

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

This table identifies Medicare coverage of medically necessary drugs in some common situations. It provides general guidance only and does not cover all possible situations. For detailed coverage information, see appendix C-1 in chapter 6 of the Medicare Part D Manual, which is available online at www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDBMChap6FormularyReqrmts_03.09.07.pdf.

Type of Coverage	Care Setting*	Drug Type	Covered by**	Comments
1. Original Medicare and a Medicare Prescription Drug Plan (PDP) <i>(For coverage information for those in hospice, see Section 3)</i>	Hospital (in-patient) or skilled nursing facility	Any	Part A	Part A coverage is subject to certain limits; drugs may be covered by Part B or Part D for stays not covered by Part A
	Doctor's office	Vaccines: pneumococcal pneumonia, influenza, and (for intermediate- to high-risk people) Hepatitis B; and some other vaccines related to injury or illness	Part B	
		All other vaccines	Part D	
		Injectable/IV drugs given by a doctor and not usually self-administered	Part B	Eligible for Part D coverage if purchased at a pharmacy and administered by a doctor

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1. Original Medicare and a Medicare Prescription Drug Plan (PDP) <i>(For coverage information for those in hospice, see Section 3)</i>	Home	Drugs that must be administered by Medicare-covered durable medical equipment (DME), e.g., nebulizer or infusion pump	Part B	
	Long-Term Care (LTC)	Drugs that must be administered by Medicare-covered durable medical equipment (DME), e.g., nebulizer or infusion pump	Part D	
	Home or LTC	Insulin and injection supplies (syringes, needles, alcohol swabs, and gauze)	Part D	Blood glucose testing supplies covered by Part B (DME)
	Home or LTC	Immunosuppressive drugs for a person who received a Medicare-covered transplant	Part B	Eligible for Part D coverage for other situations
	Home or LTC	Some oral anti-cancer drugs	Part B for cancer treatment	Eligible for Part D coverage for other uses
	Home or LTC	Some oral anti-emetic drugs used within 48 hours of chemotherapy	Part B	Eligible for Part D coverage for other situations

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1. Original Medicare and a Medicare Prescription Drug Plan (PDP) <i>(For coverage information for those in hospice, see Section 3)</i>	Home or LTC	Erythropoietin (EPO) for anemia in people with chronic renal failure who are undergoing dialysis	Part B	Eligible for Part D coverage for other situations
	Home or LTC	Parenteral nutrition (tube feeding) for permanent dysfunction of digestive tract	Part B	Covered by Part D for other situations
2. Medicare Advantage Plan with drug coverage (MA-PD) <i>(For coverage information for those in hospice, see Section 3)</i>	Any	Any	Plan provides all Part A, Part B, and Part D covered services, including prescription drugs	
3. Original Medicare or Medicare Advantage Plan AND elected hospice care	Any	Drugs for symptom control or pain relief	Part A	
	Any	Drugs intended to cure the terminal illness	Not covered by Medicare	A person can stop hospice care and go back to his or her previous Medicare coverage at any time
	Any	For a condition unrelated to the terminal illness (e.g., a non-related infection)	Same as for non-hospice care	

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Type of Coverage	Care Setting*	Drug Type	Covered by**	Comments
4. Original Medicare with PDP or Medicare Advantage Plan AND Medicaid	Home or LTC	Drugs excluded by law from Part D	Not covered by Medicare	For optional state coverage of Medicare-excluded drugs, see www.cms.hhs.gov/States/EDC/list.asp
	Hospital or skilled nursing facility	Drugs excluded by law from Part D	Part A	Part A coverage is subject to certain limits; drugs may be covered by Part B or Part D for stays not covered by Part A

* Long-term care facilities include skilled nursing facilities (for stays not covered by Medicare), nursing homes which give skilled care, and institutions which give skilled care. Generally, “home” care setting includes Medicare-covered home health care, and “doctor’s office” care includes hospital outpatient care.

** Drugs are covered under Part D to the extent they are included on the formulary (list of covered drugs) for the person’s plan. If a person’s drug is not covered, he or she can ask the plan for a coverage determination, but may have to pay full price for that drug. For more information, see “Your Guide to Medicare Prescription Drug Coverage,” CMS Publication Number 11109, at www.medicare.gov/Publications/Pubs/pdf/11109.pdf.