



Dear Member:

The **Catalyst Rx 2012 National Formulary** will be effective January 1, 2012. 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 Catalyst Rx National 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, 2012, 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 will be required to pay a higher copayment at the pharmacy.

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.

For a complete list of preferred products or for more information on your pharmacy benefit program, please log on to **[www.catalystrx.com](http://www.catalystrx.com)** to access your member Web portal.

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,

Catalyst Rx

**Continued on Reverse**

## 2012 NATIONAL FORMULARY CHANGES

Non-Preferred Medication	Preferred Alternatives
<b>Antara</b>	Lipofen, generic fenofibrates
<b>Ascensia products</b>	OneTouch and Accu-Chek products
<b>Atacand</b>	losartan, Diovan
<b>Atacand HCT</b>	losartan/HCTZ, Diovan HCT
<b>Avandamet*</b>	ActoPlus MET and ActoPlus MET XR
<b>Avandaryl*</b>	Actos AND glimepiride (individual components)
<b>Avandia</b>	Actos
<b>Breeze products</b>	OneTouch and Accu-Chek products
<b>Contour products</b>	OneTouch and Accu-Chek products
<b>Embeda*</b>	morphine AND naltrexone (individual components)
<b>Fenoglide</b>	Lipofen, generic fenofibrates
<b>Freestyle products</b>	OneTouch and Accu-Chek products
<b>Nucynta</b>	buprenorphine, codeine, hydromorphone, meperidine, morphine
<b>Oracea</b>	doxycycline
<b>Tricor</b>	Lipofen, generic fenofibrates
<b>Triglide</b>	Lipofen, generic fenofibrates
<b>Trilipix</b>	Lipofen, generic fenofibrates

*\*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.*

*Brand-names are the property of their respective manufacturers.*