

OFFICE OF THE COUNTY EXECUTIVE ALL-EMPLOYEES MEMORANDUM

DATE: January 24, 2007

EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY

PRESCRIPTION DRUG BENEFITS

Attached please find the updated **2007 Express Scripts National Preferred Medication List** for the Suffolk County EMHP. We recommend that you share this list with your doctor. Your doctor may refer to this list when prescribing medication in order for you to utilize your drug plan in the most cost efficient manner. Remember the EMHP has a mandatory generic requirement—generic prescribing is always preferable whenever possible so that you do not pay additional out-of-pocket costs.

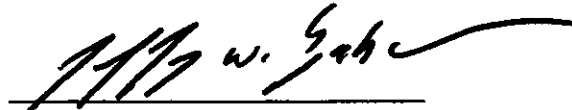
This list is not all-inclusive nor does it guarantee coverage or the lowest co-pay, but it is a summary of the most commonly utilized prescription medications by EMHP enrollees. As you may recall, **ALL GENERIC MEDICATIONS ARE PREFERRED MEDICATIONS.**

In accordance with the EMHP, the following drugs require prior authorization from Express Scripts before they can be dispensed. It is your responsibility to get prior authorization if your Doctor prescribes a drug on this list. You, a member of your family, your doctor, your doctor's staff or your pharmacist must call Express Scripts at 1-800-939-7515 to begin the review process for these drugs.

Accutane	Edex	Muse	TheraCys/Tice (BCG Vaccine)
Amevive	Enbrel	Norditropin	Tretinoin (Retin-A), age >24
Aralast	Epogen/Procit	Nutropin	Viagra
Aranesp	Exubera (inhaled insulin)	Prolastin	Xolair
Botox	Genotropin	Protropin	Yohimbine
Caverject	Humatrope	Pulmozyme	
Ceredase	Humira	Raptiva	
Cerezyme	Immune Globulins	Remicade	
Cialis	Kineret	Saizen	
Dexedrine, Desoxyn, Adderall, age >24	Lamisil	Serostim	
Differin, age >24	Levitra	Sporanox	
Drugs for the Treatment of Impotency	Human Growth Hormone	BCG Live	Weight Loss Medications

Please note that the Express Scripts National Preferred Medication List and the listing of drugs that require prior authorization are continually updated as new products and generic drugs become available. Therefore, we recommend that you periodically check the Express Scripts website, www.express-scripts.com, for the most current information or you can contact Express Scripts directly at 1-800-939-7515.

Should you have questions on the above benefits, please contact the Employee Benefits Unit, Department of Civil Service/Human Resources via e-mail (ebu@suffolkcountyny.gov).



JEFFREY W. SZABO
Deputy County Executive & Chief of Staff

Distribution

One copy per employee

Attachment



The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list that is at the core of the Suffolk County EMHP Prescription-Drug Plan (your prescription-drug 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 that this medication is subject to nonpreferred status when a generic is available throughout the year.

Brand-name drugs are listed in CAPITAL letters.
Generic drugs are listed in lower case letters.

2007 Express Scripts National Preferred Medication List For Suffolk County EMHP

A

ABILIFY (excluding Discmelt & solution)
ACCU-CHEK ACTIVE KIT
ACCU-CHEK ACTIVE test strips
ACCU-CHEK ADVANTAGE KIT
ACCU-CHEK ADVANTAGE test strips
ACCU-CHEK AVIVA KIT
ACCU-CHEK AVIVA test strips
ACCU-CHEK COMFORT CURVE test strips
ACCU-CHEK COMPACT KIT
ACCU-CHEK COMPACT test strips
ACCU-CHEK COMPLETE KIT
acetaminophen w/codeine
acetazolamide
acetylcysteine [INJ]
ACTIVELLA
ACTONEL, with calcium
ACTOPLUS MET
ACTOS
acyclovir
ADDERALL XR*
ADVAIR DISKUS
ADVICOR
AGGRENOX
albuterol
ALOMIDE
ALORA
ALPHAGAN P
ALTACE
aluminum chloride
amantadine
AMBIEN* (excluding CR)
aminophylline
amitriptyline
ammonium lactate
amox tr/potassium clavulanate
amoxicillin
ANALPRAM-HC* (1% cream, 2.5% lotion)
ANDRODERM
ANDROGEL*
antipyrine w/benzocaine
api
aranelle
ARANESP [INJ] [PA]
ARICEPT
ASACOL
ASTELIN
atenolol, -chlorthalidone
AUGMENTIN XR
AVANDAMET
AVANDARYL

AVANDIA

AVELOX
aviane
AVODART
AXID solution only
azathioprine
azithromycin

B

benazepril, /hctz
BENZACLIN
benzonatate
benzoyl peroxide
betamethasone
BETASERON [INJ]
bisoprolol fumarate/hctz
BRAVELLE [INJ]
brimonidine tartrate
bupropion, sr
butalbital/apap/caffeine
BYETTA [INJ]

C

camila
CANASA
captopril, /hctz
carbamazepine
carisoprodol
cefadroxil
cefepodoxime
cefprozil
cefuroxime
CELEBREX
CELLCEPT
cephalexin
cesia
CETROTIDE [INJ]
chloral hydrate
chlorzoxazone
cholestyramine
choline mag trisalicylate
chorionic gonadotropin [INJ]
ciclopirox
cilostazol
cimetidine
CIPRO HC
CIPRODEX
ciprofloxacin
citalopram
clarithromycin
CLIMARA PRO
clindamycin phosphate
clobetasol propionate
clomiphene citrate
clonidine hcl
clotrimazole/betamethasone
clotrimazole troche
COLAZAL*
colestipol
COMBIPATCH
COMBIVENT
CONCERTA*

COREG*

COZOPT
COZAAR
CREON
CRESTOR
cromolyn sodium
cryselle
cyclobenzaprine hcl
cyclosporine, modified
CYMBALTA (SNRI)

D

DEPAKOTE
desmopressin acetate
deseonide
desoximetasone
dextroamphetamine sulfate
diclofenac sodium
dicyclomine hcl
DIFFERIN [PA]
diflunisal
diltiazem, extended release
DIOVAN, HCT
diphenhydramine
dipyridamole
DITROPAN XL*
doxepin hcl
DUAC
DYNACIRC CR

E

EDEX [INJ] [PA]
EFFEXOR XR (SNRI)
ELIDEL
EMADINE*
enalapril, hctz
enpresse
EPIPEN, JR [INJ]
errin
erythromycin
erythromycin/benzoyl perox.
estradiol, tds
ESTRATEST, H.S.
estropipate
etidronate disodium
etodolac
EUFLEXXA [INJ]
EXELON

F

famotidine
felodipine er
fentanyl citrate
FINACEA
finasteride
FLOMAX
FLOVENT, HFA
fluconazole
fluocinonide
fluorouracil
fluoxetine hcl
fluticasone nasal spray
fluticasone propionate

fluvoxamine maleate
folic acid
FOLLISTIM, AQ [INJ]
FOLTIX
FORADIL
FORTEO [INJ]
FOSAMAX, PLUS D
fosinopril, /hctz

G

gabapentin
GANIRELIX
ACETATE [INJ]
gemfibrozil
gentamicin sulfate
glimepiride
glipizide, er, xl
glipizide/metformin
glyburide, micronized
glyburide/metformin
GONAL-F, RFF [INJ]
guaifenesin w/pseudoephedrine

H

haloperidol
HUMALOG [INJ]
HUMATROPE [INJ] [PA]
HUMIRA [INJ] [PA]
HUMULIN [INJ]
hydrochlorothiazide
hydrocodone w/guaifenesin
hydrocodone/acetaminophen
hydrocortisone
hydroxyurea
hyoscyamine sulfate
HYZAAR

I

ibuprofen
imipramine
IMITREX*
indomethacin
INNOPRAN XL
INTAL inh
ipratropium bromide
isotretinoin [PA]
itraconazole

J

jolivette
junel, fe

K

kariva
kelnor
ketoconazole

L

labetalol hcl
lactulose

LAMISIL tabs*
lamotrigine
LANTUS Vials Only [INJ]
leena
lessina
leucovorin
leuprolide acetate [INJ]
LEVAQUIN
LEVEMIR Vials Only [INJ]
LEVITRA [PA]
levora
levothyroxine sodium
LEVOXYL
LEXAPRO
lisinopril, /hctz
LOTEMAX
LOTREL*
lovastatin
low-gestrel
LUMIGAN
lutera

M

MAXAIR AUTOHALER
meclizine hcl
medroxyprogesterone acetate
megestrol
meloxicam
MENEST
MENOPUR [INJ]
mercaptopurine
MERIDIA* [PA]
METANX
metaproterenol
metformin, er
methocarbamol
methotrexate
methylphenidate hcl
methylprednisolone
metoclopramide hcl
metolazone
metoprolol, hctz
METROGEL*
metronidazole cream
microgestin, fe
mirtazapine, soltab
mometasone
mononessa
morphine sulfate

N

nabumetone
naproxen
NASACORT AQ
NASONEX
necon
neomycin/polymyxin/dexamethasone
neomycin/polymyxin/hc
NEXIUM
NIASPAN
nifedipine er
nitrofurantoin
macrocrystal
nizatidine

nora-be
nortrel
NOVAREL [INJ]
NOVAFINE 30
NOVOLIN [INJ]
NOVOLOG [INJ]
NUTROPIN, AQ (excluding Depot) [INJ] [PA]
nystatin
nystatin w/triamcinolone

O

ofloxacin
ogestrel
OMACOR
omeprazole
OMNICEF*
ONETOUGH
BASIC SYSTEM
ONETOUGH FASTTAKE
ONETOUGH INDOUO
ONETOUGH PROFILE SYSTEM
ONETOUGH II / Basic / Profile test strips
ONETOUGH SURESTEP test strips
ONETOUGH SURESTEP SYSTEM
ONETOUGH ULTRA test strips
ONETOUGH ULTRA SMART SYSTEM
ONETOUGH ULTRA SYSTEM
ONETOUGH ULTRA2 SYSTEM
ONETOUGH ULTRAMINI SYSTEM
orphenadrine citrate
ORTHO EVRA
ORTHO
TRI-CYCLEN LO*
oxybutynin chloride
oxycodone w/acetaminophen
OXYCONTIN
OXYTROL

P

paroxetine
PATANOL
peg 3350/electrolyte
PEGASYS [INJ]
penicillin v potassium
PENLAC
PENTASA
perphenazine
phentermine hcl [PA]
phenytoin sodium, extended
PHOSLO
pilocarpine hcl
PLAVIX*

(continued)

THIS DOCUMENT LIST IS EFFECTIVE JAN. 1, 2007 THROUGH DEC. 31, 2007. THIS LIST IS SUBJECT TO CHANGE. PLEASE CHECK WEBSITE FOR UP TO DATE LISTING.

The symbol (G) next to a drug name signifies that a generic is available for at least one or more strengths of the brand-name medication. Most generics are available at the lowest copayment.

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

polymyxin b sul/
trimethoprim
portia
potassium citrate/
citric acid
PRANDIN
pravastatin
PRECISION SURE DOSE
PRECISION XTRA
prednisolone acetate
prednisolone sodium
phosphate
prednisone
PREGNYL (INJ)
PREMARIN
PREMPRO
PREVACID
PREVACID NAPRAPAC
previfem
PREVPAC
PROAIR HFA
prochlorperazine
PROCRIT (INJ) (PA)
promethazine hcl
promethazine
w/codeine
promethazine w/dm
PROMETRIUM
propranolol hcl, w/hctz
PROTOPIC
PROVENTIL HFA
pseudophedrine
PULMICORT
w/chlorpheniramine

Q
quinapril
quinaretic
QVAR

R
ranitidine
REBIF (INJ)
reclipsen
RENAGEL
REPRONEX (INJ)
RESTORIL (7.5mg)
ribasphere
ribavirin
rimantadine
RISPERDAL
(excluding M-tabs)

S
SAIZEN (INJ) (PA)
salsalate
selenium sulfide
SEREVENT DISKUS
serophene
SEROQUEL
sertraline
simvastatin
SINGULAIR
SKELAXIN*
sodium sulfacetamide/
sulfur
solia
SPIRIVA
sprintec
sronyx
STARLIX
STRATTERA
SULAR
sulfacetamide sodium
sulfasalazine
SYMLIN (INJ)

T
TAMIFLU
tamoxifen
TAZORAC
TEGRETOL XR
temazepam
theophylline,
anhydrous, er
thioguanine
thioridazine hcl
thiothixene
TILADE
timolol maleate
tobramycin sulfate
TOPAMAX
TOPROL XL*
trazodone hcl
tretinoin (PA)
triamcinolone acetonide
TRICOR
trifluoperazine hcl
trimethobenzamide
trimethoprim
trimethazine
w/codeine
trimethazine w/dm
TRUSOPT
TUSSIONEX
TWINJECT (INJ)

U
UNIPHYL
urea
UROXATRAL
URSO, FORTE

V
VALTREX
velivet
ventlafaxine
VENTOLIN HFA
verapamil hcl
VERELAN PM
VESICARE
VIGAMOX
VIVELLE, -DOT
VOLTAREN ophthalmic
VYTORIN

W
warfarin
WELCHOL
WELLBUTRIN XL*

X
XENICAL (PA)
XOPENEX solution

Y
YASMIN
YAZ

Z
ZADITOR
ZETIA
ZOFRAN, ODT*
ZOMIG, ZMT
zonisamide
zovia
ZYLET
ZYMAR
ZYPREXA
(excluding Zydys)

Examples of Nonpreferred Medications With Selected Preferred Alternatives

The following is a list of some nonpreferred brand-name medications with examples of selected preferred alternatives.

Column 1 lists examples of nonpreferred medications.
Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Nonpreferred	Preferred Alternative	Nonpreferred	Preferred Alternative
ACCOLATE	Singulair	LEVEMIR flexpen	Lantus vials, Levemir vials
AGEON	Generic Ace Inhibitor, Altace	LEXCEL	Lotrel*
ACIPIHEX	omeprazole, Nexium, Prevacid	LIPITOR	lovastatin, pravastatin, simvastatin, Crestor, Vytorin
ACULAR, LS, PF	Volaren Ophthalmic	LOCCID	hydrocortisone
AERDIBIO, M	Flovent/HFA, Pulmicort, Qvar	LOFIBRA	gemfibrozil, Tricor
ALAMAST	Zaditor	LOPROX	ciclopirox
	eramolyn sodium, Alomide, Emadine*, Patanol,	LUNESTA	Ambien* (excluding CR)
ALOCRIL	Zaditor	MAVIK	Generic Ace Inhibitor, Altace
	Generic steroids	MAXALIN MLT	Imitrex*, Zomig/ZMT
ALEX	lovastatin, pravastatin, simvastatin, Crestor,	MAXADIN	Generic patches, Alora, Vivelle-Dot
ALTOPREV	Vytorin	MENOSTAR	Generic patches, Alora, Vivelle-Dot
	glimperide	METADATE CD	methylphenidate, Concerta*
AMARYL	Ambien* (non-CR)	METAGLIP	glipizide/mefloformin
AMBIEN CR	Imitrex*, Zomig/ZMT	MICALCALIN NASAL	fortical, Actonel, Fosamax
AMERGE	gemfibrozil, Tricor	MICARDIS	Diavan HCT, Hyzaar
ANTIARA	Zofran*	MICARDIS HCT	meloxicam
APIDRA	Humalog, Novolog	MUSE (PA)	Edex (PA), Levitra (PA)
ASCENSIA	Accu-Chek, OneTouch	NASAREL	fluticasone, Nasacort AQ, Nasonex
ASMANEX	Flovent/HFA, Pulmicort, Qvar	NEVANAC	Volaren Ophthalmic
ATACAND	Cozaar, Diovan	NOROTROPIN (PA)	Humatrope (PA), Nutropin/AQ (PA), Saizen (PA)
ATACANO HCT	Diavan HCT, Hyzaar	NORITATE	metronidazole cream
AVALIDE	Cozaar, Diovan	NORXIN	cefproziloxacin, ofloxacin, Avloxo, Levaquin
AWAPRO	tretinoin (PA), Differin (PA)	NORVASC	telmisartan, nifedipine extended release,
AVITA (PA)	Imitrex*, Zomig/ZMT		Generic CR, Sular
AXERT	tretinoin (PA), Differin (PA)	NUTROPIN DEPOT (PA)	Humatrope (PA), Nutropin/AQ (PA), Saizen (PA)
AZELEX (PA)	Flovent/HFA, Pulmicort, Qvar	NUVARING	Generic, Ortho-Evra, Ortho Tri-Cyclen Lo*,
AZMACORT	brimonidine tartrate, Alphagan P, Cosopt,		Yasmin, Yaz
AZOPT	Trusopt	OPTIVAR	eramolyn sodium, Alomide, Emadine*, Patanol,
	fluticasone, Nasacort AQ, Nasonex		Zaditor
BECONASE AQ	Cozaar, Diovan	ORAPRED	prednisolone soln
BENICAR	Diavan HCT, Hyzaar	OSYREL	chiamone gonadotropin, Novarel
BENZAMYCIN, PAK	erythromycin/benzoyl peroxide	PAXIL	paroxetine
BETIMOL	betaxolol, timolol, other generics	PAXIL CR	paroxetine (immediate release), citalopram,
BIAXIN, XL	clarithromycin		fluoxetine (daily), sertraline, Lexapro
BONIVA tab	Actonel, Fosamax	PEDIAPRED	prednisolone soln
CADUET	CCB + HMG combination - CCB - felodipine er,	PEG-INTRON, REDIPEN	Pegaspys
	nifedipine er, Dynacirc CR, Sular,	PHENYTEK	phenytoin sodium extended release
CARDENE SR	HMG - simvastatin, Crestor	PLENDIL	telmisartan
	nifedipine extended release, felodipine er,	PLEXION, TS, SCT	sulfacetamide sodium/sulfur sublimed
	Dynacirc CR, Sular	PRAMOSONE	idocaine-hc
CARDIZEM LA	diltiazem extended release, Verelan PM	PRAYACHOL	pravastatin
CAVERJECT (PA)	Edex (PA), Levitra (PA)	PRECISION QID, PCX	Accu-cek, OneTouch
CEDEX	amox tri/potassium clavulanate, Augmentin XR,	PREFEST	Activella, Prempro/Premphase
	Omnicef*	PRLOSEC	omeprazole
CEFTIL	cefprozil	PROCARD	finasteride
CELEBA	citalopram	PROTONIX	omeprazole, Nexium, Prevacid
CENESTIN	Menest, Premarin	PROTROPIN (PA)	Humatrope (PA), Nutropin/AQ (PA), Saizen (PA)
CEREFOLIN	Generic vitamin supplement	PROZAC WEEKLY	fluoxetine (daily), citalopram, paroxetine,
CIALIS (PA)	Levitra (PA)		sertraline, Lexapro
CILOXAN	cefproziloxacin eye drops	QUIXIN	cefproziloxacin, ofloxacin, Vigamox, Zymar
CIPRO XR	ciprofloxacin, ofloxacin, Avloxo, Levaquin	RELENZA	rimantadine, Tamiflu
CLIMARA	estradiol lds, Alora, Vivelle-Dot	RESTAPAX	Imitrex*, Zomig/ZMT
COVERA-HS	verapamil extended release, Verelan PM	RESTORIL	temazepam
CYCLESSE	casia, cycloest		(excluding 7.5mg)
DIETROL LA	oxybutynin, Ditropan XL*, Vesicare	RETIN-A, MICRO (PA)	tretinoin (PA), Differin (PA)
DIDRONEL	edronate	RHINOCORT AQ/IA	fluticasone, Nasacort AQ, Nasonex
DIPENTUM	Asacol, Colazal*, Pentasa	RISPERDAL M-TAB	Risperdal (non M-tabs)
DURAGESIC	fortanyl citrate	RITALIN LA	methylphenidate, Concerta*
DYNACIRC	felodipine er, nifedipine extended release,	SANCTURA	oxybutynin, Ditropan XL*, Vesicare
	Dynacirc CR, Sular	SEASONALE	levora, portia (continuous regimen)
	venlafaxine	SKELI	Actonel, Fosamax
	eramolyn sodium, Alomide, Emadine*, Patanol,	SOFTACT	Accu-cek, OneTouch
	Zaditor	SONATA	Ambien* (excluding CR)
	oxybutynin, Ditropan XL*, Vesicare	SPORANOX caps, kit	itraconazole
	Menest, Premarin	SUPRAX	amox tri/potassium clavulanate, Augmentin XR,
ENABLEX	Aranesp (PA), Procrit (PA)		Omnicef*
ENJUVIA	Generic anti/ungia	SYMBYAX	fluoxetine+Zyprexa (non-Zydys)
EPOGEN (PA)	Generic patches, Alora, Vivelle-Dot	SYNTHROID	levothyroxine sodium, Levothy
ERACZO	Generic patches, Alora, Vivelle-Dot	SYNISC	saprol, Ezulox
ESTRADERM	Generic patches, Alora, Vivelle-Dot	TARKA	verapamil+ACE Inhibitor, Lotrel*
ESTRASORB	Generic patches, Alora, Vivelle-Dot	TESTIM	Androderm, AndroGel*
ESTROGEL	ciprofloxacin, ofloxacin, Avloxo, Levaquin	TEVETEN	Cozaar, Diovan
FACTIVE	acyclovir, Valtrex	TEVETEN HCT	Diavan HCT, Hyzaar
FAMVIR	Activella, Prempro/Premphase	TEV-TROPIN (PA)	Humatrope (PA), Nutropin/AQ (PA), Saizen (PA)
FemHRT	Menest, Premarin	TOBRADEX	Zylet
FEMIRACE	Bravalle, Follistim, AQ, Gonel-F/RF	TOFRANIL-PM	imipramine tabs
FERTIMEX	Generic steroids, Lotmax	TRAFAN	Lumigan, Xalatan
FM, FORTE	methylphenidate, Concerta*	TRIGLIDE	gemfibrozil, Tricor
FOCALIN_XR	Phoslo, Rensgel	ULTRASE, MI	amylase/lipase/protease
FOSENOLOL	Accu-cek, OneTouch	UNIRETIC	benazepril/hctz, enalapril/hctz, lisinopril/hctz,
FREESTYLE	Imitrex*, Zomig/ZMT		lisinopril/hctz, quinaretic
FROVA	Humatrope (PA), Nutropin/AQ (PA), Saizen (PA)	VANTIN suspension	amox tri/potassium clavulanate, Omnicef*
GERDTRONIPIN (PA)	Abilify regular tabs, Risperdal (non M-tabs),	VANTIN tabs	celipodaxime
GEODON	Seroquel, Zyprexa (non-Zydys)	VEXOL	Generic steroids, Lolemax
	Accu-cek, OneTouch	VIBRA (PA)	Levitra (PA)
GLUCOMETER	Prevpac	WELLBUTRIN SR	bupropion sr
HELIDAC	brimonidine tartrate, Alphagan P, Cosopt,	XIBROM	Volaren Ophthalmic
IOPIDINE	Trusopt	ZEGERID	omeprazole, Nexium, Prevacid
	timolol maleate	ZITHROMAX	azithromycin
ISTALOL	clarithromycin, erythromycin	ZUCOR	simvastatin
RETEK, PAK	taculose	ZOLOFT	sertraline
KRISTALOSE	Zofran*	ZYPREXA ZYDIS	Zyprexa (non-Zydys)
KYTRIL	Lantus vials, Levemir vials		
LANTUS cartridges	lovastatin, pravastatin, simvastatin, Crestor,		
LESCOL, XL	Vytorin		

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-name medication.
The symbol (INJ) next to a drug name indicates that the drug is available in injectable form only.
The symbol (PA) next to a drug name indicates that Prior Authorization is required.
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 JAN. 1, 2007 THROUGH DEC. 31, 2007. THIS LIST IS SUBJECT TO CHANGE. PLEASE CHECK WEBSITE FOR UP TO DATE LISTING.

The symbol (G) next to a drug name signifies that a generic is available for at least one or more strengths of the brand-name medication. Most generics are available at the lowest copayment.
You can get more information and updates to this document at our web site at www.express-scripts.com.