*[****Note****: Optional language and guidance is provided in bracketed and italicized text. All variable, required fields are denoted by carets and must be populated with Plan-specific information].*

*[****Note****: All references to Member Services and Pharmacy Directory can be changed to the appropriate name your plan uses.]*

**<Plan Name>**

### Pharmacy Directory

This booklet provides a list of <Plan Name>’s network pharmacies.[***Optional:*** *If this directory is a subset of a service area, Plans must include the following disclaimer: “*This directory is for <geographic area>”.] [We also list pharmacies that are in our network but are outside <geographic area>. Please contact <Plan Name> at <phone number>, <days and hours of operation>, for additional information.] All network pharmacies may not be listed in this directory. Pharmacies may have been added or removed from the list after this directory was printed. To get current information about <Plan Name> network pharmacies in your area, please visit our Web site at <Web address> or call our Member Services at <phone number>, <days and hours of operation>. (TTY/TDD Users should call <TTY/TDD number>.)

<Material ID>

[<CMS Approval Date>] Last Updated <Date>

Introduction

This booklet provides a list of <Plan Name>’s network pharmacies. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Evidence of Coverage and <Plan Name>’s formulary. If you have additional questions, please call our Member Services at <phone number>, <days and hours of operation>. TTY/TDD Users should call <TTY/TDD number>. Or, visit <Web address>.

We call the pharmacies on this list our “network pharmacies” because we have made arrangements with them to provide prescription drugs to Plan members. A network pharmacy is a pharmacy where beneficiaries obtain prescription drug benefits provided by <Plan Name>. In most cases, your prescriptions are covered under <Plan Name> only if they are filled at a network pharmacy [or through our mail order pharmacy service]. Once you go to one, you are not required to continue going to the same pharmacy to fill your prescription. You can go to any of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described in your Evidence of Coverage.

[Note: If you include preferred and non-preferred pharmacies in your network, you must include the following: “Preferred pharmacies are pharmacies in our network in which our Plan has negotiated lower cost-sharing for its plan members for covered prescription drugs than at [Note: Insert either “non-preferred pharmacies” or “other network pharmacies”.] However, you will still have access to lower drug prices at [Note: Insert either “non-preferred pharmacies” or “these other network pharmacies”] than at out-of-network pharmacies. You may go to either of these types of network pharmacies to receive your covered prescription drugs. [Note: Describe restrictions imposed on members that use non-preferred pharmacies.]”]

## <Plan Name>’s Network Pharmacies

***[Recommended organization:***

***Type of Pharmacy*** *(Retail, Mail Order, Home Infusion, LTC, I/T/U)*

***State*** *(Include only if directory includes multiple states)*

***County*** *(Listed alphabetically)*

***City*** *(Listed alphabetically)*

***Neighborhood/Zip Code*** *(Optional; For larger cities, pharmacies may be further subdivided by zip code or neighborhood)*

***Pharmacy*** *(Listed alphabetically)*

*[****Note:*** *Plans must indicate how types of pharmacies can be identified and located relative to organizational format.*]

[***Note:*** *Plans must indicate when a pharmacy is not available to all members. If symbols are used, a legend must be provided.]*

[***Note:*** *Plans must indicate when a pharmacy is a preferred pharmacy. If symbols are used, a legend must be provided.]*

## [Retail Pharmacies

<Pharmacy Name>

<Pharmacy Street Address, City, State, Zip Code>

<Phone Number>

*[****Optional:*** *<Web and e-mail addresses>]*

*[****Optional:*** <*Special Services:>]* *[****Note:*** *Examples of special services include: Home Delivery, Drive Thru, Compounds Prepared.]*

***[Note:*** *Indicate whether the pharmacy provides an extended day supply of medications]*

***[Optional:*** <*Days/Hours of Operation>] [****Note:*** *You may also indicate if a pharmacy is open 7 days per week and/or 24 hours per day.]*

*[****Note:*** *You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day, however, it is easier for readers if the directory simply states, “Open 24 hours.”*]

## [Chain Pharmacies

*In lieu of providing addresses for all locations, chains may provide a toll-free customer service number and a TTY/TDD number that an enrollee can call to get the locations and phone numbers of the chain pharmacies nearest their home. If the chain pharmacy does not have a toll-free number, plans should include a central number for the pharmacy chain. If the chain pharmacy does not have a central number for enrollees to call, then plans must list each plan’s chain pharmacy and phone number in the directory. If the chain pharmacy does not have a TTY/TDD number, plans are instructed to list the TRS Relay number 711. Plans should not list their own Member Services number as a pharmacy phone number or TTY/TDD number.*

<Chain Pharmacy Name>

<Toll-free number/central number for the pharmacy chain and TTY/TDD number/TRS Relay number 711>

***[Note:*** *Indicate whether the pharmacy provides an extended day supply of medications]*

***[Optional: <****Web and e-mail addresses>]]*

## [Mail Order Pharmacy[ies]

<Pharmacy Name>

< Toll-free number and toll-free TTY/TDD number>

***[Optional:*** *Web and e-mail address >*]]

## Home Infusion Pharmacies

*<****Note:*** *Plans should provide any additional information on home infusion pharmacy services in their network and how enrollees can get more information.* >

<Pharmacy Name>

<Pharmacy Street Address, City, State, Zip Code>

<Phone Number>

***[Optional: <****Web and e-mail address>*]

## Long-Term Care Pharmacies

Residents of a long-term care facility may access their prescription drugs covered under <Plan Name> through the facility’s long-term care pharmacy or another network long-term care pharmacy.

*<****Note:*** *Plans should provide any additional information on long-term care pharmacy services in their network and how enrollees can get more information.* >

<Pharmacy/Long-Term Facility Name>

<Pharmacy Street Address, City, State, Zip Code>

<Phone Number>

***[Optional:*** *<Web and e-mail address>*]

## [Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies

Only Native Americans and Alaska Natives have access to Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies through <Plan Name>’s pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies).

*<****Note:*** *Plans should provide any additional information on I/T/U pharmacy services in their network and how enrollees can get more information>*

<Pharmacy Name>

<Pharmacy Street Address, City, State, Zip Code>

<Phone Number>

***[Optional:*** *<Web and e-mail address>*]

***[Optional:*** *<Special Services:>] [****Note:*** *This field is optional. Examples of special services include: Home Delivery, Drive Thru, Compounds Prepared].*

***[Optional:*** <*Days/Hours of Operation>] [****Note:*** *You may also indicate if a pharmacy is open 24 hours a day and/or 7 days per week.*]

**[Network Pharmacies outside the <Geographic Area>]**

[We have network pharmacies outside of the service area where you can get your drugs covered as a member of our plan.]

<Pharmacy Name>

<Pharmacy Street Address, City, State, Zip Code>

<Phone Number>

*[****Optional: <****Web and e-mail addresses >]]*

**[*Optional:* *Create categories for additional types of network pharmacies not encompassed in the categories above*]**

<Pharmacy Name>

<Pharmacy Street Address, City, State, Zip Code>

<Phone Number>

*[****Optional: <****Web and e-mail addresses >]]*