

Information partners can use on:

## Drug coverage under different parts of Medicare

### Which drugs does Part A cover?

- **Hospital:** Generally, drugs are covered as part of inpatient treatment during a covered stay.
- **Skilled Nursing Facility (SNF):** Generally, drugs are covered as part of inpatient treatment during a covered stay.
- **Hospice care:** Covers drugs for symptom control or pain relief.

### Which drugs does Part B cover?

Usually, Part B covers drugs that typically aren't self-administered. These drugs can be given in a doctor's office as part of their service. In a hospital outpatient department, coverage generally is limited to drugs that are given by infusion or injection. If the injection usually is self-administered or isn't given as part of a doctor's service, Part B generally won't cover it. A person's Medicare drug coverage (Part D) **may** cover these drugs under certain circumstances.

In most cases, the yearly Part B deductible applies to these drugs. This means that a person with Medicare may have to pay the Part B deductible amount before Medicare pays its share.

Beginning April 2023, the coinsurance amount may be less if a prescription drug's price has grown faster than the rate of inflation. In most cases, after the person meets the Part B deductible, they'll pay 0% to 20% of the Medicare-approved amount for covered prescription drugs they get in a doctor's office, hospital outpatient department, ambulatory surgical center, or pharmacy.

## Specific drugs Part B covers

- **Antigens:** Medicare covers some antigens when they're prepared by a doctor and given by a properly instructed person (who could be the patient) under appropriate supervision.
- **Blood clotting factors:** If a person with Medicare has hemophilia, Medicare covers clotting factors they give themselves by injection.
- **Durable Medical Equipment (DME) drugs:** Medicare covers DME-infused drugs, like an infusion pump or a nebulizer.
- **Injectable and infused drugs:** Medicare covers most injectable and infused drugs when a licensed medical provider gives them, because these types of drugs aren't usually self-administered.
- **Injectable osteoporosis drugs:** Medicare covers an injectable drug for women with osteoporosis who meet the coverage 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 to give herself the drug by injection. The home health nurse or aide won't be covered to give the injection unless family and/or caregivers are unable or unwilling to give the drug by injection.
- **Intravenous Immune Globulin (IVIG) given in the home:** Medicare covers IVIG for a person diagnosed with primary immune deficiency disease. A doctor must decide that it's medically appropriate for the IVIG to be given in the patient's home. Part B covers the IVIG itself, but currently doesn't pay for other items and services related to the patient getting the IVIG in their home. However, people can apply for reimbursement for these items and services through the Medicare Intravenous Immune Globulin (IVIG) Demonstration. Visit [Innovation.cms.gov/innovation-models/ivig](https://www.innovation.cms.gov/innovation-models/ivig) for details and to apply. (Starting in 2024, Medicare will cover other items and services related to the patient getting the IVIG in their home.)
- **Insulin used with insulin pumps:** Medicare may cover insulin pumps worn outside the body (external), including the insulin used with the pump, for some people with Part B who have diabetes and meet certain conditions. Certain insulin pumps are considered durable medical equipment (DME). For insulin used with a traditional insulin pump that's covered under the Medicare DME benefit, a person pays 20% of the Medicare-approved amount after they meet the Part B deductible. Starting July 1, 2023, a person's costs can't be more than \$35 for each month's supply of Part B insulin. The Part B deductible won't apply for insulin. The person will pay 100% for insulin-related supplies (like syringes, needles, alcohol swabs, and gauze) under Part B. Different rules apply to insulin that's dispensed under Part D.

## Specific drugs Part B covers (continued)

- **Oral anti-nausea drugs:** Medicare helps pay for oral anti-nausea drugs used as part of an anti-cancer chemotherapeutic regimen. The drugs must be administered immediately before, at, or within 48 hours after chemotherapy, and must be used as a full therapeutic replacement for an intravenous anti-nausea drug.
- **Oral cancer drugs:** Medicare helps pay for some cancer drugs a person takes by mouth if the same drug is available in injectable form or is a prodrug of the injectable drug. A prodrug is an oral form of a drug that, when ingested, breaks down into the same active ingredient found in the injectable form.
- **Parenteral and enteral nutrition (intravenous and tube feeding):** Medicare helps pay for certain nutrients for a person who can't absorb nutrition through their intestinal tract or can't take food by mouth.
- **Renal dialysis drugs for people with End-Stage Renal Disease (ESRD) or acute kidney injury (AKI):**
  - **Erythropoiesis stimulating agents:** Medicare covers erythropoietin by injection if a person with Medicare has ESRD and needs this drug to treat anemia. Medicare may also cover these drugs to treat anemia for a person who doesn't have ESRD.
  - **Immunosuppressive drugs:** Medicare covers immunosuppressive drug therapy if Medicare helped pay for the person's organ transplant.
    - If a person has Medicare only because of ESRD, their Medicare coverage will end 36 months after the month of a successful kidney transplant unless they're otherwise eligible for Medicare. (**Note:** People without certain types of other insurance coverage who lose Medicare 36 months after a successful kidney transplant can sign up for a new benefit that **only covers their immunosuppressive drugs. It isn't a substitute for full health coverage.** Visit [Medicare.gov/basics/end-stage-renal-disease](https://www.Medicare.gov/basics/end-stage-renal-disease) for more information about this benefit.)
    - Part D may cover other immunosuppressive drugs that Part B doesn't cover. A person with ESRD can get Part D coverage by signing up for Original Medicare and joining a Medicare drug plan, or by signing up for a Medicare Advantage Plan with drug coverage.

## Specific drugs Part B covers (continued)

- **Oral renal dialysis drugs:** Medicare helps pay for some oral renal dialysis drugs if a similar renal dialysis drug is available in injectable form and the Part B ESRD benefit covers it.

For example, Part B covers calcimimetic medications, including the intravenous medication Parsabiv® and the oral medication Sensipar®. A person with Medicare must get these medications from their ESRD facility or a pharmacy the facility works with.

### ■ Vaccines:

- **Updated COVID-19 vaccine:** The updated vaccine targets the original COVID-19 viral strain and 2 Omicron variants (BA.4/BA.5). A person can get the updated vaccine at least 2 months after completing their primary vaccination series (2 doses of Pfizer-BioNTech, Moderna, or Novavax, or one dose of Johnson & Johnson) regardless of how many original COVID-19 vaccine boosters they got so far.
- **Flu shots:** In general, one flu shot per flu season. Flu shots typically are given before the start of the flu season, in the late summer, fall, or winter, but some people may get the shot in the spring. This means a person with Medicare can sometimes get this preventive shot twice in the same calendar year. (**Note for people 65 and older:** The CDC recommends they get a higher dose or adjuvanted flu vaccine. Visit [CDC.gov/flu/highrisk/65over.htm](https://www.cdc.gov/flu/highrisk/65over.htm) for details. If one of these vaccines isn't available, people 65 and older should get a standard-dose unadjuvanted inactivated flu vaccine instead. They shouldn't get a nasal spray vaccine.)
- **Pneumococcal shots:** To help prevent pneumococcal infections (like certain types of pneumonia). This vaccine protects against different strains of the bacteria. Medicare covers a single dose vaccine in addition to a 2-dose series. A person with Medicare should talk with their doctor or other health care provider to figure out which vaccine they should get based on their age, medical history, and past vaccination history.
- **Hepatitis B shots:** A series of shots covered only for a person at high or medium risk for Hepatitis B. A person's risk for Hepatitis B increases if they have hemophilia, ESRD (permanent kidney failure requiring dialysis or a kidney transplant) or certain conditions that increase the person's risk for infection. Other factors may also increase a person's risk for Hepatitis B. To find out if they're eligible for coverage, a person with Medicare should check with their doctor to see if they're at high or medium risk for Hepatitis B.
- **Other shots:** Some other vaccines when they're directly related to the treatment of an injury or illness (like a tetanus shot after stepping on a nail).

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## **Does Part B cover self-administered drugs given in an outpatient setting, like an emergency department or hospital observation unit?**

Generally, no. “Self-administered drugs” are medications that you would normally take on your own, like medications you take every day to control blood pressure or diabetes. A person’s Part D coverage **may** cover these drugs under certain circumstances. A person might need to pay out of pocket for these drugs and submit a claim to their plan to get paid back. They should call their plan for more information.

## **Which drugs does Part D cover?**

In general, a Part D-covered drug must meet all of these conditions:

- Available only by prescription
- Approved or licensed by the U.S. Food and Drug Administration (FDA)
- Used and sold in the U.S.
- Used for a medically accepted indication, as defined under the Social Security Act
- Not covered under Part A or Part B for that person
- Included on the plan’s Part D drug list (also called a formulary) or coverage approved through the exceptions or appeals process

## **Does Part D pay for shots (vaccines)?**

Yes. Medicare drug plans must cover all commercially available vaccines, like the shingles shot, on their drug lists (formularies). People with Part D pay nothing out of pocket for vaccines for adults that the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices recommends, like the shingles shot. Part D doesn’t cover vaccines Part B covers, like the flu or pneumococcal shot (see page 4). The plan member or provider can contact the Medicare plan for more information about coverage.

## Are there certain drugs that Part D doesn't pay for?

Yes. By law, Part D can't pay for drugs that Part A or Part B covers. These drugs also can't be included in basic Part D coverage:

- Drugs used for weight loss or gain
- Drugs used for treatment of sexual or erectile dysfunction, unless these drugs are used to treat a condition other than sexual or erectile dysfunction, for which the drugs have been approved by the FDA
- Drugs used for symptomatic relief of cough and colds
- Drugs used for cosmetic purposes or hair growth
- Drugs used to promote fertility
- Prescription vitamins and minerals, except prenatal vitamins and fluoride preparation products
- Non-prescription drugs

Some 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 out-of-pocket limit.

## Which drugs do Medicare Advantage Plans cover?

Medicare Advantage Plans must cover all drugs that Part A and Part B cover. Some Medicare Advantage Plans also cover Part D drugs.

## Do Medicare Advantage Plans cover Part D drugs?

- **Health Maintenance Organization (HMO), HMO Point of Service (HMOPOS), and Preferred Provider Organization (PPO) Plans:** Cover prescription drugs in most cases. Ask the plan to be sure. If a person joins an HMO, HMOPOS, or PPO without drug coverage, they can't join a separate Medicare drug plan.
- **Private Fee-for-Service (PFFS) Plans:** May cover prescription drugs. If a PFFS Plan doesn't offer drug coverage, a person can join a separate Medicare drug plan (Part D) to get coverage.
- **Special Needs Plans (SNPs):** All SNPs must give Medicare drug coverage.
- **Medicare Medical Savings Account (MSA) Plans:** Don't provide Medicare drug coverage. If a person joins a Medicare MSA Plan and wants Medicare drug coverage, they need to join a separate Medicare drug plan.

## **Do Medicare Cost Plans cover Part D drugs?**

Medicare Cost Plans may offer Medicare drug coverage. Even if the Cost Plan offers drug coverage, a person can choose to get drug coverage from a separate Medicare drug plan.

## **Can people appeal a drug coverage decision?**

Yes. People with Medicare have the right to appeal decisions about coverage or payment of health care services. How people file an appeal will depend on which part of Medicare is involved. People with Medicare should review their coverage decision notices carefully for instructions on how to file an appeal. Visit [Medicare.gov/claims-appeals/how-do-i-file-an-appeal](https://www.Medicare.gov/claims-appeals/how-do-i-file-an-appeal) for more information.

## **Where can people get more information or help?**

- Visit [Medicare.gov](https://www.Medicare.gov).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Contact a State Health Insurance Assistance Program (SHIP) to get free personalized health insurance counseling. To get the phone number for a particular state, visit [shiphelp.org](https://www.shiphelp.org), or call 1-800-MEDICARE.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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