

Medicare Minute Teaching Materials — April 2025

Part B vs. Part D Drugs

1. How does Medicare cover prescription drugs?

While Medicare Part D covers your prescription drugs in most situations, there are circumstances where your drugs are covered under either Part A or Part B.

Part A covers the drugs you need during a Medicare-covered stay in a hospital or skilled nursing facility (SNF).

- Note: If you are getting SNF care and the stay is not covered by Part A, your drugs may be covered by Part B or Part D.

Part B covers most drugs administered by your provider or at a dialysis facility, when the provider or facility buys and administers the drugs. Part B also covers some outpatient prescription drugs, mainly certain oral cancer drugs (chemotherapy). Part D cannot pay for any drugs that are covered by Part B.

Part D covers most outpatient prescription drugs (drugs you get at a pharmacy with a prescription). Check your plan's formulary (its list of covered drugs) to find out whether it covers the drugs you need.

Note: There are a few drugs that can be covered by either Part B or Part D depending on the circumstances (see question 7).

2. How does Medicare cover injectable drugs?

Part B covers an injectable drug if it generally cannot be self-administered and your doctor provides and administers the drug to you. Original Medicare covers these outpatient drugs at 80% of the Medicare-approved amount, meaning that as long as you see a provider who accepts Medicare assignment, you will be responsible for a 20% coinsurance charge. If you need more information about whether your medication is covered by Original Medicare, call 1-800-MEDICARE. If you have a Medicare Advantage plan, call your plan to learn more about its costs and coverage requirements for injectable drugs.

Part D covers an injectable drug if you buy it at the pharmacy, and it is either administered by your doctor or you administer the drug yourself. Contact your Part D plan to learn more about its cost and coverage rules for injectable drugs that you need.

3. Are vaccines covered by Part B or Part D?

Medicare Part D covers most vaccines and immunizations. The only exceptions, which are covered under Part B, are the flu, COVID, pneumonia, and hepatitis B vaccines, and certain vaccines that you receive after being exposed to a dangerous virus or disease (see below). Part D plans must include most commercially available vaccines on their formularies, including the vaccine for shingles (herpes zoster).

As of January 2023, all Medicare-covered vaccines recommended by the Advisory Committee on Vaccine Practices (ACIP) should be free to you. This means you should not owe any cost-sharing, such as a copayment, coinsurance, or deductible for your covered vaccines. To avoid billing issues, it is usually best to

make sure that your health care provider or pharmacy administering the vaccine will bill your Part D plan. When you get a vaccine at your doctor's office, ask the provider to call your Part D plan first to find out if your provider can bill your Part D plan directly.

Part B covers vaccines for the flu, pneumonia, and hepatitis B in the following situations:

- **Influenza (flu) shots:** Medicare Part B covers one flu shot every flu season. The flu season usually runs from November through April. Depending on when you choose to get your flu shot, Medicare may cover a flu shot twice in one calendar year. For example, if you get a shot in January 2025 for the 2024/2025 flu season, you could get another shot in October 2025 for the 2025/2026 flu season.
- **Pneumococcal (pneumonia) shots:** Medicare Part B covers pneumonia vaccines. Speak with your doctor to learn which pneumonia vaccines you need based on your age and any vaccines you already received.
- **Hepatitis B shots:** Medicare Part B covers the hepatitis B vaccine if you are at medium or high risk for hepatitis B. Medicare considers you at medium or high risk if you:
 - Have End-Stage Renal Disease (ESRD)
 - Have hemophilia
 - Are a client of or staff member at an institution for the developmentally disabled
 - Live in the same household as a hepatitis B carrier
 - Have unprotected sex with multiple partners or with someone who has hepatitis B
 - Use certain injection drugs
 - Are a health care professional in frequent contact with blood or other body fluids during routine work

Note: If you are at low risk for hepatitis B, the shot will be covered under Part D.

- **COVID-19 vaccine:** Medicare Part B covers COVID-19 vaccines.

If you qualify for these vaccines, Original Medicare covers them at 100% of the Medicare-approved amount when you receive the service from a participating provider. This means you pay nothing (no deductible or coinsurance). Medicare Advantage plans are required to cover these vaccines without applying deductibles, copayments, or coinsurance when you see an in-network provider and meet Medicare's eligibility requirements for the service.

Part B also covers vaccines used as treatment, not prevention, after you have been exposed to a dangerous virus or disease. For example, Part B will cover a tetanus shot if you step on a rusty nail, or a rabies shot if you are bitten by a dog. Regular cost-sharing rules apply to vaccines used as treatment.

4. How is insulin covered by Medicare?

The way Medicare covers your insulin depends on how you take insulin.

Part D may cover insulin and related medical supplies used to inject insulin (syringes, gauze, and alcohol swabs) if you have a prescription from your doctor. Your drug plan should cover medications and supplies you

need to treat your diabetes at home as long as they are on the plan's formulary. Part D-covered insulin copays are capped at \$35 per month, with no deductible. You should contact your Part D plan for information about its exact costs and coverage rules for insulin.

Medical supplies used to inject insulin (syringes, fillable pens, non-durable patch pumps like the Omnipod, gauzes, and alcohol swabs) can be covered by Part D with a prescription, as long as they are on the plan's formulary. This equipment is not subject to the \$35 per month cap and a deductible may apply. The \$35 cap applies to the insulin you put into these supplies.

If you use an insulin pump, the insulin and the pump may be covered under Part B as durable medical equipment (DME). Part B covers DME at 80% of the Medicare-approved amount, but as of July 2023, copays for Part B-covered insulin products are capped at \$35 per month, with no deductible. If you have questions about Part B's coverage of insulin and your insulin pump is covered by Medicare's DME benefit, call 1-800-MEDICARE.

5. How are immunosuppressants covered by Medicare?

After you get a kidney transplant, you will need to take immunosuppressant drugs for the rest of your life to prevent your body from rejecting the donor organ. Medicare covers these drugs differently depending on your circumstances.

Time-limited Part B coverage

If you receive a kidney transplant in a Medicare-approved facility, Medicare Part B will cover your immunosuppressant drugs for 36 months after your hospital departure if:

- You had Part A at the time of your transplant
- You have Medicare Part B when getting your prescription filled
- And, you are only eligible for ESRD Medicare
 - If your kidney transplant was successful, your Medicare coverage will end 36 months after the month of your transplant

Note: If you did not have Medicare when you had a transplant, you can enroll retroactively in Part A within a year of your transplant.

Part B coverage for the rest of your life

If you receive a kidney transplant in a Medicare-approved facility, Part B will cover your immunosuppressants for the rest of your life if:

- You had Part A at the time of your transplant
- You have Medicare Part B when getting your prescription filled
- And, you qualify for Medicare based on age or disability

Part B-ID coverage

If your ESRD Medicare benefits end 36 months after your transplant, you may qualify for Part B-ID coverage of your immunosuppressants if you:

- Qualify for Part B coverage of immunosuppressants prior to losing ESRD Medicare
- Do not have Medicaid or other public or private health insurance that covers immunosuppressants

Part B-ID coverage may not be the best choice if any other insurance is available to you. Part B-ID only covers immunosuppressant drugs and does not include coverage for any other Part B benefits or services. It also does not allow you access to Part A.

Part D coverage

If you do not have Part A when you receive a transplant, your immunosuppressants will be covered by Part D after your transplant. Part D coverage for this type of drug typically means higher costs and additional restrictions, such as having to go to specific in-network pharmacies for your drugs.

All Part D formularies must include immunosuppressant drugs. Step therapy is not allowed once you are stabilized on your immunosuppressant drug. However, prior authorization can apply. This might mean your plan will verify that Part B will not cover your drugs before providing coverage. You can look for plans that have the fewest coverage restrictions and where the pharmacy you wish to use is in-network and has preferred cost-sharing available to minimize costs and disruptions.

Group health plan (GHP) coverage

If you have a group health plan (GHP: job-based, retiree, or COBRA coverage), your plan should cover your immunosuppressants during the 30-month coordination period. Medicare is secondary during this period. After 30 months, Medicare will become your primary insurance, and Part D should cover your immunosuppressants.

Vitamins for dialysis patients

If you get dialysis, you typically need to take various vitamins after each session to replenish the vitamins in your blood. Medicare usually does not cover vitamin supplements, but some Part D plans may offer enhanced coverage that includes vitamins. Enhanced Part D plans are typically more expensive. Check the plan's formulary before joining to see if your vitamins are covered.

6. How is PrEP covered by Medicare?

As of September 30, 2024, Medicare Part B covers FDA-approved Pre-exposure Prophylaxis (PrEP) using antiretroviral drugs to prevent HIV in individuals at increased risk. Note that Part D will still cover PrEP for individuals who have HIV and take PrEP to treat their HIV.

Part B also covers the following HIV-related preventive care:

- Administration of injectable PrEP
- Supplying or dispensing PrEP drugs (oral and injectable)
- Individual counseling (up to 8 visits every 12 months), which may include HIV risk assessment, HIV risk reduction, and medication adherence
- HIV screenings (up to 8 times every 12 months)

Medicare will cover HIV prevention services if you have an increased risk of HIV infection. Your health care provider can assess your individual history to determine whether you are at an increased risk for HIV. If eligible, these services are covered by Part B at no cost to you. You should not owe any deductibles, copayments, or coinsurance.

7. What are drugs that can be covered by Part B or Part D, depending on the circumstances?

There are several other drugs that may be covered by Part B or Part D, depending on what they are used for and how they are administered:

Drug	Coverage under Part B	Coverage under Part D
Antigens	Administered by your doctor or self-administered.	Not covered.
Erythropoietin (Epoetin Alpha or Epogen)	<p>If you have End-Stage Renal Disease (ESRD), are receiving dialysis, and need this drug to treat anemia. It may be administered by your doctor, ESRD facility, or you may administer it if you are selected for a home therapy program.</p> <p>If you have conditions other than ESRD and the drug is administered by your physician.</p>	If you have conditions other than ESRD and you purchase it at the pharmacy.
Hemophilia Clotting Factors	You must have hemophilia. Only covered if it is self-administered.	Not covered.
Infusion drugs	<p>Drugs administered by an implantable infusion pump</p> <p>or</p> <p>Drugs administered by an external infusion pump that you use at home and your local DME contractor covers them under Part B.</p>	<p>Drugs administered by an external infusion pump outside of the home (i.e., in a skilled nursing facility or hospital) and your stay is not being covered by Part A or you do not have Part A.</p> <p>Drugs administered by an external infusion pump that you use in the home, but your DME contractor does not cover them under Part B for use in the home.</p> <p>Infusion drugs administered at home without an infusion pump at home. One example of this is an IV push.</p>

<p>Inhalation drugs (provided by infusion/durable medical equipment supplier)</p>	<p>Drugs used with a nebulizer in the home</p>	<p>Drugs used with a nebulizer in a skilled nursing facility or as an inpatient in the hospital and your stay is not covered by Part A or you do not have Part A.</p> <p>Drugs administered without a nebulizer. For example: metered-dose inhalers, dry powder inhalers, nasal spray inhalers. In some cases, the inhaler itself may also be covered by your Part D plan.</p>
<p>Injectable Osteoporosis Drugs for women who meet certain conditions</p>	<p>You receive Medicare home health benefits and you have a bone fracture related to post-menopausal osteoporosis. You also must not be able to administer the drug yourself and the Medicare home health agency provides you with the drug.</p>	<p>You do not receive Medicare home health benefits or you meet the requirements for Part B coverage, but you purchase the prescription directly from the pharmacy.</p>
<p>Intravenous Immunoglobulin</p>	<p>If you use it to treat immune deficiency disease and it is used in the home.</p>	<p>If you use it to treat conditions other than immune deficiency disease and it is used in the home.</p>
<p>Oral anti-cancer drugs</p>	<p>It is an oral anti-cancer drug that was once available only in an injectable form that was covered by Medicare. You or your doctor can administer the drug. It must be used to treat cancer.</p>	<p>You use the drug to treat a condition other than cancer.</p>
<p>Oral anti-nausea drugs (anti-emetics)</p>	<p>Must be related to cancer, used as a full replacement for intravenous treatment, and administered within 48 hours of cancer treatment. It can be administered by yourself or by a doctor.</p>	<p>The drug is used for conditions other than cancer.</p> <p>It is used more than 48 hours after cancer treatment or is not a full replacement for intravenous treatment.</p>
<p>Parenteral Nutrition (administered by infusion)</p>	<p>If you cannot absorb nutrition through your intestines.</p>	<p>If used for reasons other than a digestive tract that does not work.</p>

<p>Pre-exposure Prophylaxis (PrEP) using antiretroviral drugs</p>	<p>To prevent HIV in individuals at increased risk of acquiring HIV.</p>	<p>For a beneficiary who currently has HIV and uses antiretroviral drugs to treat HIV.</p>
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8. What is pharmacy fraud?

Pharmacy fraud can happen in many different forms, but most often, we see pharmacy fraud when:

- The pharmacy bills Medicare for medication you didn't receive.
- The pharmacy gives a different or less medication than what your doctor prescribed.

It is important to read your Medicare statements to check for errors or suspicious charges. This includes checking your statements to make sure that the medications you picked up from the pharmacy are the type and amount you were prescribed.

If you notice any concerns about your Medicare statements or with your medications, contact your local Senior Medicare Patrol (SMP). Your SMP can help and report the potential fraud and abuse to the correct authorities. Contact information for your local SMP is on the last page of this document.

Some other red flags related to pharmacy fraud are when:

- A pharmacy purposely provides you with expired drugs.
- A pharmacy gives and bills you for a costly compounded medication, such as a pain cream, when a lower cost prescription was ordered by your doctor.
- A pharmacy offers you "free" or "discount" prescription drugs without an order from your doctor and then bills Medicare.
- A pharmacy refills a prescription you no longer need without you knowing it. You do not pick it up, but the pharmacy still bills Medicare.
- A pharmacy offered you gift cards or other payment, to switch your prescription drugs over to their pharmacy.

9. What should I do if I'm having trouble accessing my medication?

If you are experiencing issues accessing your medication, take these steps:

Become familiar with how your medication is covered: Use the information above or call 1-800-MEDICARE (633-4227) to learn about which part of Medicare should cover your medication. If it is a Part D drug, check that it is on your plan's formulary and see if there are any coverage restrictions imposed by your plan.

Ask your pharmacist or provider to submit claims to the correct part of Medicare: If your pharmacist is having trouble billing to Medicare/your Part D plan, or if you are being denied coverage for a drug, it is possible that the medication is being billed incorrectly. If your provider is unsure of how to submit these claims, tell them they can reach out to your plan or to Medicare for assistance.

- If this is a Part D-covered drug, they should call your Part D plan.
- If it is a Part B-covered drug and you have a Medicare Advantage plan, they should call your Medicare Advantage plan.
- If it is a Part B-covered drug and you have Original Medicare, they should reach out to the [Medicare Administrative Contractor](#) for your region.

If the coverage of the drug depends on the circumstances in which you use it, make sure your provider or pharmacist has the documentation they need. For example, if your insulin should be covered by Part B because you use an infusion pump to take it, Medicare may need you to provide proof that you have an insulin pump (especially if you purchased the pump before you were eligible for Medicare).

If payment is denied, appeal the denial. You have the right to appeal Medicare's or your plan's denial. Ask your doctor to help you prove that the medication is medically necessary for you and that you meet the coverage criteria. If you need help appealing a denial of coverage of your medication to Medicare or your Part D plan, contact your State Health Insurance Assistance Program (SHIP). Contact information for your local SHIP is on the last page of this document.

Be on the lookout for pharmacy fraud. If you notice any suspicious behavior or charges from your pharmacy, contact your Senior Medicare Patrol (SMP). Contact information for your local SMP is on the last page of this document.

SHIP case study

Terry got a hepatitis B vaccine after her doctor suggested it. However, after getting the vaccine, Terry received a Medicare Summary Notice indicating that coverage of the vaccine had been denied under Part B.

What should Terry do?

- Terry should contact her State Health Insurance Program (SHIP) for information about how services are covered by Medicare.
 - If Terry doesn't know how to contact her SHIP, she should call 877-839-2675 or visit www.shiphelp.org.
- The SHIP counselor will help Terry understand how the vaccine should have been covered.
 - If Terry is at medium or high risk for hepatitis B (see number 2), the vaccine should have been covered under Part B.
 - If this is the case, Terry should get her doctor's assistance appealing the denial. Her doctor should submit evidence that Terry fits the coverage criteria, meaning that she is at medium or high risk for contracting hepatitis B.
 - If Terry is at low risk for hepatitis B, the vaccine should have been covered under Part D.
 - Terry should speak to her doctor about submitting the claim to her Part D plan. If she or her doctor have any questions about the related costs or coverage, they should reach out to Terry's plan directly.

SMP case study

Georgie went to the pharmacy to pick up her medication. When she got home, she began organizing it into her pill planner. She then realized that the pharmacist gave her fewer pills than what she should have received. The outside of the pill bottle says the prescription is for 30 pills, but she counts only 28. Georgie remembers that this happened a few months ago, too. Last time this happened, she called the pharmacy, and they fixed the error. But she wonders if they are doing this on purpose.

What should Georgie do?

- Georgie should call her pharmacy to let them know about the mistake and to get it fixed.
- Georgie should call her Senior Medicare Patrol (SMP) for help.
 - If Georgie doesn't know how to contact her local SMP, she can call 877-808-2468 or visit www.smpresource.org.
- The SMP will listen to Georgie's experience with this pharmacy and help her report it to the correct authorities if appropriate. Continued errors by the pharmacy could be considered abuse.
- Georgie may want to consider switching pharmacies if she no longer trusts this one.
 - She should check her Part D plan's network of pharmacies to choose one in-network and with preferred cost-sharing for the best prices.

Local SHIP Contact Information	Local SMP Contact Information
<p>SHIP toll-free:</p> <p>SHIP email:</p> <p>SHIP website:</p> <p>To find a SHIP in another state: Call 877-839-2675 and say "Medicare" when prompted or visit www.shiphelp.org.</p>	<p>SMP toll-free:</p> <p>SMP email:</p> <p>SMP website:</p> <p>To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org.</p>

This document is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,534,081 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

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