



Information Partners Can Use on:

Medicare Drug Coverage under Medicare Part A, Part B, and Part D

As of August 2007

This tip sheet provides an overview of drug coverage under Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance), and Medicare Part D (Medicare prescription drug coverage).

Does Medicare cover drugs under Part A?

Generally, Part A doesn't pay for outpatient prescription drugs. However, people with Medicare may get drugs as part of their inpatient treatment during a covered stay in a hospital or skilled nursing facility (SNF). Part A payments made to the hospital or SNF generally cover all drugs provided during a covered stay.

Does Medicare cover drugs under Part B?

Yes, but only a limited number of drugs. People with Medicare may have to pay the yearly Part B deductible before Medicare pays its share.

Part B covers drugs that aren't usually self-administered and are given as part of a doctor's service. Coverage is usually limited to drugs that are given by infusion or injection. If the injection is usually self-administered or isn't given as part of a doctor's service, Part B may not cover it.

Part B also covers the following drugs:

- **Shots (Vaccinations):**
 - Flu Shot: Part B covers 1 flu shot per flu season in the fall or winter. This means people with Medicare can sometimes get a flu shot twice in the same calendar year.
 - Pneumococcal Shot: Part B covers the pneumococcal shot to help prevent pneumococcal infections (like certain types of pneumonia). The shot must be ordered by a doctor, and most people only need this preventive shot once in their lives.
 - Hepatitis B Shot: Part B covers this preventive service (3 shots) only for people at high or medium risk for Hepatitis B. A person's risk for Hepatitis B increases if the person has hemophilia, End-Stage Renal Disease (ESRD—permanent kidney failure requiring dialysis or a kidney transplant), or certain conditions that lower the person's resistance to infection. Other factors may increase a person's risk for Hepatitis B. People with Medicare should check with their doctor to see if they are at high or medium risk for Hepatitis B.
 - Other Shots: Part B covers some other vaccines (such as a tetanus shot) when they are related to the treatment of an injury or illness.



Does Medicare cover drugs under Part B? (continued)

- **Durable Medical Equipment (DME) Supply Drugs:** Part B covers some drugs used in infusion pumps and nebulizers, if considered reasonable and necessary.
- **Injectable Drugs:** Part B covers most injectable drugs given by a licensed medical practitioner if the drug is considered reasonable and necessary for treatment and isn't usually self-administered.
- **Osteoporosis Drugs:** Part B covers an injectable drug for women with osteoporosis who meet the criteria for the Medicare home health benefit and have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis. A doctor must certify that the woman is unable to learn or unable to give herself the drug by injection, and that family and/or caregivers are unable or unwilling to give the drug by injection.
- **Some Antigens:** Part B covers antigens if they are prepared by a doctor and given by a properly-instructed person (who could be the patient) under doctor supervision.
- **Erythropoiesis-stimulating Agents (such as Epogen®, Epoetin alfa, or Aranesp®, Darbepoetin alfa):** Part B covers erythropoietin by injection for people who have ESRD and need this drug to treat anemia. Part B also may cover the drug to treat anemia for some cancer patients under specific conditions.
- **Blood Clotting Factors:** Part B covers clotting factors for people with hemophilia who give themselves the drug by injection.
- **Immunosuppressive Drugs:** Part B covers immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare (or by private insurance that paid as a primary payer to the patient's Part A coverage) in a Medicare-certified facility.
- **Oral Cancer Drugs:** Part B covers some cancer drugs taken by mouth if the same drug is available in injectable form. Currently, the oral cancer drugs that Part B covers include:
 - Capecitabine (brand name Xeloda®)
 - Cyclophosphamide (brand name Cytosan®)
 - Methotrexate
 - Temozolomide (brand name Temodar®)
 - Busulfan (brand name Myleran®)
 - Etoposide (brand name VePesid®)
 - Melphalan (brand name Alkeran®)

As new cancer drugs become available, Part B may cover them.



Does Medicare cover drugs under Part B? (continued)

- **Oral Anti-Nausea Drugs:** Part B covers oral anti-nausea drugs used as part of an anti-cancer chemotherapeutic regimen. The drugs must be administered within 48 hours of the administration of the chemotherapy drug and must be used as a full therapeutic replacement for the intravenous anti-nausea drugs that would otherwise be given.
- **Parenteral and Enteral Nutrition (Intravenous and Tube Feeding):** Part B covers parenteral and enteral nutrients for people who can't absorb nutrition through their intestinal tracts.
- **Intravenous Immune Globulin Provided in the Home:** Part B covers intravenous immune globulin (IVIG) for people with a diagnosis of primary immune deficiency disease. A doctor must decide that it is medically appropriate for the IVIG to be given in the patient's home. Part B covers the IVIG itself, but doesn't pay for other items and services related to the patient getting the IVIG in their home.

What drugs are covered under Medicare Part D?

Medicare offers comprehensive prescription drug coverage to people with Medicare under Part D. A Part D-covered drug must meet all of these conditions:

- The drug is available only by prescription.
- The drug is approved by the Food and Drug Administration (FDA).
- The drug is used and sold in the United States.
- The drug is used for a medically-accepted indication, as defined under the Social Security Act.

Medicare drug plans cover generic and brand-name drugs. All Medicare drug plans must generally cover at least 2 drugs in each category of drugs; however, plans can choose which specific drugs are covered in each category. Medicare drug plans must also cover all drugs, with a few exceptions, in 6 categories: antidepressants, antipsychotics, anticonvulsants (drugs to prevent seizures), antiretrovirals (drugs to treat HIV/AIDS), immunosuppressants, and antineoplastics (cancer drugs).

Does Part D cover shots (vaccinations)?

Yes. Generally, Part D will cover vaccines that aren't covered under Part B when the vaccine is needed to prevent illness. In 2007, a Medicare drug plan may not have a specific vaccine on their list of covered drugs (formulary). But, this doesn't mean the vaccine won't be covered. The plan member or the provider can contact the Medicare drug plan for more information about coverage and any additional information the plan may need. Starting in 2008, all Medicare drug plans must include all commercially available vaccines on their drug formularies (except vaccines, such as the flu or pneumococcal shot that would be covered under Part B).



Are there certain drugs that aren't covered under Part D?

Yes. By law, Part D can't pay for drugs when they would be covered under Part A or Part B for a person with Medicare. In addition, the following drugs can't be included in standard coverage:

- Benzodiazepines
- Barbiturates
- Drugs for weight loss or gain
- Drugs for erectile dysfunction
- Drugs for relief of cough and colds
- Non-prescription drugs
- Drugs used for cosmetic purposes or hair growth
- Drugs used to promote fertility
- Prescription vitamins and minerals, except prenatal vitamins and fluoride preparation products

Some Medicare drug plans may choose to cover these drugs as part of the plan's supplemental benefits. However, any amount spent for these drugs isn't counted toward the person's share of the cost, such as the deductible or out-of-pocket limit.

Can people appeal a drug coverage decision made under Part A, Part B, or Part D?

Yes. People with Medicare have certain guaranteed rights. One of these is the right to a fair process to appeal decisions about health care payment of services. How people file an appeal will depend on the type of Medicare plan they have.

Where can people get more information or help?

- Visit www.medicare.gov on the web. Look for more information on appeals under "Medicare Appeals." Select "Appeals and Grievances." Or, under "Search Tools," select "Find a Medicare Publication" to look at or print one of the following:
 - "Medicare Prescription Drug Coverage: How to File a Complaint, Coverage Determination, or Appeal" (CMS Pub. No. 11112)
 - "Your Medicare Rights and Protections" (CMS Pub. No. 10112)
 - "Medicare & You" (CMS Pub. No. 10050)

Look for more information on Medicare drug coverage under "Search Tools." Select "Find Out What Medicare Covers" or "Compare Medicare Prescription Drug Plans."

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Contact their State Health Insurance Assistance Program (SHIP) to get free counseling and personalized help. To get their telephone number, visit www.medicare.gov on the web. Under "Search Tools," select "Find Helpful Phone Numbers and Websites." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.