

Medicare Part D Drug List

Each plan has a list of medications that <u>myaarpmedicare.com</u> are covered. It's called the form. The form will vary from one plan to another.

It is important that you and / or your agent review the form in any prospective plan to make sure that your prescription drugs are covered in that form.

Many Medicare prescription drug plans put drugs at different "levels" on their forms. The drugs in each level have a different cost.

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A drug at a lower level will generally cost less than a drug at a higher level. In some cases, if your medication is at a higher level and your prescriber thinks that you need that medication instead of a similar drug at a lower level, you or your prescriber can ask your plan for an exception to get a lower copayment.

A Medicare drug plan may make some changes to your formulary during the year within the guidelines set by Medicare. If the change involves a drug you are currently taking, your plan must do one of these:

Provide written notice at least 60 days before the effective date of the change.

When requesting a refill, provide written notice of the change and a 60-day supply of the medication according to the same plan rules as before the change.

Medicare prescription drug plans may have these coverage rules:

Prior authorization: You and / or your doctor must contact the drug plan before you can fill certain prescriptions. Your prescriber may have to show that the medication is medically necessary for the plan to cover it.

Quantity limits: limits on the amount of medication you can get at one time.

Step therapy: You must try one or more similar, lower-cost drugs before the plan covers the prescription drug.

If you or your doctor believe that one of these coverage rules should be eliminated, you can request an exception to your plan.

The monthly premiums for the prescription drug range from a minimum of \$ 15.00 to more than \$ 90.00, depending on the insurance company, the plan you choose, your prescription drugs, deductibles, and copayments.

If your adjusted gross income, as reported on your IRS tax return, exceeds a certain amount (\$ 85,000 presented individually or \$ 170,000 filed together), you can pay more than the plan's announced monthly premium.

In addition, you may pay a monthly fee penalty in <u>addition</u> to the regular monthly premium if you did not enroll in Medicare Part D plan during your initial enrollment period.