

Which drugs does Part B cover? (continued)

■ **Certain shots (vaccinations): (continued)**

- **Pneumococcal shots:** Two shots to help prevent pneumococcal infections (like certain types of pneumonia). The 2 shots protect against different strains of the bacteria. Part B covers the first shot at any time, and also covers a different second shot if it's given one year (or later) after the first shot. A person with Medicare should talk with their doctor or other health care provider to see if they need one or both of the pneumococcal shots.
- **Hepatitis B shots:** A series of shots covered only for a person at high or medium risk for Hepatitis B. A person's risk for Hepatitis B increases if the person has hemophilia, End-Stage Renal Disease (ESRD)—permanent kidney failure requiring dialysis or a kidney transplant—or certain conditions that increase the person's risk for infection. Other factors may also increase a person's risk for Hepatitis B. To determine if they're eligible for coverage, a person with Medicare should check with their doctor to see if they're at high or medium risk for Hepatitis B.
- **Other shots:** Some other vaccines when they're directly related to the treatment of an injury or illness (like a tetanus shot after stepping on a nail).

- **Durable Medical Equipment (DME) supply drugs:** Medicare covers drugs infused through DME, like an infusion pump or a nebulizer.
- **Injectable and infused drugs:** Medicare covers most injectable and infused drugs given by a licensed medical provider if the drug is considered reasonable and necessary for treatment and usually isn't self-administered.
- **Injectable osteoporosis drugs:** Medicare covers an injectable drug for women with osteoporosis who meet the coverage criteria for the Medicare home health benefit and have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis. A doctor must certify that the woman is unable to learn to give herself the drug by injection. The home health nurse or aide won't be covered to provide the injection unless family and/or caregivers are unable or unwilling to give the drug by injection.
- **Some antigens:** Medicare helps pay for antigens if they're prepared by a doctor and given by a properly instructed person (who could be the patient) under appropriate supervision.
- **Erythropoiesis stimulating agents:** Medicare will help pay for erythropoietin by injection if a person with Medicare has ESRD and needs this drug to treat anemia. Medicare may also cover these drugs to treat anemia for a person who doesn't have ESRD.

Which drugs does Part B cover? (continued)

- **Blood clotting factors:** If a person with Medicare has hemophilia, Medicare helps pay for clotting factors they give themselves by injection.
- **Immunosuppressive drugs:** Medicare covers immunosuppressive drug therapy if Medicare helped pay for your organ transplant.
 - If a person has Medicare only because of permanent kidney failure, their Medicare coverage will end 36 months after the month of the transplant.
 - A person with ESRD and Original Medicare may join a Medicare drug plan (Part D). Part D may cover other immunosuppressive drugs that Part B doesn't cover, even if Medicare didn't pay for the transplant.
- **Oral cancer drugs:** Medicare helps pay for some cancer drugs you take by mouth if the same drug is available in injectable form or is a prodrug of the injectable drug. A prodrug is an oral form of a drug that, when ingested, breaks down into the same active ingredient found in the injectable form.
- **Oral anti-nausea drugs:** Medicare helps pay for oral anti-nausea drugs used as part of an anti-cancer chemotherapeutic regimen. The drugs must be administered immediately before, at, or within 48 hours after chemotherapy, and must be used as a full therapeutic replacement for an intravenous anti-nausea drug.
- **Parenteral and enteral nutrition (intravenous and tube feeding):** Medicare helps pay for certain nutrients for a person who can't absorb nutrition through their intestinal tracts or can't take food by mouth.
- **Intravenous Immune Globulin (IVIG) provided in the home:** Medicare helps pay for IVIG for a person with a diagnosis of primary immune deficiency disease. A doctor must decide that it's medically appropriate for the IVIG to be given in the patient's home. Part B covers the IVIG itself, but doesn't pay for other items and services related to the patient getting the IVIG in their home.
- **Insulin used with insulin pumps:** Medicare may cover insulin pumps worn outside the body (external), including the insulin used with the pump, for some people with Medicare Part B who have diabetes and who meet certain conditions. Certain insulin pumps are considered durable medical equipment. If a person needs to use an insulin pump, their doctor will prescribe it for them.

Which drugs does Part B cover? (continued)

- **Oral End-Stage Renal Disease (ESRD) drugs:** Medicare helps pay for some oral ESRD drugs if the same drug is available in injectable form and the Part B ESRD benefit covers it. Part B covers calcimimetic medications under the ESRD payment system, including the intravenous medication Parsabiv, and the oral medication Sensipar. A person with Medicare must get these medications from their ESRD facility. They can either get the medications at the facility or a pharmacy the facility works with. The person will need to work with their ESRD facility and their doctor to find out where they'll get these medications and how much they'll pay.

Does Part B cover self-administered drugs given in an outpatient setting, like an emergency department or hospital observation unit?

Generally, no. A person's Medicare drug coverage (Part D) **may** cover these drugs under certain circumstances. A person might need to pay out-of-pocket for these drugs and submit a claim to their plan to get paid back. They should call the plan for more information.

Visit [Medicare.gov/publications](https://www.Medicare.gov/publications) to view the fact sheet "How Medicare Covers Self-Administered Drugs Given in Hospital Outpatient Settings" for more information.

Which drugs do Medicare Advantage Plans cover?

Medicare Advantage Plans must cover all drugs that Part A and B cover. A person in a Medicare Advantage Plan will usually get their drug coverage from their plan. They should contact their plan to see if it offers drug coverage. In most Medicare Advantage Plans, if a person wants drug coverage and their plan offers it, they must get it from their Medicare Advantage Plan. A person can't be enrolled in both a Medicare Advantage Plan with drug coverage and a drug plan.

Which drugs do Medicare drug plans cover?

A Medicare drug plan offers drug coverage to people with Original Medicare (Part A and Part B). In general, a Part D-covered drug must meet all of these conditions:

- Available only by prescription
- Approved by the Food and Drug Administration (FDA)
- Used and sold in the U.S.
- Used for a medically accepted indication, as defined under the Social Security Act
- Not covered under Part A or Part B
- Included on the plan's Part D drug list (also called a formulary) or coverage approved through the exceptions or appeals process

Does Medicare drug coverage pay for shots (vaccinations)?

Yes. Medicare drug coverage (Part D) must include all commercially available vaccines, like the shingles shot, on their drug lists (formularies). Part D doesn't cover vaccines Part B covers, like the flu or pneumococcal shot (see pages 1–2). The plan member or provider can contact the Medicare plan for more information about coverage.

Are there certain drugs that Medicare drug coverage doesn't pay for?

Yes. By law, Medicare drug coverage (Part D) can't pay for drugs that Part A or Part B covers. These drugs also can't be included in basic Part D coverage:

- Drugs used for weight loss or gain
- Drugs used for treatment of sexual or erectile dysfunction, unless these drugs are used to treat a condition other than sexual or erectile dysfunction, for which the drugs have been approved by the FDA
- Drugs used for symptomatic relief of cough and colds
- Non-prescription drugs
- Drugs used for cosmetic purposes or hair growth
- Drugs used to promote fertility
- Prescription vitamins and minerals, except prenatal vitamins and fluoride preparation products

Some plans may choose to cover these drugs as part of the plan's supplemental benefits. However, any amount spent for these drugs isn't counted toward the person's out-of-pocket limit.

Can people appeal a drug coverage decision?

Yes. People with Medicare have certain guaranteed rights. One of these is the right to a fair process to appeal decisions about coverage or payment of health care services. How people file an appeal will depend on which part of Medicare is involved. People with Medicare should review their coverage decision notices carefully for instructions on how to file an appeal.

Where can people get more information or help?

- Visit [Medicare.gov](https://www.Medicare.gov).
 - Look for more information on appeals at [Medicare.gov/claims-appeals](https://www.Medicare.gov/claims-appeals).
 - Look for more information on Medicare drug coverage in the “Drug Coverage (Part D)” section.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.
- Contact a State Health Insurance Assistance Program (SHIP) to get free personalized health insurance counseling. To get the phone number for a particular state, visit [shiptacenter.org](https://www.shiptacenter.org), or call 1-800-MEDICARE.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you’ve been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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