

Drug Manufacturer Descriptive Name Form for Electronic Funds Transfer

The Centers for Medicare and Medicaid Services (CMS) requires Pharmaceutical Manufacturers to include identifying information on their EFT transmission files so that Part D sponsors can identify the source of Coverage Gap Discount Program (CGDP) payments. The identifying information consists of the EFT Individual Identification Number and Manufacturer Descriptive Name fields. The EFT Individual Identification Number is preformatted and can be found in field 13 of the Contract Trailer record (TPACT), on the Manufacturer Invoice file (10MIV). The Manufacturer Descriptive Name is chosen by each Pharmaceutical Manufacturer and included on their EFT transmission file.

The Third Party Administrator (TPA), under contract with CMS, is authorized to collect the Manufacturer Descriptive Name and distribute it to Part D sponsors in order to facilitate payment between manufacturers and Part D sponsors. Please complete the form below with your 'P' number and Descriptive Name. The Descriptive Name should be entered exactly as it appears on your organization's EFT transmission file.

Manufacturer Descriptive Name Information

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'P' Number - this is the ID Number assigned by CMS (Please enter in the format of upper case 'P' followed by 4 numbers)

Manufacturer Descriptive Name - The 16 character name as it appears on your organization's EFT transmission file.

'P' Number	Company Name
<input type="text"/>	<input type="text"/>

Contact Information

Your Name:

Your Phone Number:

Your Email Address: