

MEDICARE PART D: 2024 CHANGES FOR PEOPLE WITH CF

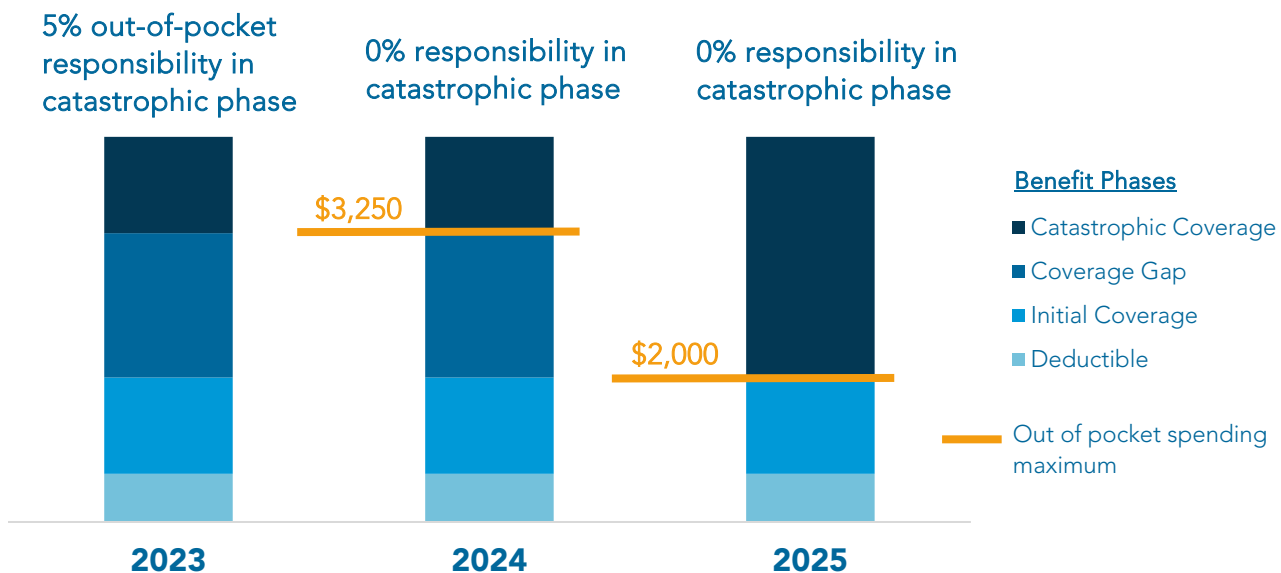
WHAT YOU NEED TO KNOW

The 2022 Inflation Reduction Act (IRA) addressed the high out-of-pocket cost of drugs covered under Medicare Part D prescription plans. If you are enrolled, or will be enrolling, in Medicare Part D you should know how the IRA changes will impact you, as your out-of-pocket responsibilities will change.

- Your part D **out-of-pocket maximum will be limited to \$3,250** in 2024.
- **You still have to pay a premium**, which is not included in the out-of-pocket maximum.
- You still need to **check that all your medications are covered** by the Part D plan you choose.
- **Some CF medications are covered by Part B** and are not subject to the out-of-pocket maximum.
- If your household earns between **135-150% of the Federal Poverty Level**, you now qualify for full Medicare Extra Help benefits.

MEDICARE PART D CHANGES IN 2024

Your out-of-pocket responsibility under Part D varies depending on the plan you select, the drug tier, and your benefit phase. These will change in 2024 and 2025.



- 1 Benefit Phase Deductible:** The annual amount you pay for prescriptions before the Part D plan pays.
- 2 Benefit Phase Initial Coverage:** You pay your copays and/or coinsurance based on the drug tier and your plan's structure.
- 3 Benefit Phase Coverage Gap:** All brand name and generic drugs are subject to 25% coinsurance until:
 - 2023: You spend \$3,100 and enter Phase 4 where additional out-of-pocket costs are required.
 - **New in 2024:** You spend \$3,250 and enter the Phase 4 with no additional costs.
 - Coming in 2025: You only spend \$2,000 on out-of-pocket costs.
- 4 Benefit Phase Catastrophic Coverage:**
 - 2023: You pay a 5% coinsurance with no out-of-pocket limit.
 - **New in 2024:** The 5% coinsurance is eliminated. You will only spend \$3,250 annually on Part D drug costs.
 - Coming in 2025: No additional costs after \$2,000 is spent in Phase 3.

MEDICARE REMINDERS

WHAT IS MEDICARE PART D?

Medicare Part D provides coverage for the cost of prescription medications. It is administered by Medicare-approved private insurance companies and people pay a separate, additional premium to this private insurer. Some CF medications, such as those administered through durable medical equipment, are covered by Part B instead of Part D, and there's a difference in what you pay for medications.

If you want to learn more about Medicare basics, check out [Navigating CF](https://www.cff.org/support/navigating-cf-series) at [cff.org/support/navigating-cf-series](https://www.cff.org/support/navigating-cf-series).

CONSIDERATIONS WHEN CHOOSING A PART D PLAN

Many people with CF, especially those on modulators, will reach the new annual spending maximum within the first months of the year. **The new spending limit only applies to your out-of-pocket costs for medications.** The monthly premium is not included in the limit. It is critical that you choose a plan that covers your medications, which may have a higher premium.

HELP WITH OUT-OF-POCKET COSTS

NONPROFIT ASSISTANCE: Some nonprofit organizations have assistance available to help with costs. You must apply for this assistance and meet eligibility criteria. Sometimes the organizations close the grant or do not accept renewals. We encourage you to sign up for alerts on the organization's website to be notified when the grant is open or closed.

- Don't delay signing up! Some funds only accept enrollees for a short amount of time. If you receive an alert that a fund is open, sign up as soon as you can.

MEDICARE EXTRA HELP: Those under 150% of the Federal Poverty Level (FPL) are eligible for Medicare Extra Help, also known as the Low-Income Subsidy Program. This program will help pay monthly premiums, annual deductibles, most copays, and coinsurance. You can apply for Medicare Extra Help any time before or after enrolling in Part D.

- **2023:** Only people under 135% of the FPL qualified for Medicare Extra Help. If your household earns between 135-150% of the FPL you only qualified for some Medicare Extra Help benefits.
- **New in 2024:** If your household earns between 135-150% of the FPL you will be eligible for all Medicare Extra Help benefits.

Common Insurance Terms

Part D: Medicare Prescription Drug coverage

Out-of-pocket maximum: The most you can spend for services your plan covers in a set coverage period, usually one year. After a you spend that amount, your health insurance plan pays 100% of all covered services for the rest of the coverage period.

Drug tiers: The groups into which medications are divided on the health insurance plan. There are usually four or five tiers which range from the lowest (e.g., Tier 1 generics) to highest (Tier 4 or 5 specialty medications) and determine the amount a person will pay for each prescription.

Federal Poverty Level (FPL): A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine your eligibility for certain programs and benefits such as Medicare Extra Help. In 2023, a family of 4 can make \$45,000 to reach 150% of the FPL. [This link can help you understand the FPL for different household sizes.](#)

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Coverage for Common CF Medications and Durable Medical Equipment

Find more information on the Centers for Medicare & Medicaid Services Medicare Coverage Database (www.cms.gov/medicare-coverage-database/search.aspx)

Medication or Equipment	Medicare Part	Notes
Inhalation Medications		
<i>Bronchodilators</i>		
Albuterol nebulizer or inhalation solution	B	Must have a confirmed diagnosis of reactive airway disease or asthma
Levalbuterol hydrochloride (Xopenex®) nebulizer or inhalation solution	B	Must have a confirmed diagnosis of reactive airway disease or asthma
Albuterol inhaler	D	
Levalbuterol hydrochloride (Xopenex®) inhaler	D	
<i>Mucolytics</i>		
Dornase alfa (Pulmozyme®)	B	
Hypertonic saline		Not covered as it is not approved by the FDA
Acetylcysteine (Mucomyst®)	B	May require prior authorization
<i>Inhaled Antibiotics</i>		
Tobramycin inhalation solution (TOBI®, Kitabis®, Bethkis®)	B	May require prior authorization
Tobramycin inhalation powder (TOBI® Podhaler®)	D	(same)
Generic tobramycin inhalation solution	B	(same)
Aztreonam for inhalation solution (CAYSTON®)	D	(same)
<i>Modulators</i>		
Ivacaftor (Kalydeco®)	D	May require prior authorization
Lumacaftor/ivacaftor (Orkambi®)	D	(same)
Tezacaftor/ivacaftor (Symdeko®)	D	(same)
Tezacaftor/Lumacaftor/ivacaftor (Trikafta®)	D	(same)
Pancreatic Enzymes		
Pancrelipase (CREON®, ZENPEP®, PANCREAZE®, PERTZYE®)	D	Be mindful of quantity limits, may require prior authorization

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Medication or Equipment	Medicare Part	Notes
Postural Drainage Devices		
Therapy vests	B	
Mobile therapy vests	B	
Aerosol machine	B	Can only be replaced every five years
Nebulizer cups	B	May have quantity limits
Acapella®	B	
Diabetic Supplies		
Blood glucose meter	B	
Lancet devices and lancets	B	
Meter test strips	B	
External insulin pump	B	
Insulin for a pump	B	Capped at \$35 per month
Insulin	D	Starting in 2023, the cost of insulin is capped at \$35 per month. For those who use insulin pumps, insulin will be capped at \$35 starting July 1, 2023.
Syringes	D	If not covered by Part D, person with CF is responsible for 100% of the cost; may require a prior authorization.
Needles	D	(same)
Gastrostomy tube supplies		
Replacement percutaneous endoscopic gastrostomy (PEG) tubes	B	May be limited coverage on some Original Medicare and Medicare Advantage plans
Enteral formula	B	(same)
Tubing	B	(same)
Bags	B	(same)
Syringes (large for flushing)	B	(same)
Pump	B	(same)
Immobilized lipase cartridge (RELIZORB®)		Currently not covered by any Medicare plan
Transplant Medications		
Immunosuppressant medications	B and/or D	Medicare Part B will ONLY pay if Medicare paid for the transplant. Medicare Part D may pay for some medications not covered by Part B.

Medications and equipment covered by Part B have a 20% coinsurance.

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