



## CLINICAL MAILING NOTIFICATION

**Type of Mailing:** Medi-Span Change

**Drugs Affected:** Coreg CR

**Projected Mailing Date\*\*:** 11/21/2017

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

As of DATE, 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
Coreg CR capsule	Carvedilol phosphate ER capsule

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

\*\*This is an estimated date