



CLINICAL MAILING NOTIFICATION

Type of Mailing: Formulary Change

Drugs Affected: See Table

Projected Mailing Date:** 7/1/2017

The purpose of this letter is to tell you that beginning 07/01/2017, the following medication[s] will be changing on your formulary: <DRUG_NAME>.

Our records show you may be taking or using <DRUG_NAME>.

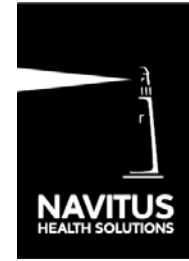
If you are currently taking or using [this][these] prescription[s], you will be able to get [them][it] at the current coverage until 9/30/2017.

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

- Show this letter to your prescriber before 10/1/2017
- Discuss with your prescriber whether one of the following covered alternatives is right for you:

Drug Affected	New Coverage Effective 10/1/2017	Possible Covered Alternatives
ALSUMA INJECTION	Not Covered	Tier 1 sumatriptan tablet QL Tier 1 rizatriptan tablet QL
doxycycline susp	Tier 2	Tier 1 minocycline capsule Tier 1 doxycycline tablet Tier 1 doxycycline capsules
SUMATRIPTAN INJ 6MG/0.5ML	Tier 2	Tier 1 sumatriptan tablet QL Tier 1 rizatriptan tablet QL
sumatriptan injection	Tier 2	Tier 1 sumatriptan tablet QL Tier 1 rizatriptan tablet QL
sumatriptan injection	Tier 2	Tier 1 sumatriptan tablet QL Tier 1 rizatriptan tablet QL
sumatriptan injection	Tier 2	Tier 1 sumatriptan tablet QL Tier 1 rizatriptan tablet QL
SUMAVEL DOSEPRO INJECTION	Not Covered	Tier 1 sumatriptan tablet QL Tier 1 rizatriptan tablet QL

**This is an estimated date



Drug Affected	New Coverage Effective 10/1/2017	Possible Covered Alternatives
venlafaxine ER tab	Not Covered	Tier 1 venlafaxine ER capsules Tier 2 duloxetine EC capsules QL Tier 2 desvenlafaxine ER tablets
VENLAFAXINE ER TAB 225MG	Not Covered	Tier 1 venlafaxine ER capsules Tier 2 duloxetine EC capsules QL Tier 2 desvenlafaxine ER tablets

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

QL: Quantity Limits apply

**This is an estimated date