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**DATE:** December 16, 2025

**TO:** All Prescription Drug Plans, Medicare Advantage-Prescription Drug Plans, Section 1876 Cost Plans, and PACE Organizations

**FROM:** Vanessa S. Duran  
Director, Medicare Drug Benefit and C & D Data Group

**SUBJECT:** UPDATE: Contract Year 2026 Part D Drug Management Program Guidance

This memorandum provides updated information to Part D sponsors regarding contract year (CY) 2026 Drug Management Programs (DMPs).

Following is a summary of changes compared to the November 18, 2024, memorandum, *Contract Year 2025 Part D Drug Management Program Guidance*. New and revised text in the attached guidance is shown in red, italicized font.

- Throughout: Edits made to clarify existing policy.
- Sections 7.3, 8.5: Updated (under [42 CFR § 423.580](#)) the number of days a beneficiary has from the days from the date of the Second Notice of the limitation to request an appeal from 60 to 65 days.

Additional resources and guidance on the [CMS Part D Overutilization website](#) include:

- Overutilization Monitoring System (OMS) technical guidance.
- Updated Frequently Asked Questions (FAQs) About Drug Management Programs (DMPs).
- Standardized beneficiary notices, including an updated Alternate Second Notice, model prescriber inquiry letter, and model transfer memo associated with PRA package CMS-10874 (OMB Control No. 0938-1465).

Further information about appeals of at-risk determinations can be found in the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance posted here:

<https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Parts-C-and-D-Enrollee-Grievances-Organization-Coverage-Determinations-and-Appeals-Guidance.pdf>

Questions about DMPs may be submitted to [PartD\\_OM@cms.hhs.gov](mailto:PartD_OM@cms.hhs.gov).