

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



## CENTER FOR BENEFICIARY CHOICES

### MEMORANDUM

**Date:** December 26, 2006

**To:** All Part D Sponsors

**From:** Cynthia Tudor, Ph.D., Director, Medicare Drug Benefit Group  
David Lewis, Acting Director, Medicare Advantage Group

**Subject:** 2006 Model Notice for Appendix 1 Less Than Effective (LTE) DESI Drugs

In our December 5, 2006 memorandum, “Clarification of LTE DESI Drugs and Oral Anti-Cancer Agents”, we stated that our LTE DESI policy would become effective February 1, 2007, in order to allow those beneficiaries who have been taking any of the LTE DESI drugs found on approved Plan formularies and contained in Appendix 1 of the memorandum, a transition supply in January 2007. We also stated that we would be providing a model letter that Part D plans could use to notify beneficiaries who have been taking LTE DESI products.

Attached you will find the LTE DESI Transition model notice which Part D sponsors can use to notify beneficiaries affected by this situation. The marketing material code for this model notice is 7009. If the model notice is used without modification, Part D sponsors may submit the notice as a File & Use piece, and CMS will waive the five-day waiting period before the organization can distribute the notice in the marketplace.

For questions on this policy please contact Gregory Dill at (312) 353-1754.

<DATE>

<MEMBER NAME>

<ADDRESS>

<CITY, STATE ZIP>

Dear <MEMBER NAME>:

This letter is to inform you that the prescription you filled for <drug name(s)> at your pharmacy on <date> isn't a drug that is covered by <name of plan> or any Medicare drug plan. The Food and Drug Administration has determined that <drug name> is safe, but is not effective in treating your condition. Because <drug name> is not a drug covered by Medicare, **we will no longer be paying for <drug name> as of <date>**. We strongly encourage you to call your doctor. He or she may switch you to a drug we cover.

### **How do I change my prescription?**

You can ask us if we cover another drug used to treat your medical condition. If we cover another drug for your condition, you can ask your doctor if any of these drugs is an option for you. We can be contacted at <Provide the necessary address, fax number, and phone number and hours of operation>.

### **Can I request an exception and get the drug covered as a non-formulary drug?**

No. Because this drug is not covered by Medicare, it cannot be approved for you through the exceptions process.

Please contact us if you have any questions about this letter.

Sincerely,

<Plan Representative>

<Marketing Material Identification Number and CMS Approval Date>