



Dear Member:

The **Catamaran 2014 Advantage Formulary** will be effective January 1, 2014. 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 2014 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, 2014, 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*

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## FORMULARY CHANGES

Non-Preferred Medication	Preferred Alternatives
Advair Diskus, Advair HFA	Dulera, Symbicort
Altoprev	atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, Crestor
Alvesco	Asmanex, Pulmicort, Qvar
Apidra, Apidra Solostar	Humalog, Novolog
Apriso	mesalamine
Azopt	dorzolamide
Bidil	hydralazine AND isosorbide dinitrite
Cardizem LA	diltiazem
Effer-K	potassium citrate
Elixophyllin	theophylline
Enblex	oxybutynin, tolterodine, trospium, Detrol LA, Gelnique, Oxytrol, Toviaz, Vesicare
Enbrel	Cimzia, Humira
Fluorabon, Flura-drops	fluoride
Jentaduo, Tradjenta	Januvia, Janumet, Janumet XR, Kombiglyze, Onglyza
Micardis	candesartan, eprosartan, irbesartan, losartan, Benicar
Micardis HCT	candesartan/hct, irbesartan/hct, losartan/hct, Benicar HCT
Nitro-Dur	nitroglycerin
Orap	galantamine, rivastigmine
Paxil susp	paroxetine
Twynsta	candesartan, eprosartan, irbesartan, losartan, Benicar AND amlodipine

*\*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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