



Dear Member:

Catalyst Rx is pleased to administer your prescription benefit program. As new medications come to market, we regularly review your plan's prescription drug formulary to make sure you are receiving the highest quality benefits at the greatest value.

Preferred National Formulary

The Catalyst Rx 2011 Preferred National Formulary will be effective January 1, 2011. For your convenience, we have summarized changes to the current formulary below and provided possible preferred alternatives when appropriate.

This list, along with the Catalyst Rx Preferred 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, 2011, 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 your plan has higher copayments for non-preferred medications and you choose to continue taking a non-preferred medication on or after this date, you may be required to pay a higher out-of-pocket cost at the pharmacy.

2011 PREFERRED NATIONAL FORMULARY CHANGES	
Non-Preferred Medication	Preferred Alternatives
Activella 0.5-0.1mg	estradiol/norethindrone, CombiPatch, Premphase, Prempro
Advicor*	niacin AND lovastatin
Alamast	cromolyn
Altace Tablets	benazepril, captopril, enalapril, fosinopril, lisinopril, moexipril, quinapril, ramipril capsules, trandolapril
Ampyra	Avonex, Betaseron, Copaxone, Rebif
Betimol	betaxolol, carteolol, levobunolol, timolol
Blephamide	<i>Generics for:</i> Cortisporin, Maxitrol, Polytrim, Tobradex, Vasocidin
Cayston	Tobi
Cimzia	Enbrel, Humira, Orencia, Remicade
Ertaczo	clotrimazole, econazole nitrate, ketoconazole, miconazole, Mentax
Glyset	acarbose, nateglinide, Byetta, Prandin, Symlin
Ortho Tri-Cyclen Lo	Multiple generic and brand-name oral contraceptives
PrandiMet*	nateglinide AND metformin
Quixin	ciprofloxacin, ofloxacin, Ciloxan, Iquix, Vigamox, Zymar
Retin-A Micro	adapalene, tretinoin, Azelex, Duac, Rosula, Zoderm
Victoza	Byetta
Zortress	Afinitor

**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.*

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.

Medications Requiring Prior Approval

Your prescription drug plan includes a prior approval requirement designed to encourage the use of safe and cost-effective prescription drugs. On January 1, 2011, brand-name medications within two additional drug classes will require prior use of a recommended alternative before they will qualify for coverage.

If you are currently taking a medication that will require approval beginning January 1, 2011, you will need to obtain a new prescription for a recommended alternative to ensure continued coverage by your prescription drug plan.

MEDICATIONS SUBJECT TO NEW PRIOR APPROVAL REQUIREMENTS		
Drug Class	Medications Requiring Approval	Recommended Alternatives
Androgens¹	Androderm, Testim	AndroGel
Growth Hormones²	Nutropin, Omnitrope, Saizen, Tev-Tropin	Genotropin, Humatrope, Norditropin

¹Approval not required for members under age 18.

²Approval required for all members. Your plan may already require prior authorization for these medications or they may be included as part of your Specialty Drug Management Program. If you already have received a prior authorization for one of these medications, you will not be impacted by this change.

If you have previously tried a recommended alternative and it did not work for you, then you, your pharmacist, or your health care provider can contact Catalyst Rx to request a prior authorization. If you have not received a prior authorization from Catalyst Rx, your prescription for your current brand-name medication will not be covered effective January 1, 2011 and you will be responsible for 100 percent of the medication's cost at the pharmacy.

For a complete list of preferred products or for more information on your pharmacy benefit program, please log on to **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