YOUR OUT-OF-POCKET COSTS FOR GLEEVEC MAY CHANGE IN 2016 WHEN A GENERIC FORM BECOMES AVAILABLE

This booklet provides information about how Medicare Part D works and how your out-of-pocket costs may change throughout the year.

HOW DOES THE MEDICARE PART D PRESCRIPTION DRUG PLAN WORK?

Medicare Part D is a government benefit that provides coverage for prescription drugs, and is generally available to people age 65 or older, people under age 65 with certain disabilities, and people of all ages with end-stage renal disease (ESRD).¹

THE 2 TYPES OF MEDICARE PART D PRESCRIPTION DRUG PLANS ARE²:

1. Medicare Advantage Prescription Drug Plan (MA-PDP)
   Managed care plan that offers coverage for Medicare Parts A, B, and D. MA-PDP drug coverage may be the same as the standard Medicare Part D benefit. Other times, the MA-PDP benefits may have a lower cost share and do not have a coverage gap.

2. Prescription Drug Plan (PDP)
   The PDP provides benefits for drugs that are typically obtained at a participating pharmacy for people with traditional Medicare (Parts A and B).

Eligibility requirements are different based on whether or not you receive the Low Income Subsidy (LIS). Please visit www.CMS.gov for information about LIS enrollment by plan.

The costs for a Medicare Part D plan and the coverage you get from the plan may change every year. Look over the materials you get from the plan each year to make sure you are enrolled in the plan that is best for you.

Please visit www.Medicare.gov to enroll in the Medicare plan that is best for you.
WHAT IS THE MEDICARE PART D STANDARD BENEFIT DESIGN FOR 2016?

The yearly Medicare Part D Standard Benefit Design consists of 4 phases. Each phase represents a new threshold. What you pay—your true out-of-pocket (TrOOP)* costs—will change during the year as you reach each payment threshold.3-5

Each threshold cost is cumulative. You will reach each new threshold as you continue to pay your out-of-pocket costs. Once your 2016 TrOOP costs total $4850, you move into the catastrophic phase for the rest of the year. In this phase, you pay the greater of 5% of total drug costs or $2.95 for each generic drug and $7.40 for each brand-name drug.3-5

*TrOOP is the annual “True Out-of-Pocket Costs” of all payments for medications on the Prescription Drug Plan formulary that a patient buys at a network or participating pharmacy. It includes payments by or on behalf of the patient. TrOOP can be used to figure out when you exit the donut hole. For 2016, that amount is $4850.3-5
WHO PAYS FOR MEDICATIONS?

When you have a Medicare Part D plan, you do not always have to pay the full cost of your medicines. Costs are shared in different amounts by you (the patient), your insurer, the manufacturer of a branded drug you may be taking, and Medicare.3,4

HOW ARE MEDICATION COSTS SHARED IN EACH PHASE?

In 2016, this is the cost-sharing breakdown for each phase.4

The biggest difference in cost sharing between branded medications and generic medications occurs in the donut hole. If you take a branded drug, the brand manufacturer is required to contribute 50% of the cost of the drug toward the TrOOP; generic manufacturers are not required to contribute toward TrOOP.3-5

While in the donut hole, your out-of-pocket costs may be less for branded drugs than for generic drugs. For this type of medication, you will usually go through the coverage gap within your first or second prescription fill. Once you reach the catastrophic phase, generic medications may cost less out of pocket than the branded drug. You should ask your pharmacist to run a test claim to determine your out-of-pocket costs at each prescription fill.
YOUR REQUIRED TrOOP IN THE DONUT HOLE

This illustration shows a specific example of your TrOOP costs for GLEEVEC® (imatinib mesylate) compared with a generic form. If you are taking multiple medications, this example may not apply and it is important to check with your pharmacist about your out-of-pocket costs each time you fill a prescription.

When a generic form of GLEEVEC becomes available,

ASK YOUR PHARMACIST TO COMPARE YOUR OUT-OF-POCKET COSTS FOR BRANDED GLEEVEC VS THE GENERIC FORM EACH TIME YOU FILL YOUR PRESCRIPTION

Or call 1-866-GLEEVEC (453-3832), where counselors can provide information about your Medicare Part D Benefit Design and out-of-pocket costs.

REFERENCES