Medicare Prescription Drug Coverage and Your Rights
Standardized Pharmacy Notice (CMS-10147)

ENGLISH AND SPANISH VERSIONS

Per requirements at 42 CFR §423.562(a)(3) and §423.128(b)(7)(iii), each Medicare Part D plan sponsor must arrange with its network pharmacies for the distribution of the standard pharmacy notice included on page 2 and 3 of this memo. This standard pharmacy notice is intended to educate Part D enrollees of their rights when a prescription cannot be covered ("filled") under the Medicare Part D benefit at point of sale. The notice must be provided to the enrollee if the pharmacy receives a transaction response (rejected or paid) indicating the claim is not covered by Part D (NCPDP Reject code 569); posting of the notice does not meet the requirement. The notice, included on page 2 and 3 of this memo, instructs enrollees about their right to contact their Part D plan to request a coverage determination, including an exception.

The documents detailed below are the standardized notice, the content of which may not be altered. The notice must be provided to the enrollee in 12 point font. The OMB control number must be displayed in the upper right corner of the notice. The fields for the enrollee's name and the drug and prescription number are optional and may be populated by the pharmacy. You are required to distribute this enrollee notice as directed above; compliance with this process is required as per your Catamaran Participating Provider Agreement and Medicare Part D Addendum. Provision of this enrollee notice is an auditable requirement of pharmacy standards of practice related to the provision of Part D services. Lack of adherence to the compliance standard and CMS regulation may result in fines or other actions up to and including network participation removal.

SEE NOTICES BELOW

OMB Approval No. 0938-0975

Enrollee's Name: _____ (Optional)

Drug and Prescription Number: _____ (Optional)

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Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an "exception"** if you believe:

- you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;"
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at the preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.

Nombre del beneficiario:_____ (opcional)
Número de receta y de medicamento:_____(opcional)

La cobertura de Medicare de las recetas médicas y sus derechos

Sus derechos si tiene Medicare

Usted **tiene el derecho de solicitar una determinación de cobertura** de su plan Medicare de recetas médicas si está en desacuerdo con la información proporcionada por la farmacia. También tiene **el derecho de solicitar una determinación de cobertura especial conocida como "excepción"** si piensa que:

- Necesita un medicamento que no está en la lista de su plan. A la lista de medicamentos cubiertos se le conoce como "formulario".
- Una regla de cobertura (como la autorización previa o un límite de cantidad) no debe aplicarse debido a su problema médico; o
- Necesita tomar un medicamento no preferido y usted quiere que su plan lo cubra al precio de un medicamento preferido (un copago más bajo).

Lo qué necesita hacer

Usted o la persona que le ha recetado el medicamento pueden pedirle al plan una determinación de cobertura, llamando al número gratis que aparece en la parte de atrás de la tarjeta del plan, o visitando el sitio web del plan. Usted o su médico puede pedir una determinación acelerada (24 horas) si su salud pudiera estar en peligro si tiene que esperar 72 horas para obtener la respuesta. Usted tendrá que informarle al plan:

1. El nombre del medicamento que no pudo obtener, la dosis y concentración si lo sabe.
2. El nombre de la farmacia donde intentó obtener el medicamento.
3. La fecha en que intentó obtenerlo.
4. Si solicita una excepción, el médico que lo recetó tiene que enviarle a su plan una declaración explicándole el motivo por el cual usted necesita el medicamento que no está en el formulario, el medicamento no preferido o no se debe aplicar una regla de cobertura a usted.

Su plan Medicare de medicamentos recetados le comunicará su decisión por escrito. Si no aprueban la cobertura, la carta del plan le explicará el motivo y cómo apelar la decisión si no está de acuerdo.

Si desea más información, consulte los materiales del plan o llame al 1-800-MEDICARE.