



Information Partners Can Use on:

Medicare Drug Coverage under Medicare Part A, Part B, and Part D

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This tip sheet provides an overview of drug coverage under Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance), and Medicare Part D (Medicare prescription drug coverage).

Does Medicare cover drugs under Part A?

Generally, Part A doesn't pay for outpatient prescription drugs. However, people with Medicare may get drugs as part of their inpatient treatment during a covered stay in a hospital or skilled nursing facility (SNF). Part A payments made to the hospital or SNF generally cover all drugs provided during a covered stay.

Note: Some hospital services are provided in an outpatient setting, like an emergency department or hospital observation unit. See page 3 for information about Medicare drug coverage in these settings.

Does Medicare cover drugs under Part B?

Yes, but Part B only covers limited types of drugs. Generally, Part B covers drugs that usually aren't self administered and are given as part of a doctor's service. Coverage usually 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.

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

Part B also covers:

- **Shots (vaccinations):**

- **Flu shot:** In general, 1 flu shot per flu season. Flu shots are usually 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 people with Medicare can sometimes get this preventive shot twice in the same calendar year.
- **Pneumococcal shot:** A shot to help prevent pneumococcal infections (like certain types of pneumonia). Most people only need this shot once in their lifetime.
- **Hepatitis B shots:** A series of 3 shots covered only for people at high or medium risk for Hepatitis B. A person's risk for Hepatitis B increases if the person has hemophilia, End-Stage Renal Disease (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 determine if he or she is eligible for coverage, a person with Medicare should check with his or her doctor to see if he or she is 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).



Does Medicare cover drugs under Part B? (continued)

- **Durable Medical Equipment (DME) supply drugs:** Some drugs used with DME, like infusion pumps and nebulizers, if considered reasonable and necessary.
- **Injectable drugs:** Most injectable drugs given by a licensed medical provider if the drug is considered reasonable and necessary for treatment and usually isn't self-administered.
- **Osteoporosis drugs:** An injectable drug for women with osteoporosis who meet the 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 how to or unable to give herself the drug by injection. The home health nurse or aide won't be covered to provide the injection unless family and/or caregivers are unable or unwilling to give the woman the drug by injection.
- **Some antigens:** If they're prepared by a doctor and given by a properly-instructed person (who could be the patient) under doctor supervision.
- **Erythropoiesis-stimulating agents:** For people undergoing dialysis and, if given as part of a doctor's service, for certain other conditions.
- **Blood Clotting factors:** For people with hemophilia who give themselves the drug by injection.
- **Immunosuppressive drugs:** Drug therapy for transplant patients if the transplant meets Medicare coverage requirements, the patient has Part A at the time of the transplant, and the patient has Part B at the time the drugs are dispensed.
- **Oral anti-cancer drugs:** Some oral anti-cancer drugs if the same drug is available in injectable form for the same use and covered under Part B. As new oral anti-cancer drugs become available, Part B may cover them.
- **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 the administration of the chemotherapy drug and must be used as a full therapeutic replacement for the intravenous anti-nausea drugs that would otherwise be given.
- **Oral End-Stage Renal Disease (ESRD) drugs:** Some oral ESRD drugs if the same drug is available in injectable form and covered under the Part B ESRD benefit.
- **Parenteral and enteral nutrition (intravenous and tube feeding):** Certain nutrients for people who can't absorb nutrition through their intestinal tracts or can't take food by mouth.
- **Intravenous Immune Globulin (IVIG) provided in the home:** For people with a diagnosis of 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 Part B doesn't pay for other items and services related to the patient getting the IVIG in his or her home.



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

Generally, Part B doesn't cover self-administered drugs a person gets in outpatient settings. A person's Medicare drug plan (Part D) may cover these drugs **under certain circumstances**. A person might need to pay out-of-pocket for these drugs and submit a claim to his or her Part D plan for a refund. He or she should call the plan for more information.

For more information, visit www.medicare.gov/publications to view the fact sheet, "How Medicare Covers Self Administered Drugs Given in Hospital Outpatient Settings (CMS Product No. 11333)." You can also call 1-800-MEDICARE (1-800-633-4227) to find out if a copy can be mailed to you. TTY users should call 1-877-486-2048.

Which drugs does Part D cover?

Medicare offers comprehensive prescription drug coverage to people with Medicare under Part D. In general, a Part D-covered drug must meet all of these conditions:

- The drug is available only by prescription
- The drug is approved by the Food and Drug Administration (FDA)
- The drug is used and sold in the U.S.
- The drug is used for a medically-accepted indication, as defined under the Social Security Act
- The drug isn't covered under Part A or Part B
- The drug is covered by the person's Part D plan or coverage is obtained through the exceptions or appeals process

Does Part D cover shots (vaccinations)?

Yes. All Medicare drug plans must include all commercially available vaccines (like the shingles vaccine) on their drug formularies (except vaccines that are covered under Part B, like the flu or pneumococcal shot). The plan member or provider can contact the Medicare drug plan for more information about coverage.



Are there certain drugs that Part D doesn't cover?

Yes. By law, Part D can't pay for drugs when they would be covered under Part A or Part B. In addition, the following drugs can't be included in basic Part D coverage:

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

Some Medicare drug 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 share of the costs, like the deductible or out-of-pocket limit.

Can people appeal a drug coverage decision?

Yes. People with Medicare have certain guaranteed rights. One of these is the right to a fair process to appeal decisions about coverage or payment of health care services. How people file an appeal will depend on the type of Medicare plan they have. People with Medicare should review their coverage decision notices carefully for instructions on how to file an appeal.

Where can people get more information or help?

- Visit www.medicare.gov.
 - Look for more information on appeals in the "Help & Support" section. Select "Filing a Complaint or Grievance."
 - Look for more information on Medicare drug coverage by selecting "Health & Drug Plans."
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Contact your State Health Insurance Assistance Program (SHIP) to get free personalized health insurance counseling. To get the phone number, visit www.medicare.gov/contacts, or call 1-800-MEDICARE.