

# What drug plans cover

Each Medicare Prescription Drug Plan has its own list of covered drugs (called a formulary). Many Medicare drug plans place drugs into different "tiers" on their formularies. Drugs in each tier have a different cost.

A drug in a lower tier will generally cost you less than a drug in a higher tier. In some cases, if your drug is on a higher tier and your prescriber thinks you need that drug instead of a similar drug on a lower tier, you or your prescriber can ask your plan for an [exception](#) to get a lower copayment.

A Medicare drug plan can make some changes to its formulary during the year within guidelines set by Medicare. If the change involves a drug you're currently taking, your plan must do one of these:

- Provide written notice to you at least 60 days prior to the date the change becomes effective.
- At the time you request a refill, provide written notice of the change and a 60-day supply of the drug under the same plan rules as before the change.

## Note

Starting in 2017, almost all prescribers need to be enrolled in Medicare or have an "opt-out" request on file with Medicare for your prescriptions to be covered by your Medicare drug plan. If your prescriber isn't enrolled and hasn't "opted-out," you'll still be able to get a 3-month provisional fill of your prescription. This will give your prescriber time to enroll, or you time to find a new prescriber who's enrolled or has opted-out. Contact your plan or your prescribers for more information.

[Find out which plans cover your drugs.](#)