BENICAR | Avapro, Diovan | PHENYTEK | phenytoin sodium extended release |
| BENICAR HCT | Avalide, Diovan HCT | PLENDIL | nifedipine extended release, Norvasc |
| BETIMOL | betaxolol, timolol, other generics | PRAVACHOL | lovastatin, Crestor, Lipitor, Zocor |
| BEXTRA | Viiox | PRAVIGARD | lovastatin, Crestor, Lipitor, Zocor |
| CARDENE SR | nifedipine extended release, Norvasc | PRECISION Q-I-D | Accu-Chek, OneTouch |
| CARDIZEM LA | diltiazem extended release, Verelan PM | PREFEST | FemHRT, Prempro/Premphase |
| CATAPRES-TTS | clonidine hcl | PRIOLESEC | Generic omeprazole |
| CAVERJECT | Edox | PROTONIX | omeprazole, Nexium, Prevacid |
| CECLOR CD | cefaclor extended release | PROTOPIC | Ekelid |
| CEDAX | amox tripotassium clavulanate, Augmentin ES/XR, Cefzil | PROZAC WEEKLY | fluoxetine (daily), Celexa *, Lexapro, Paxil/CR *, Zoloft |
| CELEBREX | Viiox | PULMOCORT (excluding respules) | Flovent Rotadisk, Qvar |
| CENESTIN | Menest, Premarin | QUIXIN | Ciloxan *, Ocuflox *, Vigamox, Zymar |
| CERUMENEX | OTC Debrox, Murine Ear | RELENZA | rimantadine, Tamiflu |
| CIPRO XR | Avelox, Cipro *, Tequin | RELPAK | Imitrex, Zomig/ZMT |
| COLAZAL | Asacol, Pentasa | RESCULA | Travatan, Xalatan |
| COVERA-HS | verapamil extended release, Verelan PM | RESTORIL 7.5mg | temazepam |
| COZAAR | Avapro, Diovan | RETIN-A liquid, MICRO | Generics, Avita gel |
| DIFFERIN | Generics, Avita gel | RHINOCORT AQUA | Flonase *, Nasacort AQ, Nasonex |
| DIPENTUM | Asacol, Pentasa | RISPERDAL M-TAB | Risperdal (non M-tabs) |
| DYNABAC | erythromycin, Biaxin/XL, Zithromax | RITALIN LA | methylphenidate, Concerta, Metadate CD/ER |
| DYNACIRC, CR | nifedipine extended release, Norvasc | RYNATAN | Allegra-D |
| ESTRADERM | Generics, Climara, Esclim | SEMPREX-D | OTC antihistamine/decongestants |
| EXELDERM | OTCs, Mentax | SERZONE | bupropion, Effexor/XR, Remeron Soltab, Wellbutrin SR |
| FAMVIR | acyclovir, Valtrex | SKELID | Actonel, Didronel, Fosamax |
| FERTINEX | Bravelle, Follistim, Gonal-F | SOF-TACT | Accu-Chek, OneTouch |
| FLOXIN | Avelox, Cipro *, Tequin | SPECTRACEF | amox tripotassium clavulanate, Augmentin ES/XR, Cefzil |
| FML FORTE | Generic steroids, Lotemax | SULAR | nifedipine extended release, Norvasc |
| FOCALIN | methylphenidate, Concerta, Metadate CD/ER | SUPRAX | amox tripotassium clavulanate, Augmentin ES/XR, Cefzil |
| FREESTYLE | Accu-Chek, OneTouch | TARKA | verapamil+ACE Inhibitor, Lotrel |
| FROVA | Imitrex, Zomig/ZMT | TESTODERM | Androderm, Testim |
| GEODON | Abilify, Risperdal (non M-Tab), Seroquel, Zyprexa (non-Zydis) | TEVETEN | Avapro, Diovan |
| GLUCOMETER | Accu-Chek, OneTouch | TEVETEN HCT | Avalide, Diovan HCT |
| GLUCOPHAGE XR | metformin | TOFRANIL-PM | impramine tabs |
| GLYSET | Precose | TRINALIN | Allegra-D |
| GOLYTELY | PEG electrolyte | TRI-NORINYL | Ortho Tri-Cyclen Lo, generics |
| HELIDAC | Prevpac | TROVAN | Avelox, Cipro *, Tequin |
| HYZAAR | Avalide, Diovan HCT | UNIPHYL | theophylline tab SA |
| KADIAN | Generics, MS Contin | UNIRETIC | enalapril/hctz, lisinopril/hctz, Lotensin HCT * |
| KLARON | Generics, Plexion SCT | VANTIN | amox tripotassium clavulanate, Augmentin ES/XR, Cefzil |
| KRISTALOSE | tactulose | VENTOLIN HFA | albuterol inh, Maxair Auto, Proventil HFA |
| KYTRIL | OTC Lamisil | VEXOL | Generic steroids, Lotemax |
| LAMISIL topical | lovastatin, Crestor, Lipitor, Zocor | VIVELLE.DOT | Generics, Climara, Esclim |
| LESCOL, XL | Avelox, Cipro *, Tequin | ZAGAM | Avelox, Cipro *, Tequin |
| LEVAQUIN | Lotrel | ZYFLO | Singulair |
| LEXXEL | OTCs, Mentax | ZYPREXA ZYDIS | Zyprexa (non-Zydis) |
| LOPROX | amox tripotassium clavulanate, Augmentin ES/XR, Cefzil | ZYRTEC | Allegra, Clarinex |
| LORABID | OTCs, Mentax + topical steroids | ZYRTEC syrup | Allegra, Clarinex Reditab |
| LOTIRISONE | Travatan, Xalatan | ZYRTEC-D | Allegra-D |
| LUMIGAN | enalapril, lisinopril, Altace, Lotensin * | | |
| MAVIG | Imitrex, Zomig/ZMT | | |
| MAXALT, MLT | Avelox, Cipro *, Tequin | | |
| MAXAQUIN | | | |

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 [INJ] next to a drug name indicates that the drug is available in injectable form only. The symbol [SNRI] stands for Serotonin-Norepinephrine Reuptake Inhibitor. 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 JANUARY 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 copy.

You can get more information and updates to this document at our web site at www.express-scripts.com.