

## Instructions for Part D Drug Comparison

Information needed to run drug comparison:

1. Information from Medicare card
    - a. Medicare Number
    - b. Hospital (Part A) effective date
    - c. Medical (Part B) effective date
  2. Birthdate of person on Medicare card
  3. Zip code of person on Medicare card (It must be the zip code on file with Medicare)
  4. Prescription drug bottles OR list of medications including strength and dosage
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1. Open [www.medicare.gov](http://www.medicare.gov) in an internet browser. If you use Internet Explorer as your browser, you'll be able to "Select All" and "Copy" this comparison into a Word document to save for future reference. You can use other browsers but you won't be able to copy into a Word document.
  2. Click on green button labeled "Find Health & Drug Plans".
  3. Complete Search Box
    - a. If you have all the information available needed for the Personalized Search, complete the Personalized Search boxes and click the "Find Plans" button. If you do a Personalized Search, the name of your current drug plan and the amount of extra help for which you qualify will be listed in the upper right-hand corner of the screen.
    - b. If any of the information is missing for the Personalized Search, complete the zip code field in the General Search and click the "Find Plans: button."
      - i. Complete the appropriate option for the question "How do you get your Medicare coverage?"
      - ii. Complete the appropriate option for the question "Do you get help from Medicare or your state to pay your Medicare prescription drug costs?"
  4. You should now be on the "Step 2 of 4: Enter Your Drugs" page. Type the name of your drug into the field in the left green box. As you type the name, "autocomplete" will begin suggesting drug names based on the letters you have entered. When the name of the drug you are entering appears in the suggested drugs list, select that name.
  5. A pop-up window will open listing Dosage, Quantity, Frequency and Pharmacy Type. Select the appropriate strength, enter the correct quantity for the frequency you select and indicate your intent to use either a retail or mail order pharmacy. Once all this information is entered, click on the brown "Add drug or dosage" button. If you decide you don't want to enter this drug, click on the blue "Cancel" word.
  6. The pop-up window closed, so now you can enter another drug. Repeat Steps 4 and 5 until all drugs have been entered.
  7. Write down the Drug List ID number and Password Date created in the green box on the right side of the screen. If necessary, you will be able in the future to pull up this drug list using the Drug List ID, Password Date and Zip Code of the Medicare beneficiary in order to edit this list.
  8. When all your drugs have been entered, click on the brown "My Drug List is Complete" button.
  9. You should now be on the "Step 3 of 4: Select Your Pharmacies" page. If the retail pharmacy you prefer to use is listed on the screen, click the "Add Pharmacy" under the preferred pharmacy. If your preferred pharmacy is not listed, change the mileage indicator at the top of the green box to

number large enough to include the mileage from your home to the pharmacy. Find your pharmacy and add it. (If you add more than one pharmacy, the pricing listed will be an average of the pricing at all the pharmacies you selected.)

10. Once your pharmacy has been added, click on the brown “Continue to Plan Results” button.
11. You should now be on the “Step 4 of 4: Refine Your Plan Results” page. Check the box in front of the “Prescription Drug Plans (with Original Medicare)” phrase. Click on the brown “Continue to Plan Results” button.
12. You should now be on the “Plan Results” page.
13. The available drugs plans are listed in “Lowest Remainder of the Year Costs” order in the section labeled “Prescription Drug Plans”. Other sort options are available in the “Sort Results By” dropdown box. If you change the sort option, click the “Sort” button to change the sort order.
14. If you are currently enrolled in a prescription drug plan, it will be in a special section above the section labeled “Original Medicare”.
15. You can compare up to 3 prescription drug plans at one time. Check the box in front of the up to 3 drug plans and click on the brown “Compare Plans” button.
16. You should now be on the “Your Plan Comparison” page. If you qualify for full or partial extra help, the premium, deductible and coinsurance amounts will be adjusted to reflect the reductions generated by the extra help. **NOTE: See definitions below marked \*DRUG RESTRICTION DEFINITIONS for information on any restrictions that may apply on medications from one plan to another**
17. If you want to print this comparison and have access to a printer, scroll down the page until you see and can click the “Print Comparison Report” button.

#### **\*DRUG RESTRICTION DEFINITIONS:**

**Prior authorization (PA)**—need prior approval from an insurance plan before you can fill the prescription—requires coordination between plan and your prescribing physician

**Quantity Limit (QL)**- plans may limit the quantity of drugs they cover over a certain period of time—work with plan to get authorization for the higher quantity needed

**Step Therapy (ST)**- in some cases, plans require you first try one drug to treat your medical condition before they will cover another drug for that condition—work with the plan and your doctor to resolve this issue or to get an exception to take the medicine you wish to take for the condition