



Dear Member:

The **Catamaran 2013 Advantage Formulary** will be effective January 1, 2013. 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 Advantage 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 1, 2013, 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 the telephone number listed on your member identification card. 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*

**Continued on Reverse**

## 2013 ADVANTAGE FORMULARY CHANGES

Non-Preferred Medication	Preferred Alternatives
ADVICOR	atorvastatin, simvastatin AND niacin
AVODART	alfuzosin, finasteride, terazosin
BETASERON	Avonex, Extavia, Copaxone, Rebif
COMTAN	carbidopa/levodopa
COUMADIN	warfarin
DILANTIN	phenytoin
DIVIGEL	estradiol
EDARBI	losartan, valsartan, Diovan, Micardis
EDARBYCLOR	losartan/hctz, valsartan/hctz, Diovan HCT, Micardis HCT
FLOVENT DISKUS	Asmanex, Pulmicort, Qvar
FLOVENT HFA	Asmanex, Pulmicort, Qvar
FRAGMIN	enoxaparin
FROVA	sumatriptan, naratriptan, Maxalt, Relpax
GENOTROPIN	Norditropin
GILENYA	Avonex, Copaxone, Rebif
HUMATROPE	Norditropin, Nutropin
JALYN	alfuzosin, finasteride, terazosin
LANOXIN	digoxin
LIALDA	mesalamine, Asacol, Pentasa
MAXAIR AUTOHALER	ProAir HFA
METANX	various multivitamins
NITROLINGUAL	nitroglycerin
ORENCIA	Enbrel, Humira
REMICADE	Enbrel, Humira
RENAGEL	calcium acetate, Fosrenol, Renvela
SOLARAZE	Flector
SUBOXONE TABS	various products available depending on the indication
SYNTHROID	levothyroxine
TEGRETOL-XR	carbamazepine ER strengths
TESTIM	Androgel, Methitest
XOPENEX HFA	ProAir HFA

*\*Non-preferred medication is a combination product. Both medications listed in the preferred alternatives column should be taken to replace the two components of the medication moving to non-preferred status.*

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