

# Medicare Prescription Drug Coverage (Part D) & Kidney Disease

If you have kidney disease, your doctor may prescribe drugs to prevent or treat anemia, bone disease, depression, diabetes, heart problems, high blood pressure, high cholesterol, infection, pain, viruses, and water weight gain.

## Medicare Part A and B Drug Coverage

If you have Medicare Part A, it will cover drugs your doctor prescribes while you're in the hospital. If you have Medicare Part B, it will cover some other drugs your doctor prescribes. If you have an employer plan *and* Medicare, they should coordinate benefits.

- ❖ **If you have kidney disease, but not kidney failure**, Medicare Part B will cover injectable drugs for anemia at your doctor's office or hospital outpatient department.
- ❖ **If you're on dialysis**, Medicare will cover injectable drugs given at your dialysis clinic during dialysis that treat anemia, prevent bone disease, and fight infection.
- ❖ **If you do dialysis at home** and self-inject an erythropoietin stimulating agent for anemia Medicare Part B will cover. At home self-administered iron injections are **not** covered, but are covered when provided in the doctor's office or dialysis clinic.
- ❖ **If you got a heart, liver, lung, intestine, pancreas, or kidney transplant** at a Medicare approved transplant program when you had Medicare Part A, Medicare Part B will cover some of the cost of certain immunosuppressant drugs (*cyclosporine, tacrolimus, sirolimus, methoprednisolone or other steroid, mycophenolate mofetil*) as long as you have Medicare (and purchase the drugs at a "Medicare provider" pharmacy able to bill Part B).
- ❖ **If you have Medicare because of kidney failure alone**, you can keep Medicare as long as you're on dialysis or for 36 months after a kidney transplant. You can keep Medicare 12 months if your kidney function gets better and you do not need dialysis.
- ❖ **If you're 65 or older you can keep Medicare as long as you pay premiums.**
- ❖ **If you are disabled you keep Medicare as long as you are disabled** under Social Security or the Railroad Retirement Board.
- ❖ **If you are disabled and return to work, your free Medicare Part A and premium Part B continues** for at least 8-1/2 years. You or your employer can pay the Part A premium that lets you keep Part A and Part B after that.
- ❖ **If you have diabetes**, Medicare Part B will cover supplies: blood sugar meter, test strips, and lancets. Part B also covers the insulin that requires a pump for infusion along with the pump.
- ❖ **For Part B to cover your drugs, you must get** your drugs from a pharmacy or healthcare provider that can bill Part B (a Medicare provider/participating pharmacy)

- ❖ If you have other insurance, a Medigap (also called Medicare supplement plan), and/or Medicaid, it can cover what Medicare doesn't pay for Part B covered drugs, saving you hundreds or thousands of dollars in co-pay charges a year.

## **Medicare Part D Drug Coverage**

Most drugs you take by mouth are not covered by Medicare Part A or Part B. Medicare Part D may help pay for drugs not covered by Medicare Part A or B.

- ❖ **Different Part D plans cover different drugs at different prices.** Some Part D plans cover more drugs than others and may have different cost-sharing, deductibles, and premiums. It's worth your time to find out which one is best for you, which may not be the plan someone else has.
- ❖ **All Part D plans will help you switch onto their list of covered drugs** called a *formulary*. In general, Part D plans will provide you with a temporary supply of a non-formulary drug you're taking when you first join a plan. This gives you time to find out from your doctor if another covered drug will work as well, to ask the Part D plan for an exception to cover that drug for the rest of the plan year, or if you are able, you may consider switching plans.
- ❖ **Part D plans are required to cover** at least one drug in six "protected" classes that include anti-psychotics, anti-depressants, anti-convulsants, immunosuppressants, cancer, and HIV/AIDS drugs. This does not mean that Part D must cover every brand name drug or all doses of those drugs.
- ❖ **Immunosuppressants are covered under Part D** if you had a transplant before you were eligible for Medicare, if you had a transplant in a hospital that was not Medicare approved, or if you're taking an immunosuppressant for another reason besides transplant.
- ❖ **For people with diabetes,** Part D plans can cover the type of insulin that is injected with a syringe and supplies needed to inject insulin, including needles and syringes, alcohol wipes, and gauze.

Basic Part D plans cannot cover benzodiazepines, barbiturates, drugs for weight loss or gain or for coughs or colds, drugs for fertility or erectile dysfunction or over-the-counter drugs. Some Part D plans, called "enhanced" plans, and some state Medicaid programs may choose to cover these drugs.

## **Comparing Plans**

A plan's list of covered drugs or formulary includes both brand name and non-brand (generic) drugs. Co-pays and other out-of-pocket costs may be less for generics. All Part D drug formularies can be found at

<http://formularyfinder.medicare.gov/formularyfinder/selectstate.asp>

- ❖ Make a list of your drugs' names, doses and how many you take each month.
- ❖ Compare your list with drugs on the plan's formulary (list of covered drugs).
- ❖ Ask your doctor what drugs you might need if your health changes or if you start dialysis, change from one dialysis type to another, or have a transplant.
- ❖ Read *Medicare & You* – a booklet sent to you every year by Medicare.
- ❖ Visit the Medicare Prescription Drug Plan Finder at [www.medicare.gov](http://www.medicare.gov) to get an estimate of what your drugs will cost, what drug store you can use and if you can order by mail or buy more than a 30-day supply at once to save money.
- ❖ If you need some drugs covered by Medicare B and others covered by Part D ask your pharmacy if it can bill Medicare Part B and the Part D Plan you are thinking of buying.
- ❖ Call the Medicare Helpline at 1-800-MEDICARE (1-877-486-2048 TTY)
- ❖ Contact your State Health Insurance Assistance Program (SHIP) to meet in person or by phone with a trained volunteer. You can find their number by calling 1-800-MEDICARE, looking in the back of the *Medicare & You* booklet, or online at [www.medicare.gov/contacts/static/allStateContacts.asp](http://www.medicare.gov/contacts/static/allStateContacts.asp).
- ❖ Plans cannot sell door-to-door or call you at home without your permission. Basic Part D plans have monthly premiums, a yearly deductible, and co-pays and/or coinsurance for drugs as well as a “coverage gap” (sometimes called a “doughnut hole”) when you are responsible for the full cost of your drugs. After your drug costs reach a certain point, the Part D plan will start paying again and will pay all but 5% or a small co-pay for each drug for the rest of that calendar year.
- ❖ If you get "extra help" it could save you thousands of dollars per year (see IV.).

### **Joining a Part D Plan**

Joining a Medicare Part D plan is optional for everyone with Medicare Part A or Part B, including those who are on dialysis or have a transplant.

- ❖ Choose a Part D drug plan when you first sign up for Medicare and your Part D coverage will begin the following month.
- ❖ Sign up for Part D during the annual fall open enrollment period (November 15 to December 31) and your coverage will start January 1. Delay signing up when first eligible and you could pay a higher premium every year you have Part D unless:
  - ❖ You had and lost other coverage as good as Part D and applied for Part D within 63 days.
  - ❖ You get “extra help.”

Your choices for Medicare Part D drug coverage depend on the kind of health insurance you have and whether you're on dialysis or not.

## I. Original Medicare (Fee-for-Service)

- ❖ If you have Medicare and pay out-of-pocket for drugs, Medicare Part D can help.
- ❖ If you cannot afford the Part D out-of-pocket costs, read about Extra Help for People with Low Income (*see part IV*)
- ❖ Having a Medigap (Medicare supplement) plan along with Original Medicare will help pay for Medicare's deductibles and coinsurance. Your state insurance department or State Health Insurance Assistance Program (SHIP) can advise you about Medigap coverage (*see Comparing Plans*).

## II. Medicare Advantage (MA)

- ❖ There are different kinds of Medicare Advantage (MA) plans including Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), Private Fee for Service (PFFS) Plans, and Special Needs Plans (SNP) that offer different benefits and have different limits.
  - ❖ **If you are on dialysis**, you cannot sign up for an MA plan unless that plan has special permission to enroll you.
  - ❖ **If you started dialysis after you are in an MA plan**, you can stay in the plan you have or another plan offered by the same company. Read the policy to be sure it will provide the drugs and services you need for premiums and out-of-pocket costs you can afford.
- ❖ If your MA plan has drug coverage, it is called a Medicare Advantage Prescription Drug (MA-PD) plan; it provides drug coverage with at least the same value as a basic stand-alone Part D prescription drug plan that is available to those with Original Medicare. Do not sign up for a stand alone Part D prescription drug plan because it will cancel your MA-PD health *and* drug coverage.
- ❖ If your MA plan does not have drug coverage, you *can* sign up for a PDP during the fall open enrollment period.
- ❖ If your MA plan does not cover your drugs, you might want to switch to another MA plan that provides drug coverage (i.e., MA-PD plan), or switch to Original Medicare and join a PDP. If you are on dialysis, you can only switch to another MA plan sold by the same company that sold you your current MA plan.
- ❖ If you switch to Original Medicare, look into purchasing a Medigap (Medicare supplement) plan. Federal law requires insurance companies to provide Medigap coverage to those 65 and older who apply in the first 6 months they have Medicare. If you are under 65 and have Medicare, ask your state insurance department if you can buy a Medigap plan without fear of denial or restrictions for pre-existing conditions. The Medicare booklet on Medigap coverage can be found at <http://www.medicare.gov/Publications/Pubs/pdf/02110.pdf>.

## ❖ III. Medicaid

- ❖ If you have Medicare and Medicaid, you will be enrolled in a Part D plan to make sure you have coverage for drugs your doctor prescribes.
- ❖ If you do not choose a Part D plan, Medicare will choose one for you.
- ❖ If your Part D plan doesn't cover the drugs you need, you can change plans any time to one that covers your drugs. Your new plan will start the next month.
- ❖ If you enroll in a plan whose premium is below the standard cost in your area (called the "benchmark") you will not have to pay any premium. Some plans with premiums below the benchmark cover fewer drugs so it may cost less to pay a small premium to get more drugs covered.

Some states have a program called **Medicaid spend down (in some states called share of costs)** for people who have too much income to get Medicaid. Once you meet your spend down, you will pay lower premiums and less for drugs in your Part D plan because you will get "extra help" (see section IV) for the rest of the plan year.

#### IV. "Extra Help" for People with Limited Income and Resources

- ❖ If you have limited income and resources, ask about "extra help" to pay for Medicare Part D and drug costs.
- ❖ Apply for "extra help" with Social Security [www.socialsecurity.gov](http://www.socialsecurity.gov), (800) 772-1213 or (800) 325-0778 for TTY.
- ❖ You will get extra help without applying:
  - ❖ If you have Medicare and full Medicaid (no spend down)
  - ❖ If your state pays your Medicare premium
  - ❖ If you get SSI without Medicaid
- ❖ How much you will pay with "extra help" depends on how much income and resources you have and the amount changes every year.

#### V. Employer, Union, Retiree, COBRA, TRICARE, Veterans Administration (VA) Health Benefits, Indian Health Service (IHS), Federal Employees Health Benefit (FEHB) Plan

- ❖ If you have drug coverage through a union or other employer as a current or former employee (retiree or COBRA) or coverage through TRICARE, VA, IHS or FEHB you will get a notice each fall about how your drug benefits compare to Part D.
- ❖ If your current drug coverage is as good as Part D, you may not need to join Part D.
- ❖ If you are on dialysis or have a transplant and you were first eligible for Medicare less than 30 months ago, your employer plan should pay first. After 30 months, Medicare Part A, B, and D will pay first.

- ❖ If your employer plan doesn't cover all your drugs or you could get "extra help" with Part D, ask your employer if you can sign up for Part D and keep your employer health and drug coverage too.
- ❖ Part D plans should coordinate benefits with employer plans and pharmacies should bill all drug plans you have.
- ❖ VA health clinics cannot bill Part D. However, if you get help from the VA, but live far away or some drugs are not covered, you may want to join a Part D plan, too and get your Part D drugs at a pharmacy near you. You cannot use VA benefits and Part D for the same drug at the same time.
- ❖ If you have a notice that says you had prescription drug coverage as good as Part D and that coverage ends, you must sign up for Part D before there is a 63-day gap in drug coverage to avoid paying a higher premium.

**WARNING:** *If you have COBRA (a federal law that allows you to pay the full premium to keep your former employer group health plan), you could lose your employer plan if you sign up for Medicare, see [www.dol.gov/ebsa](http://www.dol.gov/ebsa)*

## VI. Nursing Homes and Long Term Care Facilities

- ❖ When you enter a long-term care facility your drug needs may change. Medicare allows you to change to a new Part D plan when you enter, reside in, or leave a facility where Medicare or Medicaid covers your care.
- ❖ Your Part D plan will work with the long-term care facility's pharmacy or another of the long-term care pharmacies in its network to ensure you have access to the drugs you need.

## **Changing Plans**

- ❖ Each year in the fall, you will get notice about your Part D plan's coverage for the next year.
- ❖ You may want to consider changing to a different Part D plan during the fall open enrollment period from November 15 through December 31 if your drugs change to ones not covered in your plan or if you can lower your costs by changing.
- ❖ If you get extra help, you can join or change Part D plans anytime and the new plan will begin the following month.
- ❖ Here are some tips for when you visit the pharmacy after changing plans:
  - ❖ Bring your red, white, and blue Medicare card, your Medicaid card if you have one, and a photo ID, or your new drug plan membership card – these items will help the pharmacist verify your coverage;
  - ❖ Bring your Part D plan's enrollment letter, or the name of your new drug plan if you have not received a plan membership card – it may take your pharmacist

longer to check your coverage, but these items will help the pharmacist verify your coverage;

- ❖ Keep copies of your receipts – if your pharmacist cannot confirm your Part D plan enrollment, you may have to pay full price for your drugs. Send copies of your receipts to your Part D plan to get paid back; and
- ❖ Don't leave the pharmacy counter without your medicine – if you cannot pay out-of-pocket, call 1-800 MEDICARE for help to verify your plan or ask the pharmacist to dial the Medicare pharmacist contact line at 1-866-835-7595.

## **Your Rights**

- ❖ Your Medicare drug plan must give you a list of rights when you enroll, including your right to file a complaint against your plan or pharmacy.
- ❖ If you need a drug that's not on the formulary, you have the right to ask for an "exception" and appeal if your request is denied.
- ❖ If you get a new plan, your Part D plan will have a process to help you switch to the new formulary; this may include a temporary supply of the drug you are taking.

## **Other Possible Sources of Financial Help to Pay for Drugs**

- ❖ State Pharmacy Assistance Programs (3/2008) - <http://www.ncsl.org/programs/health/drugaid.htm>
- ❖ State kidney programs (9/2005) - [www.muhealth.org/~mokp/FPub.htm](http://www.muhealth.org/~mokp/FPub.htm) (see Directory of State Kidney Programs or call 800-733-7345)
- ❖ Drug company assistance programs – [www.pparx.org](http://www.pparx.org) or call 888-477-2669

## **Other Resources**

The National Kidney Foundation's "*Taking Control: Money Matters for People with Kidney Disease*" at [www.kidney.org/patients/pfc/control.cfm](http://www.kidney.org/patients/pfc/control.cfm) may offer some help.

*The Kidney Medicare Drugs Awareness and Education Initiative is a service of the kidney community, provides up-to-date information about Medicare Part D*  
[www.kidneydrugcoverage.org](http://www.kidneydrugcoverage.org)