

CATAMARAN (C235)  
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SCHAUMBURG IL 60173-6801



<FIRST NAME> <LAST NAME>  
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<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 you to know about some upcoming changes to your prescription drug plan for compound drugs beginning January 1, 2015. We encourage you to contact your doctor to discuss the plan changes and the impact they may have on your prescriptions. We are giving you early notification of these changes so you have time to contact your doctor and obtain new prescriptions, if needed.

We recognize that compound drugs may be necessary for certain patients when other available products are not an option. However, because of safety concerns and rising costs, select compound drugs and ingredients used for making compounds may no longer be covered under your pharmacy benefit plan or may require prior authorization.

#### **Compounds that cost more than \$300**

Compound prescriptions that cost more than \$300 will require prior authorization as part of your pharmacy benefit plan. Please discuss your treatment with your doctor and start the prior authorization process if needed.

#### **Bulk chemicals no longer covered**

Many bulk chemical products are not FDA-approved or are available and covered in alternate forms. Other bulk chemicals have numerous FDA-approved formulations or lower-cost alternatives available, thereby minimizing the need for compounding with these ingredients. The bulk chemicals listed on the chart are no longer covered under your pharmacy benefit plan.

ACYCLOVIR	FLUTICASONE	NITROFURAZONE
ADENOSINE	GABAPENTIN	NYSTATIN
AMANTADINE	GUAIFENESIN	PCCA LIPODERM HMW
AMITRIPTYLINE	HUMAN CHORIONIC GONADOTROPIN	PCCA PRACASIL TM-PLUS BASE
BACLOFEN	HYDROQUINONE	PCCA SPIRA-WASH BASE
BENZOIC ACID	IBUPROFEN	PENTOXIFYLLINE
BUPIVACAINE	IMIPRAMINE HCL	PIROXICAM
CHLORHEXIDINE GLUCONATE	INDOMETHACIN	POTASSIUM CHLORIDE
CHLOROFORM	KETAMINE HCL	POVIDONE
CHORIONIC GONADOTROPIN	KETOPROFEN	PRILOCAINE
CICLOPIROX OLAMINE	LEVOCETIRIZINE	RESERPINE
CLIOQUINOL	LIOPEN	RESVERATROL
CLONIDINE HCL	MECLOFENAMATE SODIUM	SULFADIMETHOXINE
CLOTRIMAZOLE	MEFENAMIC ACID	SULFATHIAZOLE
COBALT GLUCONATE	MELOXICAM	TETRACAINE
CYCLOBENZAPRINE	METRONIDAZOLE	TETRACYCLINE
DICLOFENAC	MICONAZOLE	TOLNAFTATE
DIETHYLSTILBESTROL	MISOPROSTOL	TRAMADOL
DILTIAZEM HCL	MOMETASONE	VERAPAMIL
ETHOXY DIGLYCOL	NABUMETONE	VERSAPRO
FENTANYL	NAPROXEN	VERSATILE CREAM BASE
FLURBIPROFEN	NIFEDIPINE	ZIRCONIUM OXIDE

This list is subject to change as Catamaran continuously monitors compounds.

### 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.

If you are interested in more information about compound drugs, please visit the Food and Drug Administration (FDA) website at: [www.fda.gov](http://www.fda.gov) and search for “Compounding questions.”

Sincerely,  
Catamaran

cc: Clinical Services Department