CLINICAL MAILING NOTIFICATION

Type of Mailing: Medi-Span Change Drugs Affected: Effient Tablet Projected Mailing Date**: 09/15/2017

MEMBER LETTER

The purpose of this letter is to tell you that Effient Tablet is now available as a generic equivalent.

As of 8/22/2017, the generic equivalent of the drug was added to your formulary. Coverage of the brand medication has changed. Please see the table below for the prescription affected.

It is important to continue taking your medication. Please talk to your pharmacist when refilling this prescription to discuss your options.

Prescription Affecte	ed Generic Equivalent
Effient Tablet	prasugrel tablet

PRESCRIBER LETTER

The purpose of this letter is to notify you of an upcoming change in the prescription drug coverage for your patient(s).

As of 8/22/2017, the generic equivalent of the drug was added to your patient(s) formulary. Coverage of the brand medication has changed. Please see the table below for information.

Prescription Affected	Generic Equivalent
Effient Tablet	prasugrel tablet

In addition, we will be sending letters to health plan members that will be affected by this formulary change.



**This is an estimated date