

Quick Medicare Part D Enrollment Checklist

Before you start to compare Medicare drug plans, write down all the prescription drugs you take (including strength/number taken per month; e.g., Lipitor 20mg, 30 tablets). Put a check under the plan number, if the plan covers your drug.

Drug name, strength, how often	Plan 1	Plan 2	Plan 3
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Write in for each plan:

Monthly premium	\$	\$	\$
Deductible	\$	\$	\$
Cost for drugs	\$	\$	\$

Answer the following for each plan:

Does this plan have coverage in the gap?

If yes, does it cover generic, brand name drugs or both in the gap?

Does the plan use pharmacies that are convenient to me?

Does the plan offer mail order?

If I live in another state for part of the year, can I get my drugs in that state?

How many of my drugs come with restrictions such as prior authorization, step therapy or quantity limits in this plan?