

**Frequently Asked Questions  
Medicare Prescription Drug Plan Finder  
November 17, 2008**

1. What is the Medicare Prescription Drug Plan Finder?

The Medicare Prescription Drug Plan Finder is a web based tool located at [www.medicare.gov](http://www.medicare.gov). This tool allows users to find and compare Medicare plans that cover drugs and learn more about drug coverage options.

2. Can I use the Medicare Prescription Drug Plan Finder if I don't have Medicare?

Yes! The plan finder is available to anyone with web access.

3. Can the Medicare Prescription Drug Plan Finder show me specific information about My Medicare drug coverage and my current enrollment?

Yes! Medicare beneficiaries or their authorized representatives have the option of choosing a personalized plan search that provides specific information about the beneficiary's current plan. New for the fall of 2008, the plan finder will also show a prospective plan enrollment that may occur in a future month. A personalized search will provide more tailored information. Certain beneficiary information, such as the information from the beneficiary's red, white, and blue Medicare card, is needed for a personalized search. A general search is also always available.

4. When using the Medicare Prescription Drug Plan Finder, Step Two asks for my age range and health status. Why is this information requested?

Your answers will not change your benefits, nor will they affect your ability to enroll in the plan. Plans must offer the same benefits to all members, no matter their age or health status. They must also enroll anyone eligible to enroll in the plan. Answering these questions is optional and will not affect your ability to use the Medicare Prescription Drug Plan Finder. Costs estimated by supplying information from these questions may be helpful for those that have no current prescription expenses.

5. Why do I need my Zip Code to use the Medicare Prescription Drug Plan Finder?

Prescription Drug Plans and Medicare Advantage plans offer health care coverage that is geographic region specific. You may additionally be asked your county if the zip code entered covers more than one county. Even if you know the plan you wish to view is a national plan, the plan finder will still require a zip code.

6. When using the Medicare Prescription Drug Plan Finder, Step Two asks for my zip code. I live in different locations in the Summer and Winter. Which zip code should I use?

CMS records reflect the beneficiary address of record at the Social Security Administration and this zip code should be used for the Medicare Prescription Drug Plan Finder. Around October before each Open Enrollment Period CMS announces the Prescription Drug plans that offer national drug coverage. This information is available at [www.cms.hhs.gov](http://www.cms.hhs.gov) in the CMS Highlights box and may be of value for beneficiaries that live in multiple areas of the United States and territories through out the plan year.

7. When using the Medicare Prescription Drug Plan finder, Step Two asks: Did you get a letter from Medicare or the Social Security Administration (SSA)

that said you are either eligible for or qualified for extra help paying for your Medicare Prescription drug plan costs? Why is this information needed?

If a Medicare beneficiary has an Extra Help award from Medicare or Social Security, providing this information can help calculate premiums costs more accurately. As a new 2008 enhancement, the Medicare Prescription Drug Plan Finder can now calculate and estimate premiums for those with partial premium subsidies. A Medicare beneficiary should use the personalized search to accurately display drug costs.

**8. Why does the plan finder tool ask me to select a county?**

The Medicare Prescription Drug Plan Finder needs this information to accurately display plans that are available to you. Regional Medicare Advantage plans may have service areas that are geographically specified by counties, not zip codes and some zip codes may encompass more than one county.

**9. Why should I enter my drugs when using the Medicare Prescription Drug Plan Finder?**

To provide you with estimated drug costs, we need to know which drugs you are currently taking, including their quantities and dosages.

**10. What drugs should I enter?**

You should enter all of your prescription drugs. We recommend pulling all of your medication containers, so that you have the information that you need on hand. New for this year, users are able to tell if the drug name that you entered is a Brand name, Generic, or Over-the-Counter (OTC) drug. For OTC drugs as well as diabetic supplies, the Plan Finder is unable to provide pricing for these items. OTC drugs are greyed-out and cannot be added to your drug list when entered, and diabetic supplies, such as needles, are not searchable.

**11. My physician prescribes some over the counter items like aspirin and a multi-vitamin. Why don't these items appear on the plan finder?**

The Medicare Prescription Drug Plan Finder will not display over the counter items.

**12. Insulin supplies such as syringes and gauze are eligible to be covered by Medicare Part D. Why can't I find these items on the plan finder?**

The Medicare Prescription Drug Plan finder can provide pricing for prescription drugs but cannot provide pricing for over-the-counter drugs and diabetic supplies. Diabetic supplies are eligible to be covered under Part D. CMS has provided this comprehensive document on Diabetic covered services (including supplies): <http://www.medicare.gov/Publications/Pubs/pdf/11022.pdf>

**13. What should I do if I receive this message when using the plan finder tool? "The drug name you entered cannot be found."**

- 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. Enter the brand name as there may not be a generic alternative currently available
- New for 2008- Browse the Common Drug Abbreviations list. The plan finder tool now contains a list of common drug abbreviations. Use the drug name instead of using the drug abbreviation when entering your drugs into the Medicare Prescription Drug Plan Finder.

14. The drug I take is new, either a new brand or new generic. My pharmacy has it in stock. Why doesn't this drug appear on the Medicare Prescription Drug Plan Finder?

Formulary information for new drugs should be obtained by contacting the Part D plan directly. Because of the timeframes needed for Plans and CMS to exchange this data, it is possible a Plan may make a new drug available at the pharmacy before the drug appears on the Medicare Prescription Drug Plan Finder. A plan may make a positive formulary change, such as adding an eligible Part D drug to their formulary, at any time during the plan year.

15. I was able to retrieve my previously saved drug list in the Medicare Prescription Drug Plan Finder but the list appears to be incomplete. Why did this occur?

It is possible a drug on your list is no longer available. New generic drugs may also be available since you last created your drug list. If you have not updated your drug list recently, please review your list and update before moving forward to compare plans. To make it easier for you this year, you can simply click the grey button "Update with Lower Cost Generic Drugs" whenever you pull up your drug list.

16. What days supply should I enter when using the Medicare Prescription Drug Plan Finder?

By default, we calculate drug costs on a monthly basis based on what you would get at a local retail pharmacy. Therefore, if there are drugs listed in your drug list that you buy less frequently than once a month, update the "Quantity/Days Supply" dropdown menu and select the appropriate frequency.

17. Can I access mail order pricing using the Medicare Prescription Drug Plan Finder?

In order to get accurate pricing for drugs you get through the mail, you need to enter the amount that you take per 30-day supply. For example: if you take 1 pill per day you would enter a quantity of 30 and select "per Month" in the "Quantity/Days Supply" drop down menu.

18. Can I access a retail price for a 90 day supply using the Medicare Prescription Drug Plan Finder?

No, the tool will provide pricing for a 30 day supply at a retail pharmacy or a 90 day supply at a mail order pharmacy. Please contact the Part D plan for 90 day retail pricing.

19. Can I access a mail order price for a 30 day supply using the Medicare Prescription Drug Plan Finder?

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20. How many drugs can I enter on Plan Finder?

The Plan Finder can provide pricing up to 25 drugs due to system limitations. If you have more than 25 drugs, you may call 1-800-MEDICARE. To save time, we would recommend that you create a drug list on the Plan Finder tool (and save the 10-digit save work ID number and password date) and then call 1-800-Medicare and provide the customer service representative with the save work id/password date, so that they can add to the list that you've created and provide pricing for drug lists greater than 25 drugs.

21. What does it mean when a pharmacy is marked "No" for preferred status? Why are there so many "No's" this year as compared to last?

For the 2009 contract year, plans may designate network pharmacies as “preferred” if cost-sharing is lower at these pharmacies. If the same cost-sharing is available at all network pharmacies, then no network pharmacies will be designated as “preferred”. Only a small percentage of the plans actually have different cost sharing among their network pharmacies, therefore only this small percentage of plans have preferred pharmacies designated in plan finder.

Drug pricing may vary by pharmacy and plan finder does have pharmacy-specific drug pricing information. In 2009, drug pricing is not being used to designate a preferred pharmacy status. If the beneficiary wants to use a specific pharmacy, he/she should use the “change pharmacy selection” button to designate the pharmacy of choice. The estimated annual cost would then be computed specific to that pharmacy.

## 22. Why can I not find the generic albuterol inhaler in the Plan Finder?

Generic albuterol inhalers have been taken off the market due to environmental issues. As a result, the generic albuterol inhalers have been taken off the drug list in the Plan Finder tool. In the meantime, you’ll need to search and obtain pricing for the brand name equivalents, Proventil HFA or Ventolin HFA, whichever one you are taking.

## 23. Why is it that hydrochlorothiazide (HCTZ) is not on the formulary for some plans and are on the formulary for others?

HCTZ has two formulations, one is a tablet and the other is a capsule. Depending on the plan, tablets may not be covered. Typically, the capsules are covered because they are cheaper than the tablets and have the same therapeutic effect. You should select the formulation that you are currently taking.

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There is no need for the beneficiaries to check with the pharmacy to see if their pharmacy is “preferred”. The data in plan finder is accurate.

CMS is exploring the possibility of having 3 designations in plan finder – preferred, non-preferred, and not applicable – to better differentiate between plans which do and do not use a preferred/non-preferred pharmacy status in their pharmacy network.