

## **What You Should Know about Medicare Prescription Drug Coverage (Part D) When You Have a Transplant and Medicare and Medicaid**

If you have a transplant, your doctor may prescribe drugs to prevent or treat anemia, bone disease, depression, diabetes, heart problems, high blood pressure, high cholesterol, infection, and organ rejection. To stay healthy and protect your transplant, you must take prescribed drugs in the right dose at the right time. Your doctors need to know all your drugs.

If you have Medicare, Medicare Part D can help you pay for your prescribed drugs that are not covered by Part A or Part B if you join a plan. Anyone with Medicare can join, even if you have a transplant.

Medicare *Part B* will still cover 80% of the cost of Medicare Part B covered anti-rejection (immunosuppressive) drugs if you had Medicare Part A when you got your transplant, you had your transplant in a Medicare approved transplant program, and you have Medicare Part B. If you didn't qualify for Medicare Part A when you got your transplant or if you didn't have your transplant in a Medicare approved transplant program, your anti-rejection drugs have not been covered by Part B, but may be covered under Part D. Part D can also cover other drugs, such as those to treat high blood pressure, viruses, heart and bone problems which can be costly

If you have **Medicare and Medicaid paid for your drugs**, you should have received a letter from Medicare telling you that Medicare Part D will replace your Medicaid *drug* coverage and you will get extra help to pay your plan premium and covered drug costs without applying.. What you will pay depends on your income. . If you did not receive this letter, call 1-800-MEDICARE to make sure Medicare knows you have Medicaid too.

If you don't join a plan or tell Medicare you don't want to join one, Medicare will choose a plan for you. The plan Medicare chooses may not cover the drugs you need so you might want to choose a plan that covers your drugs. The sooner you join, the sooner you can get help paying for your drugs.

Compare plans. If another plan covers more drugs than the plan Medicare has chosen for you, choose another plan by December 31 and the plan you choose will be the plan you have January 1. As long as you have Medicare and Medicaid you can switch plans any time. Your new plan starts the following month.

If you have a **Medicaid spend down**, show your medical bills to your Medicaid caseworker to meet your spend down. After you meet your spend down, you'll pay a few dollars for any covered drug co from that month on that year. If you meet your spend down from July through December, you will get extra help from that month on through the next calendar year. You must meet your spend down as usual for other Medicaid covered services. Companies sell Medicare-approved plans. Some are standard plans; enhanced plans cover more but cost more. You can join an enhanced plan, but you may have to pay some of the higher premium. Companies can't sell Part D plans door-to-door. Look for the Medicare-approved symbol on mailings.

All plans must cover certain drugs, like anti-depressants or drugs to prevent transplant rejection. Standard plans cannot cover over-the-counter drugs, vitamins (except Vitamin D), and a few others. A plan's list of covered drugs is called a formulary. Generics may be cheaper. Ask your doctor if you can take a generic *before* you buy it.

Choose a kidney friendly plan. Your doctor can help you know what drugs to look for. Make a list with drug names, doses, and number you take a month. Ask your doctor if you're taking the best drugs to stay healthy. Ask what other drugs you may need if your health or treatment changes and look for them on formularies. Compare plans and costs. Choose one that covers all or most drugs you take now or you may need later if you need dialysis or another transplant. Check to see what drug stores you can use. Mail order may save money on drugs you take all the time.

Review plans in your current annual *Medicare & You* booklet, visit the Medicare Prescription Drug Plan Finder at [www.medicare.gov](http://www.medicare.gov), or call the Medicare Helpline at 1-800-MEDICARE (1-877-486-2048 TTY). Ask Medicare how you can get in-person help through your State Health Insurance Assistance Program or visit [www.shiptalk.org](http://www.shiptalk.org).

If you want to pick a different plan from the one Medicare chooses for you, apply with the insurance company, use the Medicare Prescription Drug Plan Finder or call the Medicare Helpline. Guard your personal numbers. You can give them to Social Security, the Medicare helpline, or plans *if you call them*. Report any concerns to the Medicare Helpline.

Your Medicare drug plan must give you a list of rights when you enroll. If you need a drug that's not on the list, your doctor can ask for an "exception" for the plan to cover a drug you need. You have the right to appeal a denial.

Your healthcare team wants you to know all you can about Part D so *you* can make the best choice to meet your needs. Be aware that most of what you read is for the "average" person with Medicare. You can find what you need to help you make an informed decision at [www.kidneydrugcoverage.org](http://www.kidneydrugcoverage.org). Libraries have the Internet if you don't. Ask a neighbor or loved one to help you get what you need on their computer.

The Kidney Medicare Drugs Awareness and Education Initiative is a service of the kidney community, designed to provide timely, consistent, reliable, and up-to-date information about Medicare and Medicare prescription drug coverage (Part D).