<date>

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

Dear <Subscriber First Name> <Subscriber Last Name>,

In our continuing efforts to ensure ODS members are taking the safest, most effective and most cost-efficient medications, we wanted to tell you of an important change to the Oregon Educators Benefit Board (OEBB) pharmacy plan that may affect <<Member name>>'s coverage of <<medication name(s)>>. You are receiving this letter because our records show that <<Member name>> has recently obtained a prescription for **<<DRUG NAME>>.**

Beginning July 1, 2012, this medication will have a quantity limit for members under the age of 18. The quantity limit is <QLL>. While the federal Food and Drug Administration (FDA) has determined it is safe for adults to take over-the-counter (OTC) alternative treatment options for this therapeutic category, members under the age of 18 are advised to be under the supervision of a provider throughout therapy. Quantity limits are placed to ensure quantities are prescribed within FDA recommendations. If a prescription is written for an amount greater than this quantity, a prior authorization will be required prior to payment authorization.

You may wish to discuss formulary options with <<member name>>'s physician. The updated Preferred Drug List, as well as a list of Medications Requiring Authorization, is available online at www.odscompanies.com/oebb/members/pharmacy.shtml. These lists may be printed and shared with the physician to help guide a discussion around alternative medication options.

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

If <<member name>> is no longer taking this medication, please disregard this letter.

Sincerely,
ODS Pharmacy Services

OPDP
Oregon Prescription Drug Program