TIPS FOR UNDERSTANDING YOUR DRUG COVERAGE & PRESCRIPTIONS
What is a drug list?

A drug list, also called a formulary, is a list of prescription drugs covered by your health plan. Drug lists are usually divided into categories, or tiers. They tell you how much your health plan covers for the drugs in each category and what portion you'll pay.

Here's an example of a Medicare drug plan's tiers (your plan's tiers may be different):

- **Tier 1**—lowest copayment: most generic prescription drugs
- **Tier 2**—medium copayment: preferred, brand-name prescription drugs
- **Tier 3**—higher copayment: non-preferred, brand-name prescription drugs
- **Specialty tier**—highest copayment: high-cost prescription drugs
Most drug lists have rules or restrictions on certain prescription drugs. These can include:
- Requiring prior authorization
- Limiting the amount of a drug you can get over a certain period of time
- Requiring you to use a cheaper drug that has been proven to work just as well before covering the more expensive drug, if the first option doesn’t work

You may be able to get your prescription drug coverage information in an accessible format or in a language other than English from your health plan. Contact your plan for more details.

When you’re prescribed a drug, make sure it’s included on your health plan’s drug list.

Visit your health plan’s website to see if the prescription you need is included on your plan’s drug list, and how much it costs.

If it isn’t on your health plan’s drug list, you’ll need to pay for it out of pocket. You can talk to your provider about whether there are other options included on your plan’s drug list that could work for you.

Health plans update their drug lists regularly and can change which drugs are covered, add new generic drugs, or change their costs. Remember to check your health plan’s drug list. If the changes impact your care, consider changing plans or talking to your provider about switching to another drug.

How much will your prescription cost?

Your prescription costs will depend on your health plan’s drug coverage and which pharmacy you use. You may pay less at a preferred pharmacy (a pharmacy that agreed with your insurance plan to charge you less). You can also check your plan’s drug list to see what you’ll need to pay for your prescriptions.

If the drug you’re prescribed is too expensive and is name brand, ask your provider if it’s possible to switch to a generic brand, which may cost less. If you’re still concerned about the cost of your prescription, patient assistance groups may be able to help you lower your costs.

If you have Medicare and are worried about the cost of your prescription, some states offer programs to help pay for medications. You may also be eligible for the Extra Help Program to lower your prescription costs. Visit this Medicare.gov webpage, entitled “5 ways to get help with prescription costs” to learn more about ways to get help with prescription costs.

If you have Medicare and the drug you’re prescribed isn’t on your drug list, you may be able to appeal to get an exception. Visit Medicare.gov/medicare-prescription-drug-coverage-appeals to learn more about this process.
What kind of coverage do you have?

If you have Medicare, visit go.Medicare.gov/using-your-drug-plan to learn more about using your drug coverage, preferred pharmacies, and refills.

If you have Marketplace coverage, visit go.HHS.gov/marketplace-prescription-coverage to learn more about using your prescription coverage.

If you have Medicaid, contact your state Medicaid office to learn more about your prescription coverage. Visit go.CMS.gov/state-menu to get your state Medicaid office contact information.

If you have Medicare and take insulin, you’ll pay $35 per month (or less) for each covered insulin drug you take, and you don’t have to pay a deductible. In 2024, eligibility for full benefits under the Extra Help Program will expand and Part D out-of-pocket costs will be capped at $2,000 starting in 2025. Medicare will also negotiate for lower prices of certain drugs, with those prices going into effect in 2026 for selected drugs. Visit go.Medicare.gov/drug-savings to learn more about changes to Medicare prescription drug costs.

UNDERSTANDING YOUR PRESCRIPTIONS

Ask questions about your prescription before leaving your provider’s office.

You may want to ask questions like:

- What is this medicine for and why do I need it?
- How much do I need to take each day?
- Should I take my medicine with or without food?
- Are there certain foods or drinks I shouldn’t have while on my medication?
- How long will it take for my medicine to start working?
- Are there possible side effects?
- How and where should I store my medicine?
- Will I need to make an appointment to get a refill?
- Can I get my prescription information in another language or accessible format?

You can also ask your pharmacist about your medication.

If you have questions after leaving your provider’s office, your pharmacist can help you:

- Understand your medication
- Clarify information you got from your provider or on the internet

It is important your pharmacist knows about your current medications and medical history so they can help you take your medication correctly.
READ YOUR PRESCRIPTION LABELS CLOSELY.

Your prescription label has information from your provider and pharmacy about safely taking your medication. The label will include:

- Prescription number (Rx#): The number used by the pharmacy to identify your prescription. It is usually printed on the upper left-hand corner of the label.
- Patient name and address: Make sure your name is on the label.
- Pharmacy name and address.
- Medication name: What your drug is called.
- Information on how to take the medication: For example, it may say “Take 1 tablet by mouth daily.”
- Number of refills (by a certain date).
- Discard after date: Date the medication should no longer be taken.
- Quantity: How much of the medication the pharmacy gave you.
- Provider’s name: The provider who prescribed your medicine.

Pay attention to the number of refills you have.

Not all prescriptions can be automatically refilled. Contact your provider before you run out of refills if you need a new prescription. Your provider may want to schedule an appointment with you before they renew your prescription. It’s important to contact them well before your last refill so you don’t run out of medication. Visit go.CMS.gov/c2c for more information about using your health coverage.

Need more help?

If you have questions about your prescription, contact your provider or your pharmacist. You may be able to get information about your prescriptions in an accessible format or in a language other than English from your pharmacy. Contact your pharmacy for more information.