

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR DRUG and HEALTH PLAN CHOICE

DATE: January 12, 2010
TO: Part D Sponsors
FROM: Cynthia Tudor, Director, Medicare Drug Benefit and C & D Data Group
SUBJECT: Revisions to “Model Part D Prescription Transfer Letter” (previously titled “Model Part D Mail-Order Pharmacy Letter”) for CY 2010

This notification provides revisions to the “Model Part D Prescription Transfer Letter” (previously titled “Model Part D Mail-Order Letter”).

On October 23, 2009 CMS released a draft of the Model Part D Prescription Transfer letter. Based upon several comments from advocates and the industry, we are revising the title and the content of the draft version. Specifically, we have revised this model letter to:

- Change the title to accurately reflect that any prescription transfer from one pharmacy to another, initiated by the plan, would require release of this notice and permission by the beneficiary.
- Clarify that this model should only be used when the transfer of the prescription is NOT initiated by the beneficiary (or someone on his/her behalf).
- Remove specific reference to mail-order pharmacy throughout letter.
- Give plans the option to indicate that the receiving pharmacy be contacted instead of customer service when a beneficiary wants to transfer his/her prescription(s).
- Added that the beneficiary may fax or mail the optional permission form to the plan.

Plan sponsors should utilize this letter beginning with transfers occurring on or after February 1, 2010. We have attached the check list that should accompany the model when submitted. The optional “permission” attachment does not need to be submitted for review by CMS. Please indicate 5018 – Prescription Transfer Letter when submitting this document to your regional office.