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

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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](http://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