



Dear State of Ohio Member:

The **Catamaran 2015 Formulary** will be effective January 1st, 2015. For your convenience, we have summarized changes to the current formulary on the reverse side of this letter and provided possible preferred alternatives when appropriate.

This list, along with the **Catamaran 2015 Formulary**, is a tool to help guide you and your physician in choosing medications that allow the most effective use of your prescription drug benefit. By prescribing generic or preferred brand-name drugs, your physician can help you save on your out-of-pocket prescription expenses without sacrificing quality of care.

If you are currently taking a medication that will become “non-preferred” on January 1st, 2015, we encourage you to talk with your physician and ask if a preferred alternative is right for you. If he or she agrees, ask for a new written prescription. Please note that if you choose to continue taking a non-preferred medication on or after this date, you may be subject to pay a higher copayment at the pharmacy based on your plan design.

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.

If you have any questions regarding these changes, please call our Member Services Department at 866-854-8850. Representatives are available 24 hours a day, seven days a week to assist you.

Sincerely,

David Calabrese, R.Ph, MHP
Vice President and Chief Pharmacy Officer

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FORMULARY CHANGES

Non-Preferred Medication	Preferred Alternatives
ACTONEL	alendronate, ibandronate, risedronate, FOSAMAX PLUS D
ANDRODERM	ANDROGEL, AXIRON
ARANESP	PROCRIT
BETOPTIC S	betaxolol
FENTORA	fentanyl patch, fentanyl citrate oral transmucosal
KRISTALOSE	lactulose
LAMICTAL ODT	lamotrigine
MENOPUR	FOLLISTIM AQ, BRAVELLE
VELTIN	clindamycin/benzoyl peroxide, tretinoin gel, ZIANA
VIMOVO	omeprazole, pantoprazole, lansoprazole AND naproxen
ZYCLARA	imiquimod

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