



<date>

<Member First Name> <Member Last Name>  
<Member Address>  
<City, STATE> <Zip>>

Dear <Member First Name> <Member Last Name>,

In our continuing efforts to ensure ODS members are taking the safest, most effective and most cost-efficient medicines, we would like to inform you of an important change to the Oregon Educators Benefit Board (OEBB) formulary that may affect your coverage of <<medication name(s)>>. You are receiving this letter because our records show that you have recently purchased <<DRUG NAME>>.

**Beginning <<Month day>>, 2012**, this medication will have the following quantity limitation; <QLL>. If your prescription is written for an amount greater than this quantity, a prior authorization will be required prior to payment authorization. Quantity limits are placed on medications which may have limited use, are prone to overuse, or may be prescribed in quantities outside FDA recommendations.

You may wish to discuss formulary options with your physician. The updated Preferred Drug List, as well as a list of Medications Requiring Authorization, is available at [www.odscompanies.com/oebb/members/pharmacy.shtml](http://www.odscompanies.com/oebb/members/pharmacy.shtml). These lists may be printed and shared with your physician to help guide your discussion around alternative medication options.

Please contact ODS Pharmacy Customer Service at 503-265-2911, or toll-free at 1-866-923-0411, with any questions you may have.

If you are no longer taking this medication, please disregard this letter.

Sincerely,

ODS Pharmacy Services

**Oregon  
Dental  
Service**  
Dental  
Insurance

—  
**ODS  
Health  
Plan, Inc.**  
Medical  
Insurance

—  
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P.O. Box 40384  
Portland, OR 97240.0384  
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**OPDP**  
Oregon Prescription Drug Program