

Medicare Drug Coverage: Part D vs. Part B

Part D is the outpatient prescription drug benefit for anyone with Medicare. You must have either Part A or Part B to be eligible for Part D. Part D is only available through private companies. Part B is the Medicare outpatient benefit. It covers most doctor's services, durable medical equipment, preventive care, ambulance services, and more.

Most drugs are covered under Part D, but there are some drugs that can be covered under both Part B or Part D depending on what the drug is used for and how it is 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)	If you have End-Stage Renal Disease (ESRD), 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. If you have conditions other than ESRD and the drug is administered by your physician.	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.

Drug	Coverage under Part B	Coverage under Part D
Immunosuppressant drugs for transplant patients	You had a transplant in a Medicare-certified facility and you were enrolled in Medicare Part A at the time you got the transplant. The immunosuppressive drugs must also be medically necessary to prevent or treat rejection of the transplanted organ. They must also be self administered.	You had a transplant at a non-Medicare- certified facility. You were not enrolled in Medicare Part A at the time you had the transplant.
Infusion drugs	Drugs administered by an implantable infusion pump or Drugs administered by an external infusion pump that you use at home and your local DME contractor covers them under Part B.	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. 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. Infusion drugs administered at home without an infusion pump at home. One example of this is an IV push.

Drug	Coverage under Part B	Coverage under Part D
Inhalation drugs (provided by infusion/ durable medical equipment supplier)	Drugs used with a nebulizer in the home	Drugs used with a nebulizer in a skilled nursing facility or as an inpatient in the hospital and your stay are not covered by Part A or you do not have Part A. 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.
Injectable drugs	The drug generally cannot usually be self-administered and your doctor provides and administers the drug to you.	You can buy the drug at the pharmacy and it is either administered by your doctor or you administer the drug yourself.
Injectable osteoporosis drugs for women who meet certain conditions	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	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.
Intravenous immunoglobulin	If you use it to treat immune deficiency disease and it is used in the home.	If you use it to treat conditions other than immune deficiency disease and it is used in the home.

Drug	Coverage under Part B	Coverage under Part D
Medications you get as a hospital outpatient	If they relate to the care or procedure you are receiving in the hospital	Medications you usually take and administer yourself.
Oral anti-cancer drugs	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.	You use the drug to treat a condition other than cancer.
Oral anti-nausea drugs (anti-emetics)	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.	The drug is used for conditions other than cancer. It is used more than 48 hours after cancer treatment or is not a full replacement for intravenous treatment.
Parenteral nutrition (administered by infusion)	If you cannot absorb nutrition through your intestines.	If used for reasons other than a digestive tract that does not work.
Pre-exposure Prophylaxis (PrEP) using antiretroviral drugs	To prevent HIV in individuals at increased risk of acquiring HIV.	For a beneficiary who currently has HIV and uses antiretroviral drugs to treat HIV.
Vaccines	Flu, pneumonia, COVID-19, and Hepatitis B vaccines. If you have been exposed to a dangerous virus or disease.	All other commercially available vaccines, including the shingles vaccine.