



4665 Business Center Drive
Fairfield, California 94534

SAMPLE PRESCRIBER LETTER

MPRP4034 ATTACHMENT A

[Date]

Dear Prescriber:

On [date], U.S. Food and Drug Administration (FDA) announced that [insert manufacturer's name] has agreed to voluntarily discontinue marketing and sales of [drug brand (generic) name] due to newly available information of _____ associated with the use of the drug. [Drug name] is used for the treatment of _____.

FDA announced the following, effectively immediately: [insert information from FDA – for example]

At FDA's request, [insert manufacturer's name] has agreed to stop selling [drug name]. Patients being treated with [drug name] should contact their physician to discuss alternative treatments for their condition.

Patients who are taking [drug name] should seek emergency medical care right away if they experience _____.

Physicians who prescribe [drug name] should work with their patients and transition them to other therapies as appropriate to their symptoms and need.

Additional information is available at:

Enclosed with this letter is a list of your (**Plan Sponsor**) patients for whom [drug name] has been prescribed between [insert dates]. Please consider contacting these patients to discuss appropriate alternative treatments.

We appreciate your efforts in providing high quality care to (**Plan Sponsor**) members.

Sincerely,

Plan Sponsor Representative

(Title)