

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850



## **MEDICARE ENROLLMENT & APPEALS GROUP**

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**DATE:** May 2, 2018

**TO:** All Organizations Offering Part D

**FROM:** Jerry Mulcahy, Director

**SUBJECT:** Revised Medicare Prescription Drug Coverage and Your Rights (CMS-10147)

The purpose of this memorandum is to announce the availability of the revised, OMB-approved standardized notice, "Medicare Prescription Drug Coverage and Your Rights" (CMS-10147) ("pharmacy notice").

**Beginning no later than *July 1, 2018***, all Part D plan sponsors' network pharmacies must use the revised, OMB-approved pharmacy notice. The revised notice must be provided to Part D enrollees when an enrollee's prescription cannot be filled under the Part D benefit and the issue cannot be resolved at the point of sale.

The revised version of the pharmacy notice has been modified to include:

- Revised language to read "a preferred drug" rather than "the preferred drug";
- Language providing information on how enrollees can request the notice in an alternative format;
- The PRA Disclosure Statement; and
- The expiration date.

The notice and accompanying instructions are posted on the CMS Medicare Prescription Drug Appeals & Grievances webpage (under "Plan Sponsor Notices and Other Documents"):

<https://www.cms.gov/Medicare/Appeals-and-Grievances/MedPrescriptDrugApplGriev/PlanNoticesAndDocuments.html>

**For questions regarding the pharmacy notice**, send an email to the following address:  
PartD\_Appeals@cms.hhs.gov