<Logo>

<Date>

<Pharmacy Name>

<ADDRESS>

<CITY, STATE ZIP>

Case Number: DUR-ES-xxxxxxxxx

RE: <PATIENT NAME> DOB: <DOB> Dear Pharmacist in Charge:

<PLAN NAME> has previously contacted you regarding patient <Patient Name> and utilization of prescription {*opioids*} or {*benzodiazepines*} or {*opioids and benzodiazepines*}. After further clinical review, we would like to notify you that the enclosed letter has been sent to your patient.

<Patient Name> has 30 days to submit relevant information and preferences for the selected prescriber and/or pharmacy in the case of a proposed prescriber and/or pharmacy limitation. Our Drug Management Program will review any patient submitted information and preferences for necessary adjustments, and will send updated notifications.

We thank you for your assistance in addressing this matter. Should you have any questions, please contact us at <PLAN\_SPONSOR\_PHONE\_NBR> and please refer to the case number above.

Sincerely, Clinical Services

<Plan Name>

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with <Plan Name>.

Patient privacy is important to us. Our employees are trained regarding the appropriate way to handle patients' private health information.

TTY: 711

5246\_48501C 031319