



ITASCA MEDICAL CARE (IMCare)
ITASCA RESOURCE CENTER
1219 SE 2nd Avenue
Grand Rapids, MN 55744-3983
IMCare Toll Free – 1-800-843-9536
Visit us at: www.imcare.org

PROVIDER UPDATE

May 2018
#2018-09

To: IMCare Providers & Pharmacies
From: Adam J. Pavek, Pharm.D, IMCare Pharmacy Director
Date: May 30, 2018
RE: Medicare Prescription Drug Coverage and Your Rights

The purpose of this provider update 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. (Exhibit A) 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 any questions or comments regarding the pharmacy notice please contact me directly at (218) 327-6765 or by email at adam.pavek@co.itasca.mn.us. I greatly appreciate any and all feedback.

Respectfully submitted,

Adam J. Pavek, Pharm.D.
Pharmacy Director
Itasca Medical Care

Exhibit A

Enrollee's Name: _____(Optional)

Drug and Prescription Number: _____(Optional)

Medicare Prescription Drug Coverage and Your Rights

Your Medicare rights

You **have the right to request a coverage determination** from your Medicare drug plan if you disagree with information provided by the pharmacy. You also **have the right to request a special type of coverage determination called an "exception"** if you believe:

- you need a drug that is not on your drug plan's list of covered drugs. The list of covered drugs is called a "formulary;"
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan's toll-free phone number on the back of your plan membership card, or by going to your plan's website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan's notice will explain why coverage was denied and how to request an appeal if you disagree with the plan's decision.

Refer to your plan materials or call 1-800-Medicare for more information.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

Form CMS -10147

OMB Approval No. 0938-0975 (Expires: 02/28/2020)