

CATAMARAN (C235)
1600 MCCONNOR PKWY
SCHAUMBURG IL 60173-6801



<FIRST NAME> <LAST NAME>
<ADDRESS LINE 1>
<ADDRESS LINE 2>
<CITY> <STATE> <ZIP>

Dear State of Ohio Member:

As your pharmacy benefits manager, **Catamaran wants to help you get the most value from your prescription benefits.** We are committed to giving you the information you need to make the best decisions regarding the prescriptions you take.

We want to inform you of some upcoming changes to your prescription drug plan beginning October 1, 2015 – there will be a number of medications that are no longer covered without a prior authorization. For your convenience, we have summarized the changes to the current formulary on the reverse side of this letter and provided possible preferred alternatives when appropriate. We encourage you to contact your doctor to discuss these changes and the impact they may have on your prescriptions.

We are giving you an early notification of these changes so you have time to contact your doctor and obtain new prescriptions or, if there is a medical necessity for you to continue on one of these medications, your doctor can begin the prior authorization process by contacting Catamaran.

Please note that this is not an all-inclusive list and formulary changes can occur throughout the year. Benefit designs may vary with respect to drug coverage, quantity limits, step therapy, days supply and prior authorization.

What if I have more questions?

We want to make sure you understand the actions that you can take to receive the highest level of benefit coverage for your medications. If you have any questions about this letter, please call 1-866-854-8850. Representatives are available 24 hours a day, seven days a week to assist you.

Sincerely,
Catamaran

Continued on Reverse

Excluded Drug	Preferred Clinical Alternative(s)
GLUMETZA	metformin
ABSORICA	AMNESTEEM, CLARAVIS, MYORISAN, ZENATANE
DIVIGEL	estradiol, VIVELLE-DOT, ALORA, EVAMIST
ONEXTON Gel	clindamycin/benzoyl peroxide, tretinoin gel, ZIANA
AVEED	ANDROGEL, AXIRON
ORAVIG	clotrimazole troches
MITIGARE	COLCRYS
EPANED	enalapril
ZUPLENZ	ondansetron
QUARTETTE	levonorgestrel/ethinyl estradiol (91-day)
RAYOS	methylprednisolone; prednisolone; immediate-release prednisone
STAXYN	CIALIS, VIAGRA
GIAZO	balsalazide
APRISO	DELZICOL, PENTASA
REXAPHENAC	diclofenac, VOLTAREN gel
CAMBIA	diclofenac
ZIPSOR	diclofenac
CONZIP	tramadol ER
EXALGO	morphine sulfate ext-release, oxymorphone ext-release, NUCYNTA ER, OPANA ER, OXYCONTIN
KADIAN	morphine sulfate ext-release, oxymorphone ext-release, NUCYNTA ER, OPANA ER, OXYCONTIN
BUNAVAIL	buprenorphine/naloxone
AMRIX	cyclobenzaprine
All single source cough and cold medications	Multiple generic cough and cold products