

## Form Instructions

### Medicare Drug Coverage and Your Rights Standardized Pharmacy Notice (CMS-10147)

Each Medicare Part D plan sponsor must arrange with its network pharmacies, including mail order and specialty pharmacies, for the distribution of this notice to Part D enrollees when a prescription cannot be covered (“filled”) under the Medicare Part D benefit at the point of sale (POS). The notice must be provided to the enrollee if the pharmacy receives a transaction response (rejected or paid) indicating the claim is not covered by Part D. See the Part D Coverage Determination Notices section of the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance for a list of rejected claim scenarios where delivery of this notice is not required. The notice instructs enrollees about their right to contact their Part D plan to request a coverage determination, including an exception. This notice fulfills the requirements at 42 CFR § 423.562(a)(3) and § 423.128(b)(7)(iii).

This is a standardized notice, the content of which may not be altered. The notice must be provided in 12-point font. The OMB control number must be displayed in the lower right corner of the notice. The fields for the enrollee’s name and the drug and prescription number are optional and may be populated by the pharmacy.

#### Heading

Logo not required. Pharmacies may place their logo in the space above the optional fields for the enrollee’s name and the drug and prescription number.

**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. This is a national survey that will be conducted with consumers who currently have health insurance through the Health Insurance Marketplace or are uninsured, and people who currently have Medicare. The survey is designed to examine confidence in making healthcare decisions, confidence in ability to understand key health insurance concepts, health insurance knowledge, and health insurance decision making specific to the Health Insurance Marketplace and Medicare. Utilizing the answers from the confidence and health insurance knowledge sections, will give insight regarding how health insurance literacy impacts health insurance decisions. The valid OMB control number for this information collection is 0938-0975. The time required to complete this voluntary, non-confidential information collection is estimated to average 1 minute per survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Enrollee name: \_\_\_\_\_(optional)

Drug and prescription number: \_\_\_\_\_(optional)

## **Medicare Drug Coverage and Your Rights**

**You have the right to ask for a coverage determination** from your Medicare drug plan to provide or pay for a drug you think should be covered, provided, or continued. You also have the right to ask for a special type of coverage determination called an **“exception”** if you:

- Need a drug that’s not on your plan’s list of covered drugs
- Believe a coverage rule (like prior authorization or a quantity limit) shouldn’t apply to you for medical reasons
- Need to take a non-preferred drug and you want the plan to cover the drug at a preferred drug price

### **How to ask for a coverage determination**

To ask for a coverage determination, you or your prescriber can call your Medicare drug plan’s toll-free phone number on the back of your plan membership card, or go to your plan’s website. You can ask for 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:

- The name of the prescription drug, including dose and strength (if known)
- The name of the pharmacy that tried to fill the prescription
- The date you tried to fill the prescription
- If you ask for an exception, your prescriber will need to explain why you need the off-formulary or non-preferred drug, or why a coverage rule shouldn’t apply to you

Your Medicare drug plan will send you a written decision. If coverage isn’t approved and you disagree with this decision, you have the right to appeal. The plan’s notice will explain why coverage was denied and how to ask for an appeal.

### **Get help and more information**

Look at your plan materials or call 1-800-MEDICARE (1-800-633-4227) for more information about how to ask for a coverage determination. TTY users can call 1-877-486-2048. For help contacting your plan, call 1-800-MEDICARE.

To get this form in an accessible format (like large print, Braille, or audio) contact your Medicare drug plan. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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