**CLINICAL MAILING NOTIFICATION**

**Type of Mailing**: Formulary Change

**Drugs Affected: Lidocaine Ointment 5%**

**Projected Mailing Date\*\*: Week of March 6, 2017**

The purpose of this letter is to tell you that as of 4/1/2017, the following medication will be changing on your formulary: Lidocaine Ointment 5%.

Our records show you may be taking or using Lidocaine Ointment 5%.

If you are currently taking or using this prescription you will be able to get it at the current coverage until 3/31/2017.

**What to do if you take the medication[s] listed above:**

● Show this letter to your prescriber before 4/1/2017

● Discuss with your prescriber whether one of the following covered alternatives is right for you:

|  |  |  |
| --- | --- | --- |
| **Drug Name** | **New Status Effective**  **4/1/2017 for Current Members** | **Covered Alternatives\*** |
| Lidocaine Ointment 5% | Quantity Limits Are:  107gm/30 days or 3 tubes/30 days | Tier 1: Lidocaine Cream 3%  Tier 1: Lidocaine Gel |

*\*Note: All possible covered alternatives may not be listed.*