[*Instructions: This model should be used by Part D sponsors to alert an enrollee that future medication fills prescribed, dispensed, distributed, or manufactured (as applicable) by their current provider (prescriber or pharmacy), distributor, or manufacturer will no longer be covered because the individual or entity will be or has been excluded from participating in the Medicare program based upon an OIG exclusion. As soon as the Part D sponsor knows that an individual or entity has been posted to the exclusion lists, this notice must be sent to every enrollee who has previously received a prescription or prescription medication either from that provider or for a medication distributed or manufactured by the excluded entity.*]

<DATE>

<ENROLLEE NAME>

<ADDRESS>

<CITY, STATE ZIP>

Dear <ENROLLEE NAME>:

This letter is to inform you that we can no longer cover prescription medications effective [Effective Date of OIG Exclusion] that are [*Insert one* <prescribed> < dispensed> <distributed> <manufactured>] by [*Insert one* <NAME OF PRESCRIBER> <NAME OF PHARMACY> <NAME OF DISTRIBUTOR> <NAME OF MANUFACTURER>]. This includes new prescriptions, as well as any refills left on the prescription(s) you are currently taking.

<Plan name> cannot cover medications [*Insert one* <prescribed> < dispensed> <distributed> <manufactured>] by [*Insert one* <NAME OF PRESCRIBER> <NAME OF PHARMACY> <NAME OF DISTRIBUTOR> <NAME OF MANUFACTURER>] because they/it has been excluded from participation in all federal health care programs as of [Effective Date of Exclusion], including the Medicare program, by the U.S. Department of Health and Human Services’ Office of Inspector General (OIG). Medicare plans are prohibited from making payment for prescriptions prescribed, dispensed, or furnished by excluded individuals and entities. For more information about exclusions, you may visit the OIG’s website at <http://oig.hhs.gov/fraud/exclusions.asp>.

*[Sponsors should insert at least one of the three sentences below.]*

[*Insert when applicable*: Please call <Customer/Member> Service at <phone number> (TTY/TDD users should call <TTY/TDD number>) if you need assistance finding another <pharmacy>.] [*Insert when applicable*: Please call <Customer/Member> Service at <phone number> (TTY/TDD users should call <TTY/TDD number>) if you need assistance finding another provider in your area who can prescribe your medications.] [*Insert when applicable*: Please call your prescriber if you need assistance finding another medication.] If you have further questions regarding the status of your prescription(s), we are available from <hours of operations>.

Sincerely,

<Plan Representative>

Last Updated [*Insert* <Date>]

[*Pursuant to 42 CFR §423.226*7*, applicable disclaimers must be included in this letter.*]