



National Medicare **TRAINING PROGRAM**

Medicare Prescription Drug Plan Finder Key Enhancements

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MPDPF Enhancements - Live

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Drug Entry Enhancements

U.S. Department of Health & Human Services www.hhs.gov

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Find and Compare Plans

Find and Enter Your Drug Information

You can search and add your drugs by entering them below and clicking the "Search for Drug" button or by searching for the drug alphabetically.

Enter Drug Name:

[Click here to browse drugs alphabetically](#)
[Help with Common Drug Abbreviations](#) 1

The drug name you entered cannot be found. Please check your prescription bottle and verify that the name of the drug you entered is spelled correctly. In some cases, both the brand and generic name of a drug will appear on the prescription bottle. Please enter the brand name as there may not be a generic alternative currently available.

If you are still unable to find your drug, please contact the plan for coverage and pricing information. 2

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Why Enter My Drugs?

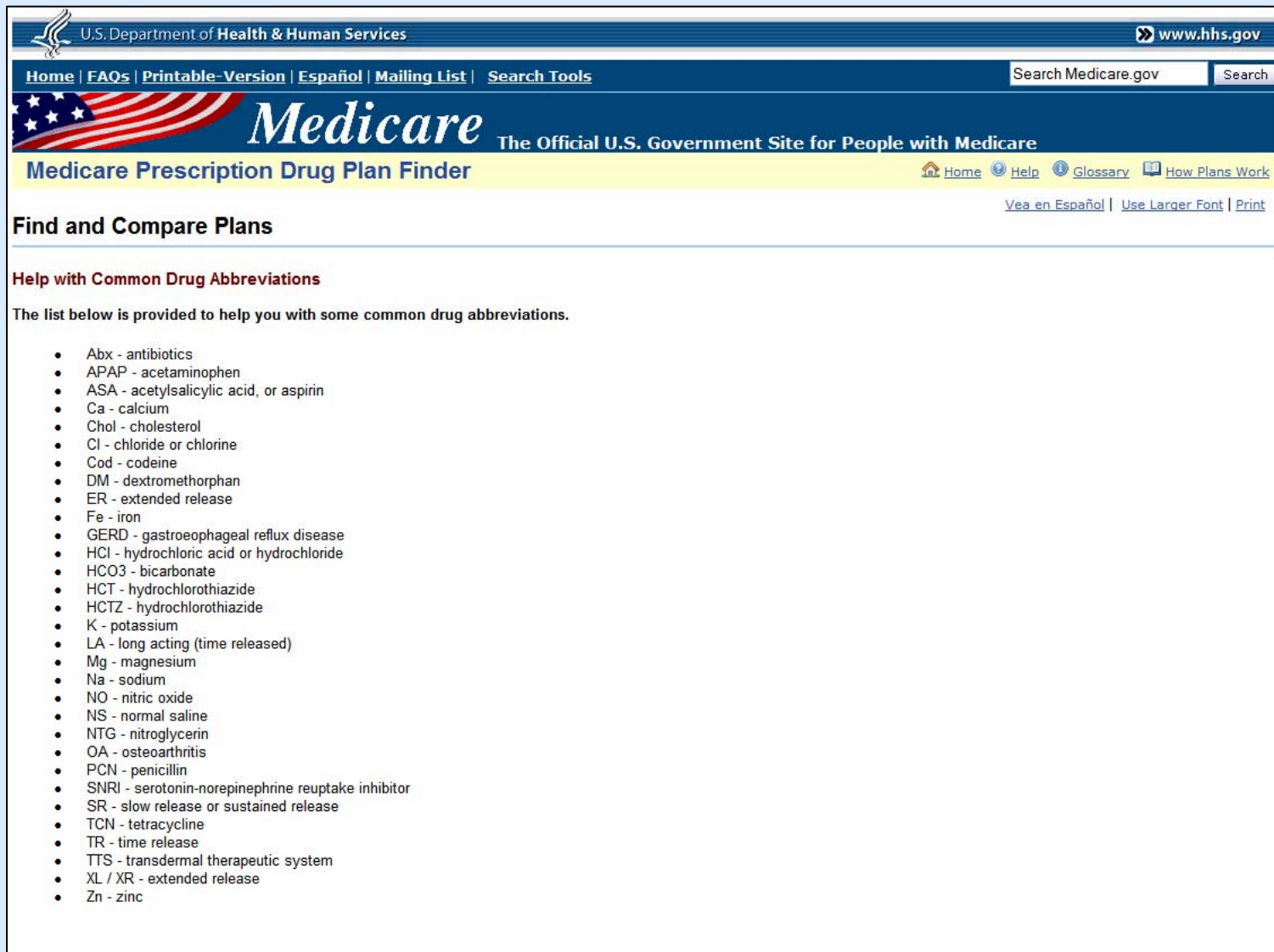
By entering your drugs, we can estimate what portion of your drug costs Medicare will pay.

What Drugs should I Enter?

Medicare plans cover most commonly used prescription drugs. In addition, some plans may provide additional coverage for drugs not usually covered by Medicare.

The site does not show pricing for over-the-counter drugs or diabetic supplies. 3

Help with Common Drug Abbreviations Pop-up Window



The screenshot shows the Medicare Prescription Drug Plan Finder website. At the top, there is a navigation bar with the U.S. Department of Health & Human Services logo and the URL www.hhs.gov. Below this is a search bar and a menu with links for Home, FAQs, Printable Version, Español, Mailing List, and Search Tools. The main header features the Medicare logo and the text "The Official U.S. Government Site for People with Medicare". Below the header is a yellow banner for the "Medicare Prescription Drug Plan Finder" with links for Home, Help, Glossary, and How Plans Work. The main content area is titled "Find and Compare Plans" and includes a section for "Help with Common Drug Abbreviations". This section contains a list of abbreviations and their meanings.

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Find and Compare Plans

Help with Common Drug Abbreviations

The list below is provided to help you with some common drug abbreviations.

- Abx - antibiotics
- APAP - acetaminophen
- ASA - acetylsalicylic acid, or aspirin
- Ca - calcium
- Chol - cholesterol
- Cl - chloride or chlorine
- Cod - codeine
- DM - dextromethorphan
- ER - extended release
- Fe - iron
- GERD - gastroesophageal reflux disease
- HCl - hydrochloric acid or hydrochloride
- HCO₃ - bicarbonate
- HCT - hydrochlorothiazide
- HCTZ - hydrochlorothiazide
- K - potassium
- LA - long acting (time released)
- Mg - magnesium
- Na - sodium
- NO - nitric oxide
- NS - normal saline
- NTG - nitroglycerin
- OA - osteoarthritis
- PCN - penicillin
- SNRI - serotonin-norepinephrine reuptake inhibitor
- SR - slow release or sustained release
- TCN - tetracycline
- TR - time release
- TTS - transdermal therapeutic system
- XL / XR - extended release
- Zn - zinc

Drug Database Upgrade - OTC

Find and Compare Plans

Find and Enter Your Drug Information

You can search and add your drugs by entering them below and clicking the "Search for Drug" button or by searching for the drug alphabetically.

Enter

Drug Name:

[Click here to browse drugs alphabetically](#)

[Help with Common Drug Abbreviations](#)

Select one or more drugs to add them to your list

Drug Name	Drug Type
Prenatal (Prenatal Vit w/ Fe Fumarate-FA)	Over-the-Counter
Prenatal (multivitamins with iron - OTC) (Prenatal Multivitamins & Minerals w/Iron & FA)	Over-the-Counter
Prenatal (w/iron fumarate-OTC) (Prenatal Vit w/ Fe Fumarate-FA)	Over-the-Counter
Prenatal (w/iron sulfate - OTC) (Prenatal Vit w/ Fe Sulfate-FA)	Over-the-Counter
Prenatal Formula (Prenatal Vit w/ Fe Fumarate-FA)	Over-the-Counter
Prenatal LOW Iron (Prenatal Vit w/ Fe Fumarate-FA)	Over-the-Counter
Prenatal S (Prenatal Vit w/ Fe Fumarate-FA)	Over-the-Counter
Perry Prenatal (Prenatal Vit w/ Fe Fumarate-FA)	Over-the-Counter

Note: Generic drugs are in ALL CAPS.

Drug Database Upgrade - Search by Brand or Generic

Find and Compare Plans

Find and Enter Your Drug Information

You can search and add your drugs by entering them below and clicking the "Search for Drug" button or by searching for the drug alphabetically.

Enter
Drug
Name:

[Click here to browse drugs alphabetically](#)
[Help with Common Drug Abbreviations](#)

Select one or more drugs to add them to your list

Drug Name	Drug Type
FUROSEMIDE (Furosemide)	Generic
Lasix (Furosemide)	Brand
FEROCON (Fe Fumarate w/ B12-Vit C-FA-IFC)	Generic
FERRAGEN (Iron Combination)	Generic
Fragmin (Dalteparin Sodium)	Brand

Note: Generic drugs are in ALL CAPS.

Generic Substitution Button

My Drug & Pharmacy List

Review the dosage and quantity information displayed below for each of your drugs and update if necessary. If you take more than one dose of the same drug, click "Add Doses."

Note that if you change the strength of a drug using a dropdown menu in the "Drug Name" column, you then need to make sure the information in the "Quantity & Days Supply" column is still correct.

My Drugs

Drug Name	Quantity/Days Supply	Original Drug Entry	Actions
Lipitor TAB 10MG ▾	30 per Month ▾	Lipitor (Brand)	<input type="button" value="Add Doses"/> <input type="button" value="Remove"/>
Lotrel CAP 5-20MG ▾	30 per Month ▾	Lotrel (Brand)	<input type="button" value="Add Doses"/> <input type="button" value="Remove"/>
Xanax TAB 0.5MG ▾	90 per Month ▾	Xanax (Brand)	<input type="button" value="Add Doses"/> <input type="button" value="Remove"/>

Original Drug Entry

My Drug & Pharmacy List

Review the dosage and quantity information displayed below for each of your drugs and update if necessary. If you take more than one dose of the same drug, click "Add Doses."

Note that if you change the strength of a drug using a dropdown menu in the "Drug Name" column, you then need to make sure the information in the "Quantity & Days Supply" column is still correct.

My Drugs

Drug Name	Quantity/Days Supply	Original Drug Entry	Actions
Lipitor TAB 10MG ▾	30 per Month ▾	Lipitor (Brand)	<input type="button" value="Add Doses"/> <input type="button" value="Remove"/>
SIMVASTATIN TAB 20MG ▾	30 per Month ▾	Zocor (Brand)	<input type="button" value="Add Doses"/> <input type="button" value="Remove"/>

My Pharmacies

No pharmacies selected. Click the **Change Pharmacy Selection** button to add pharmacies.

Press Alt + X to access the "Change Pharmacy Selection" button

Changing the Zip Code Tied to the Save Work ID

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Save Work ID: **1347158607**
Password Date: **1/1/1900**

The Zip Code entered does not match the Zip Code saved with this Save Work ID (Former Zip Code: 21244). This can occur when either: (1) you created the save work ID before May 2008 and have not yet updated your zip code in our system or (2) you have entered a different zip code than you originally entered.

If the zip code (listed below) is correct and you want to update your Save Work ID with this zip code, click the "Update Zip Code and Continue" button.

If the zip code (listed below) is not correct and you want to revert back to your former zip code, click the "New Search" button and change the zip code.

Save Work ID: 1347158607
Password Date: 1/1/1900
Current Zip: 91754

Note1: If you update your zip code and you had selected a favorite pharmacy, you will need to re-select your favorite pharmacy. You will also need to update the selection of any favorite plans.

Note2: If you have not updated your drugs recently, you may want to see if any generic substitutions are available. To do this, simply select to "Update With Lower Cost Generic Drugs" from the Plan List (or Plan Details) page in the My Drugs table. If Generic drugs are available, your drug list will be automatically updated.

Sorting by Mail Order Pricing – Personalized Plan List

[Click here](#) for information about Ways to Lower Your Costs During the Coverage Gap.

<input type="button" value="Compare up to 3 Plans to"/> <input type="button" value="Compare"/> <input type="button" value="Reset Checkboxes"/>		Sort Table By: --Select a Column--		Sort	
Plan Name and ID Numbers <small>[What is this?]</small>	Estimated Annual Cost Using Retail Pharmacy ▲	Estimated Annual Cost Using Mail Order Pharmacy	Monthly Drug Premium <small>[What is this?]</small>	Annual Deductible <small>[What is this?]</small>	--Select a Column-- Plan Name and ID Numbers Estimated Annual Cost Using Retail Pharmacy Estimated Annual Cost Using Mail Order Pharmacy Monthly Drug Premium Annual Deductible Coverage in the Gap Number of Network Pharmacies
<input type="checkbox"/> SilverScript SilverScript Insurance Company (S5601-010) <i>Approved by Medicare</i> <i>Available nationwide</i> †	\$4,483 Lower this cost \$4,354 for the rest of 2008*	\$4,383 Lower this cost \$4,275 for the rest of 2008*	\$19.20	\$275.00	No Gap Coverage 7 <input type="button" value="Add"/> <input type="button" value="Enroll"/>
<input type="checkbox"/> AdvantraRx Value Coventry AdvantraRx (S5670-027) <i>Approved by Medicare</i> <i>Available nationwide</i> †	\$4,486 Lower this cost \$4,351 for the rest of 2008*	\$4,407 Lower this cost \$4,293 for the rest of 2008*	\$22.30	\$0.00	No Gap Coverage 7 <input type="button" value="Add"/> <input type="button" value="Enroll"/>
<input type="checkbox"/> BravoRx Bravo Health (S5822-001) <i>Approved by Medicare</i>	\$4,501 Lower this cost \$4,365 for the rest of 2008*	\$4,485 Lower this cost \$4,362 for the rest of 2008*	\$24.60	\$275.00	No Gap Coverage 8 <input type="button" value="Add"/> <input type="button" value="Enroll"/>
<input type="checkbox"/> Medco Medicare Prescription Plan - Value Medco Medicare Prescription Plan (S5660-107) <i>Approved by Medicare</i> <i>Available nationwide</i> †	\$4,501 Lower this cost \$4,365 for the rest of 2008*	\$4,478 Lower this cost \$4,356 for the rest of 2008*	\$24.60	\$275.00	No Gap Coverage 8 <input type="button" value="Add"/> <input type="button" value="Enroll"/>
<input type="checkbox"/> Humana PDP Enhanced S5884-004 Humana Insurance Company (S5884-004) <i>Approved by Medicare</i> <i>Available nationwide</i> †	\$4,507 Lower this cost \$4,369 for the rest of 2008*	\$4,429 Lower this cost \$4,310 for the rest of 2008*	\$23.50	\$0.00	No Gap Coverage 6 <input type="button" value="Add"/> <input type="button" value="Enroll"/>

Showing Plans 1 - 5

Show: 5 per page | [10 per page](#) | [20 per page](#) | [All one page](#)

1 of 10 pages [Next>](#)

<input type="button" value="Compare up to 3 Plans to"/> <input type="button" value="Compare"/> <input type="button" value="Reset Checkboxes"/>		Sort Table By: --Select a Column--		Sort	
--	--	------------------------------------	--	------	--

State-Sponsored Pharmaceutical Assistance Programs

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Find and Compare Plans

Ways to Further Lower My Drug Cost Share

Listed below are your selected medications with estimated cost share for **HUMANA PDP ENHANCED S5884-004 (S5884-004)**. There may be ways to further lower your estimated cost share by looking for generic alternative drugs, similar lower cost drugs, and/or mail order pharmacies to help you save on your drug costs. These options use the unique pricing and formulary rules of **HUMANA PDP ENHANCED S5884-004 (S5884-004)** to identify the lowest available cost share you can pay based on the drugs you selected. For more information about how these options work, view the explanations below.

Please note: Information on ways to lower your drug cost share found below is for your information only. You shouldn't take any action without talking with your doctor first as some of these options may not be available to you depending on your health status and other medications you may currently be taking. In addition, we are providing this information for only some of the drugs available for searching on our web site. CMS is committed to providing information about lower cost drugs. We welcome any comments or suggestions on this section of the site.

Pharmaceutical Assistance Program:

State Programs:

Some states offer assistance programs for prescription drugs. To see the details of your state's pharmaceutical assistance programs, click [here](#).

Prescription Drug Programs:

Some Pharmaceutical Companies offer assistance programs for the drugs they manufacture. To see if any programs are available for the drugs you are taking, check the Pharmaceutical Assistance Program column in the Comparison table below. If a Pharmaceutical Assistance Program exists for your drug(s), click on the link labeled "Yes" for detailed information about the program(s).

Comparison		Now Showing Retail (30-Day Supply) Prices - Show Mail Order (90-Day Supply) Prices
Drug	Estimated Cost Share before Savings	Estimated Cost Share After Savings *
Lipitor TAB 10mg	\$25.00/month	\$4.00/month
Total:	\$25.00/month	\$4.00/month

Cost Share Savings Opportunities: Lower Cost Drugs 3

Similar Drug: 84.00%

Pharmaceutical Assistance Program

Yes

[Return to Personalized Plan List](#) [Enroll in this Plan](#)

* The Estimated Cost Share After Savings is the amount you will pay for drugs after you've met any applicable deductible, but before you reach any coverage limits.

Similar Drugs:

For one or more of the above drugs, the plan offers similar drugs at a lower cost. Different prescription drugs are often available to treat many common health conditions. These drugs could be either brand or generic formulations. If you are taking a prescription drug, there may be a drug that is prescribed for individuals with conditions similar to yours and that is priced lower than the drug you are taking. You and your doctor may want to discuss if this is an option for you.

To be safe, talk with your doctor first.

Make sure your doctor knows your medical history and every prescription or non-prescription (over-the-counter) drug that you are currently taking so he or she can consider whether changing your prescription might cause any problems like

- Interactions with other drugs (prescription or non-prescription), or
- Whether your other medical conditions could effect how a specific drug works for you, or
- If another drug may cause bad side effects.

Please note: Lower cost drug comparison information is for your information only. You shouldn't take any action without talking with your doctor first as some of these options may not be available to you depending on your health status and other medications you may currently be taking. In addition, we are providing this information for only some of the drugs available for searching on our web site. CMS is committed to providing information about lower cost drugs. We welcome any comments or suggestions on this section of the site.

Mail Order Pharmacies:

Your selected plan has arranged for special pricing from certain mail order pharmacies. By purchasing a 90-day supply of your drug(s) from a mail order pharmacy, you may be able to buy your medications at reduced prices.

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State Pharmaceutical Assistance Program (SPAP)

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State Pharmaceutical Assistance Program

Please select the state/territory you reside in:

Maryland

Program Name	Maryland Senior Prescription Drug Assistance Program
Phone	1-800-551-5995
Who is eligible	Maryland residents enrolled in MedicareRx may be eligible for prescription drug subsidies under the Maryland Senior Prescription Drug Assistance Program (SPDAP). You may be eligible for SPDAP you are enrolled in a MedicareRx plan or Medicare Advantage Prescription Drug plan, reside in Maryland, have income up to 300% FPL, have no other prescription drug benefits, and are not eligible for full federal extra help with MedicareRx coverage (Low Income Subsidy).
Where to apply	Maryland SPDAP, c/o Pool Administrators, 100 Great Meadow Road, Suite 705 Wethersfield , CT 06109
Link to state website	http://marylandspdap.com
Important Notes	This program began on January 1, 2006 . This program will provide SPDAP participants up to a \$25 per month in premium subsidy towards the Medicare Prescription Drug Program of their choice. SPDAP can also cover up to \$25 per month of the remaining monthly premium for individuals who receive a partial federal Low Income Subsidy. Eligible program participants are responsible for payment of the balance of any monthly premium which exceeds the \$25 subsidy maximum.

Program Name	Maryland Kidney Disease Program
Phone	1-410-767-5000
Who is eligible	Must be diagnosed with End Stage Renal Disease (ESRD) and receiving home dialysis or treatment in a certified dialysis or transplant facility. No income limits, but individuals with annual incomes greater than \$17,150 if single (\$23,100 if married).
Where to apply	201 West Preston Street Room SS-3 Baltimore , MD 21201
Link to state website	www.dhmf.state.md.us/mma/Eligibility/medcareprog/html/MCP-program.html
Important Notes	Program will be the secondary payor for people enrolled in a Medicare Prescription Drug Plan (Part D).

Additional Resources

- www.medicare.gov
- **Medicare & You** handbook
- 1-800-MEDICARE
 - 1-800-633-4227
 - TTY 1-877-486-2048
- **Social Security Administration**
 - 1-800-772-1213
 - www.socialsecurity.gov
- **State Health Insurance Assistance Programs (SHIPs)**
- **Local Area Agencies on Aging**
 - 800/677-1116
 - www.eldercare.gov

This training module provided by the



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or to subscribe to our listserv, visit

www.cms.hhs.gov/NationalMedicareTrainingProgram