



RE: Annual Medicare Part D Attestation

Dear Pharmacy Compliance Manager,

Attached you will find the Pharmacy Data Management Inc. Annual Medicare Part D Compliance and Fraud Waste and Abuse (FWA) Attestation.

This Annual Medicare Part D Compliance and Fraud Waste and Abuse (FWA) Attestation is required because you are a contracted pharmacy for a Medicare approved Part D Plan Sponsor. In accordance with the Prescription Drug Program (PDP) Participation Addendum (Medicare Part D), you have agreed to cooperate with the Part D Plan Sponsors' respective policies and procedures, reporting, corrective action plans, and training and education that support such Part D Plan Sponsors' respective compliance, and fraud waste and abuse programs.

Please be sure to read the attestation document carefully. Once you have reviewed the document, please complete, sign and return at your earliest convenience via email to FWAattestation@pdmi.com or via fax to 330-757-7181.

Should you have any questions or concerns, please do not hesitate to contact us via email at FWAattestation@pdmi.com.