



A Public Entity

Inland Empire Health Plan

PHARMACY TIMES

BY IEHP PHARMACEUTICAL SERVICES DEPARTMENT

June 5, 2018

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

Dear IEHP Pharmacy Provider,

The Centers for Medicare Services (CMS) issued a notification on May 2nd in regards to the revised *Medicare Prescription Drug Coverage and Your Rights* (CMS-10147). **Beginning no later than July 1, 2018**, all IEHP Dual Choice Cal MediConnect network pharmacies must use the revised, OMB-approved pharmacy notice. The revised notice must be provided to IEHP Dual Choice Cal MediConnect Members when a Member's prescription cannot be filled under the Part D benefit and the issue cannot be resolved at the point of sale.

The revision 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 Members 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>

The notice is also posted on the IEHP.org website:

<https://ww3.iehp.org/en/providers/pharmaceutical-services/pharmacy-forms/>

If you have any additional questions, please feel free to contact us at (909) 890-2049 between 8:00 AM -5:00 PM Monday through Friday. Thank you for your attention to this matter.

Sincerely,

IEHP Pharmaceutical Services

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