

▶ PHARMACY BENEFIT COMPARISON



NEW PPO & INDEMNITY OPTIONS:

- ▶ PPO BASIC
- ▶ PPO PREMIER
- ▶ PPO CHOICE BASIC
- ▶ PPO CHOICE PREMIER
- ▶ INDEMNITY BASIC
- ▶ INDEMNITY PREMIER

HMO OPTIONS:

- ▶ BLUECHOICE
- ▶ CIGNA
- ▶ KAISER PERMANENTE
- ▶ UNITEDHEALTHCARE

IMPORTANT ENROLLMENT INFORMATION

If you do not submit your choice by May 14, 2004 and you are participating in the Current PPO, PPO Choice or Indemnity Options, your coverage will default to the New PPO Basic, New PPO Choice Basic or New Indemnity Basic Option. Failure to respond will not allow you to retain your current level of pharmacy coverage.

1. Review your 2003–2004 coverage.
2. Determine the 2004–2005 benefit option that best fits your needs and budget.
3. Submit your 2004–2005 benefit elections using www.statehealth.org for agencies that do not participate in the State Flexible Benefit Program (FBP) offered by the Georgia Merit System and www.gabenefits.org for agencies participating in the State FBP or **via paper by May 14, 2004**.
4. You can go online to www.dch.state.ga.us and follow the pharmacy links to the Express Choice tool to calculate your estimated out-of-pocket costs for the Basic and Premier Plan Options.

IMPORTANT MESSAGE FROM THE STATE HEALTH BENEFIT PLAN (SHBP)

You have heard in the media how medical and pharmacy costs continue to increase. Our pharmacy costs are increasing at rates higher than the national average because, as a group, SHBP members use a high number of prescription medications. SHBP and Express Scripts (our pharmacy benefit manager) want to help you manage your prescription expenses. Our goal is to provide you with quality pharmacy benefits at a reasonable cost to you and the Plan.

Effective July 1, 2004, the current PPO, PPO Choice and Indemnity Options will no longer be available.

The New PPO, PPO Choice and Indemnity Options are:

- ▶ PPO Basic
- ▶ PPO Choice Basic
- ▶ Indemnity Basic
- ▶ PPO Premier
- ▶ PPO Choice Premier
- ▶ Indemnity Premier

OVERVIEW OF MY PHARMACY BENEFIT OPTIONS

What Are the Differences Between the Basic and Premier Pharmacy Options?

There are three differences between the Basic and Premier prescription benefits.

- ▶ The Basic Preferred Drug List (PDL) is not as extensive as the Premier Drug List;
- ▶ The co-payments are different (see Pharmacy Benefit Comparison Chart); and
- ▶ There are no Maximum Out-of-Pocket (MOP) limits for the Basic pharmacy options (see Pharmacy Benefit Comparison Chart).

During Open Enrollment, you can select the health benefit coverage best suited for you and your family. Before making your choice, review the PPO, PPO Choice and Indemnity Option Overviews and the Pharmacy Benefit Comparison Chart.

PLAN PROVISIONS FOR THE BASIC AND PREMIER OPTIONS

- ▶ ***New Progressive Drug Management Program (PDMP)*** - This program has been designed to assist your doctor in finding the most appropriate drug treatment for you and your family. The first step in the program is usually a proven less expensive treatment known to be safe and effective for most people. If the drug does not work for you, your doctor may progress to another drug. A Prior Authorization may be required as the next step in the program to obtain the drug that is best suited for you. Progressive Drug Management helps to ensure that you are receiving the most appropriate and cost-effective drug for your condition. The PDMP is in effect for the following therapeutic categories: ACE Inhibitors, Brand NSAID, Elidel/Protopic and Glucophage XR. *Note:* This list is subject to change during the Plan year.

Note: If you should go to the pharmacy and are told that your prescription cannot be filled because a prior authorization is required, please have your doctor call Express Scripts, Inc.'s (ESI's) prior authorization unit with your clinical information. The prior authorization process is a telephonic process where your doctor can give your clinical information over the phone for review. If the information provided by your doctor does not meet the criteria for the drug requested, you are entitled to appeal. Your physician will need to fax a written request to ESI's appeals unit that should include your medical history and all previously used drugs to treat your particular condition.

HEALTH MAINTENANCE ORGANIZATIONS (HMOs)

- ▶ Generic co-payments are different from the PPO and Indemnity Options
- ▶ **No** Maximum Out-of-Pocket (MOP) limit feature
- ▶ Maintenance Drugs may be obtained for up to a 90-day supply of your prescription(s) for two (2) co-payments.
Note: (Kaiser: one co-payment per 30-day supply)
- ▶ Contact respective HMO for further Plan provisions

ALL PLAN OPTIONS

Remember:

- ▶ **No co-payments for drugs that are covered by SHBP will be changed or overridden on an individual basis.**
- ▶ The SHBP defines Maintenance Drugs as medications for specified chronic conditions where you may obtain up to a 90-day supply of your prescription(s) at one time for three (3) co-payments. Your co-payments are based on supplies of up to 30 days as this is the industry standard. However, some drugs are limited to a standard other than the 30-day supply for one co-payment.
Note: This applies only to the PPO Basic, PPO Premier, PPO Choice Basic, PPO Choice Premier, Indemnity Basic and Indemnity Premier Options.
- ▶ In addition, many drugs listed as non-preferred have a generic or preferred brand-name drug alternative. Preferred drug alternatives are therapeutically equivalent while being more cost effective.
- ▶ If the drug cost is less than the co-payment, you do not pay the co-payment but the lesser of, which is the actual cost of the drug. For example, if the preferred drug cost is \$18.23, and the preferred drug co-payment is \$25.00, you will only pay \$18.23.

PHARMACY BENEFIT COMPARISON CHART

PLAN TYPE	PREFERRED DRUG LIST (PDL)	GENERIC CO-PAYMENT		PREFERRED BRAND CO-PAYMENT		NON-PREFERRED BRAND CO-PAYMENT	QUARTERLY MAXIMUM OUT-OF-POCKET (MOP)
PPO Basic – PPO Choice Basic	Basic (see page 4 for abbreviated PDL)	\$10		\$25		\$40	Does not apply
Indemnity Basic	Basic (see page 4 for abbreviated PDL)	\$10		\$25		\$40	Does not apply
PPO Premier – PPO Choice Premier	Premier (see page 5 for abbreviated PDL)	\$15		\$25		20% of cost; minimum \$40 – maximum \$100	\$450 per member/ \$1,300 family
Indemnity Premier	Premier (see page 5 for abbreviated PDL)	\$15		\$25		20% of cost; minimum \$40 – maximum \$100	\$450 per member/ \$1,300 family
HMOs – BlueChoice CIGNA UnitedHealthcare	HMO Drug Lists (see telephone numbers below)	\$10		\$25		\$40	Does not apply
Kaiser Permanente	Kaiser Drug List (see telephone number below)	Kaiser Facility \$10	Eckerd's Drugs \$16	Kaiser Facility \$25	Eckerd's Drugs \$31	Does not apply	Does not apply

Note: Please contact each HMO regarding pharmacy lists — BlueChoice: (800) 464-1367; CIGNA: (800) 564-7642; Kaiser Permanente: (800) 611-1811; UnitedHealthcare: (866) 527-9599.

BASIC AND PREMIER DRUG LISTS

- ▶ The pharmacy drug lists are created, reviewed and continually updated by a team of health care professionals, including physicians and pharmacists.
- ▶ A medication becomes a preferred drug based first on safety, then efficacy and last on cost-effectiveness.
- ▶ Your doctor can use the list associated with your chosen option to select medications for your healthcare needs, while helping you maximize your prescription drug benefit. The choice of medications is strictly between you and your doctor.
- ▶ Preferred Drug Lists for SHBP members are subject to change. Prior to purchasing your medication(s) you may view the drug lists at www.dch.state.ga.us or contact Express Scripts by phone at (877) 650-9342 or TDD (800) 842-5754 to get the most current status on any covered drug. Included in this brochure is an abbreviated version of the two drug lists for comparison. Use these lists to help you determine what your co-payments will be and to evaluate which drug benefit will best meet your needs.

Georgia Basic Preferred Drug List (abbreviated)

Effective JULY 1, 2004

For State Health Benefit Plan- PPO and Indemnity Health Plans

All generics are considered preferred drugs (examples listed in each category).

If at any time during the Plan year a brand has a generic equivalent become available, that brand may be moved to the non-preferred status.

KEY:

PA – prior authorization required

QLL – quantity or therapy limits exist

ALLERGY/RESPIRATORY

ADVAIR DISKUS, QLL
albuterol generic, QLL
ALLEGRA, -D, QLL
COMBIVENT, QLL
FLOVENT ROTADISK, QLL
FORADIL, QLL
INTAL, QLL
ipratropium generic, QLL
PROVENTIL HFA, QLL
QVAR, QLL
SEREVENT DISKUS, QLL
SINGULAIR

ANTI-INFECTIVES

acyclovir generic
amoxicillin generic
amoxicillin/clavulanic generic
ampicillin generic
AUGMENTIN ES
AUGMENTIN XR, QLL
AVELOX, ABC PACK
cefuroxime generic
cephalexin generic
CIPRO
DIFLUCAN, PA
doxycycline generic
erythromycin generic
ketoconazole generic
nitrofurantoin generic
penicillin generic
SPORANOX, QLL, PA
TEQUIN
tetracycline generic
timethoprim generic
tmp/smx generic
ZITHROMAX

AUTONOMIC & CNS

AMBIEN, QLL
amitriptyline generic
CELEXA
CONCERTA
dextroamphetamine generic, PA
age >21
EFFEXOR, -XR
fluoxetine generic
IMITREX, QLL
LEXAPRO
METADATE CD
methylphenidate generic
mirtazapine generic
paroxetine generic
PAXIL CR
REMERON soltab
SONATA, QLL
STRATTERA
temazepam generic
trazodone generic
WELLBUTRIN SR
ZOMIG, -ZMT, QLL

GASTROINTESTINAL

ASACOL
cimetidine generic
famotidine generic
nizatidine generic
omeprazole generic, QLL, PA
PENTASA
PREVACID, QLL, PA
PREVPAC, QLL
ranitidine generic
sulfasalazine generic

CARDIOVASCULAR

ADVICOR
atenolol generic
AVALIDE
AVAPRO
bisoprolol generic
bisoprolol w/hctz generic
chlorthalidone generic
clonidine generic
COREG
CRESTOR
diltiazem, er generic
DIOVAN, HCT
enalapril generic
enalapril w/hctz generic
gemfibrozil generic
hydrochlorothiazide generic
INNOPRAN XL
LIPITOR
lisinopril generic
lisinopril w/hctz generic
LOTENSIN HCT
LOTREL
lovastatin generic
metoprolol tartrate generic
moexipril generic
NIASPAN
nifedipine er generic
NORVASC
propranolol generic
terzosin generic
verapamil generic
verapamil, xr generic
ZAROXOLYN
ZETIA, PA

ENDOCRINE

ACTONEL, QLL
ACTOS, QLL
AVANDAMET
AVANDIA, QLL
DIDRONEL
EVISTA
FORTEO, PA
FOSAMAX, QLL
glipizide generic
glyburide generic
HUMALOG
HUMULIN
LANTUS
metformin generic
NOVOLIN
NOVOLOG
PRANDIN
PRECOSE
STARLIX
tolazamide generic
tolbutamide generic

OBSTETRICAL/ GYNECOLOGICAL

ESCLIM, QLL
estradiol generic
FEMHRT
medroxyprogesterone generic
ORTHO EVRA, QLL
ORTHO TRI-CYCLEN LO
PREMARIN
PREMPHASE
PREMPRO
YASMIN

EAR-NOSE-THROAT

ASTELIN, QLL
FLONASE, QLL
NASONEX, QLL

UROLOGICAL

DETROL, -LA
oxybutynin generic
AVODART
EDEX, QLL, PA
FLOMAX
VIAGRA, QLL, PA

MUSCULOSKELETAL

diclofenac sodium generic
ibuprofen generic
indomethacin generic
nabumetone generic
naproxen generic
VIOXX, QLL
choline mag trisalicylate generic
diflunisal generic
salsalate generic

Alternative Product Listing for Non-Preferred Brands

<u>Non-Preferred Brand</u>	<u>Selected Alternative Brands</u>
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Accolate	Singulair
Accupril	lisinopril
Aciphex	omeprazole, Prevacid
Activella	FemHRT, Prempro, Premphase
Altace	lisinopril
Atacand	Avapro, Diovan
Biaxin, -XL	erythromycin, Zithromax
Clarinx	Allerga
Cozaar	Avapro, Diovan
Hyzaar	Avalide, Diovan HCT
Maxalt, -MLT	Imitrex, Zomig, -ZMT
Mobic	generic NSAIDs
Nexium	omeprazole, Prevacid
Plendil	nifedipine, Norvasc
Protonix	omeprazole, Prevacid
Pulmicort	Flovent, QVAR
Sular	nifedipine, Norvasc
Zocor	lovastatin, Crestor, Lipitor
Zoloft	fluoxetine, paroxetine, Lexapro, Paxil CR
Zyrtec	Allegra

REVISED April 7, 2004

For Prior Authorizations (PA), Quantity Level Limits (QLL) or any questions regarding specific coverage rules or co-payment information for drugs not listed on this document, please contact Express Scripts, Inc. at 1-877-650-9342.

GEORGIA *PREMIER* PREFERRED DRUG LIST (ABBREVIATED)

PA – prior authorization required
 QLL – quantity or therapy limits exist

EFFECTIVE JULY 1, 2004

FOR STATE HEALTH BENEFIT PLANS – PPO AND INDEMNITY HEALTH PLANS

All generics are considered preferred drugs (examples listed in each category). If at any time during the Plan year a brand has a generic equivalent become available, that brand will automatically be moved to the non-preferred status.

ALLERGY/RESPIRATORY

ADVAIR DISKUS QLL
 albuterol generic QLL
 ALLEGRA, -D QLL
 COMBIVENT QLL
 cromolyn sodium generic
 FLOVENT, -ROTADISK QLL
 FORADIL QLL
 ipratropium generic
 MAXAIR AUTOHALER QLL

PROVENTIL HFA QLL
 PULMICORT RESPS QLL
 SINGULAIR
 TILADE QLL
 ZYRTEC QLL

ANTI-INFECTIVES

acyclovir generic
 amoxicillin generic
 amoxicillin/clavulanic generic
 ampicillin generic
 AUGMENTIN ER
 AUGMENTIN XR QLL
 AVELOX
 cefuroxime generic
 CEZIL
 cephalixin generic
 CIPRO
 CIPRO XR QLL
 DIFLUCAN 150MG QLL
 DIFLUCAN PA
 doxycycline generic
 erythromycin generic
 GANTRISIN PEDIATRIC
 griseofulvin generic
 ketoconazole generic
 LAMISIL PA
 MACROBID
 penicillin generic
 SPECTRACEF
 SPORANOX QLL, PA
 tetracycline generic
 tmp/smx generic
 VALTREX QLL
 ZITHROMAX QLL

AUTONOMIC & CNS

alprazolam generic
 AMBIEN QLL
 amitriptyline generic
 bupropion generic

buspirone generic
 desipramine generic
 diazepam generic
 EFFEXOR, -XR
 fluoxetine generic
 imipramine generic
 IMITREX QLL
 LEXAPRO
 lorazepam generic
 MIGRANAL QLL
 nortriptyline generic
 oxazepam generic
 paroxetine generic
 trazodone generic
 triazolam generic
 WELLBUTRIN-SR
 ZOLOFT
 ZOMIG, -ZMT QLL

GASTROINTESTINAL

ASACOL
 AZULFIDINE EN-TAB
 cimetidine generic
 CREON
 famotidine generic
 omeprazole generic QLL, PA
 PANCREAZE
 pancrelipase generic
 PENTASA
 PREVACID QLL, PA
 PREVPAC QLL
 PROCTOFOAM-HC
 ranitidine generic
 ROWASA
 sucralfate generic
 URSO
 VIOKASE
 ZANTAC SYRUP

CARDIOVASCULAR

ADVICOR
 ALTACE
 atenolol generic
 captopril generic
 CARDIZEM LA
 CATAPRES-TTS QLL
 cholestyramine generic
 COREG
 COZAAR
 diltiazem, sa generic
 DIOVAN, -HCT
 enalapril generic

furosemide generic
 gemfibrozil generic
 hydrochlorothiazide generic
 HYZAAR
 LEVATOL
 LEXXEL
 LIPITOR
 lisinopril generic
 lisinopril w/hctz generic
 LOTENSIN, -HCT
 LOTREL
 lovastatin generic
 metoprolol generic
 NIASPAN
 nicardipine generic
 nifedipine, er, xl generic
 NIMOTOP
 NORVASC
 PRAVACHOL
 prazosin generic
 propranolol generic
 spironolactone generic
 terazosin generic
 TOPROL XL
 torsemide generic
 TRICOR
 verapamil, xr generic
 ZAROXOLYN
 ZOCOR

ENDOCRINE

ACTOS QLL
 AMARYL
 AVANDIA QLL
 DDAVP NASAL PA
 EVISTA
 FOSAMAX QLL
 GLUCOTROL XL
 glyburide micronized generic
 GLYSET
 HUMALOG
 HUMULIN
 LANTUS
 metformin
 MIACALCIN
 NOVOLIN
 NOVOLOG
 PRANDIN
 PRECOSE
 STARLIX
 tolazamide generic
 tolbutamide generic

OBSTETRICAL/ GYNECOLOGICAL

COMBIPATCH
 ESTRADERM PATCH QLL
 ESTRATEST, -HS
 estradiol patch generic QLL
 estropipate generic
 ESTROSTEP FE
 FEMHRT
 medroxyprogesterone generic
 MENEST
 NUVARING
 ORTHO EVRA QLL
 ORTHO TRI-CYCLEN
 PREMARIN
 PREMPHASE
 PREMPRO
 VIVELLE, -DOT QLL

EAR-NOSE-THROAT

ASTELIN QLL
 FLONASE AQ QLL
 NASONEX QLL

UROLOGICAL

DETROL, -LA
 DITROPAN XL
 EDEX QLL, PA
 FLOMAX
 oxybutynin generic
 PROSCAR
 VIAGRA QLL, PA

MUSCULOSKELETAL

ARTHROTEC
 CELEBREX QLL
 diclofenac generic
 fenoprofen generic
 flurbiprofen generic
 indomethacin generic
 ketoprofen generic
 meclofenamate generic
 nabumetone generic
 naproxen generic
 piroxicam generic
 sulindac generic
 tolmetin generic
 VIOXX QLL

ALTERNATIVE PRODUCT LISTING FOR NON-PREFERRED BRANDS

NON-PREFERRED BRAND	SELECTED ALTERNATIVE BRANDS
Aceon	lisinopril, Altace, Lotensin
Aciphex	omeprazole, Prevacid
Accolate	Singulair
Accupril	lisinopril, Altace, Lotensin
Activella	Prempro, Premphase
Actonel	Fosamax, Miacalcin
Atacand	Cozaar, Diovan
Biaxin, -XL	erythromycin, Zithromax
Celexa	fluoxetine, paroxetine, Lexapro, Zoloft
Clarinet	Allerga, Zyrtec
Lescol, -XL	lovastatin, Lipitor, Pravachol, Zocor
Mavik	lisinopril, Altace, Lotensin
Maxalt, -MLT	Imitrex, Zomig, -ZMT
Mobic	generic NSAIDs
Nexium	omeprazole, Prevacid
Plendil	nifedipine, Norvasc
Protonix	omeprazole, Prevacid
Pulmicort	Flovent
Serevent	Foradil
Sular	nifedipine, Norvasc
Teveten	Cozaar, Diovan

For Prior Authorizations (PA) or any questions regarding preferred status of drugs not listed on this document, please contact Express Scripts, Inc. at 1-877-650-9342.

February 5, 2004

This list is subject to change at the discretion of the Department of Community Health.

