

## Medicare Part D Prescription Drug Data

**Table F.3.** Medicare\* Part D prescription drug costs, 2012–2021

2021

Category	Type	2021 All**	2021 Medicare Advantage prescription drug plan (MA-PD)	2021 prescription drug plan (PDP)
<b>Part D totals</b>	Number of beneficiaries enrolled in Part D*	51,607,624	24,867,911	26,180,526
	Member years of Part D enrollment	48,823,217	23,648,853	24,636,568
	Total prescription drug events (fills)†	1,503,063,237	703,912,072	773,651,240
	Total drug costs (in millions)‡	\$215,703	\$94,020	\$118,459
<b>Average annual cost (gross)</b>	Per beneficiary	\$4,180	\$3,781	\$4,525
	Per member year of enrollment	\$4,418	\$3,976	\$4,808
<b>Average annual cost (to plans)▲</b>	Per beneficiary	\$2,637	\$2,356	\$2,874
	Per member year of enrollment	\$2,787	\$2,477	\$3,054
<b>Average annual cost (to beneficiaries)#</b>	Per beneficiary	\$347	\$275	\$418
	Per beneficiary without subsidies	\$456	\$352	\$554
	Per beneficiary with subsidies	\$62	\$68	\$59
	Per member year of enrollment	\$366	\$290	\$444
	Per member year of enrollment — beneficiaries without subsidies	\$480	\$371	\$585
	Per member year of enrollment — beneficiaries with subsidies	\$66	\$72	\$65
<b>Percentage of beneficiaries^</b>	Reached initial coverage limit (ICL)	17.3%	17.1%	17.8%
	Reached ICL — beneficiaries without subsidies	11.7%	11.1%	12.4%
	Reached ICL — beneficiaries with subsidies	31.9%	33.4%	32.2%
	Entered catastrophic coverage	7.0%	6.4%	7.5%
	Entered catastrophic coverage — beneficiaries without subsidies	2.8%	2.3%	3.4%
	Entered catastrophic coverage — beneficiaries with subsidies	17.9%	17.5%	18.4%

\* Includes all Medicare beneficiaries who enrolled in Medicare Part D on or after January 1, YYYY.

\*\* “All” includes the total Part D drug utilization regardless of plan type. The sum of the MA-PD and PDP columns does not match the “All.” The Chronic Conditions Warehouse (CCW) team has included additional plan types in “All,” for example Program of All-Inclusive Care for the Elderly (PACE), employer plans, and demonstrations.

† Includes only the prescription drug events (PDEs) linked to the Part D enrolled beneficiaries.

‡ Total drug costs include the sum of the gross cost of each PDE. We round the total costs and express in millions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions. Also, beginning in 2011, the costs do not reflect costs manufacturers paid during the gap discount. The costs are not indicative of the full cost to the Centers for Medicare & Medicaid Services (CMS) for the Part D program.

▲ Includes only the amount the Part D plan paid for prescriptions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions.

# Includes only the amount the beneficiary paid for prescriptions. Does not include premium costs. Members receiving subsidies include those who were dually eligible for Medicare and Medicaid, as well as those with a low-income subsidy (LIS).

^ The Initial Coverage Limit (ICL) changes annually; the amount for 2021 was \$4,130. The catastrophic coverage level changes annually; the standard amount for true out-of-pocket (TrOOP) for 2021 was \$10,048.39.

Category	Type	2020 All**	2020 Medicare Advantage prescription drug plan (MA-PD)	2020 prescription drug plan (PDP)
<b>Part D totals</b>	Number of beneficiaries enrolled in Part D*	49,942,920	22,363,076	27,030,394
	Member years of Part D enrollment	47,281,709	21,292,905	25,460,739
	Total prescription drug events (fills)†	1,496,057,259	639,299,830	831,497,357
	Total drug costs (in millions)‡	\$198,111	\$78,992	\$116,149
<b>Average annual cost (gross)</b>	Per beneficiary	\$3,967	\$3,532	\$4,297
	Per member year of enrollment	\$4,190	\$3,710	\$4,562
<b>Average annual cost (to plans)▲</b>	Per beneficiary	\$2,505	\$2,198	\$2,733
	Per member year of enrollment	\$2,646	\$2,309	\$2,901
<b>Average annual cost (to beneficiaries)#</b>	Per beneficiary	\$348	\$287	\$403
	Per beneficiary without subsidies	\$460	\$361	\$544
	Per beneficiary with subsidies	\$68	\$80	\$62
	Per member year of enrollment	\$368	\$301	\$427
	Per member year of enrollment — beneficiaries without subsidies	\$484	\$380	\$573
	Per member year of enrollment — beneficiaries with subsidies	\$72	\$84	\$67
<b>Percentage of beneficiaries^</b>	Reached initial coverage limit (ICL)	16.9%	16.3%	17.7%
	Reached ICL — beneficiaries without subsidies	11.3%	10.5%	12.0%
	Reached ICL — beneficiaries with subsidies	31.1%	32.5%	31.6%
	Entered catastrophic coverage	6.8%	6.0%	7.4%
	Entered catastrophic coverage — beneficiaries without subsidies	2.7%	2.2%	3.2%
	Entered catastrophic coverage — beneficiaries with subsidies	17.1%	16.6%	17.6%

\* Includes all Medicare beneficiaries who enrolled in Medicare Part D on or after January 1, YYYY.

\*\* “All” includes the total Part D drug utilization regardless of plan type. The sum of the MA-PD and PDP columns does not match the “All.” The Chronic Conditions Warehouse (CCW) team has included additional plan types in “All,” for example Program of All-Inclusive Care for the Elderly (PACE), employer plans, and demonstrations.

† Includes only the prescription drug events (PDEs) linked to the Part D enrolled beneficiaries.

‡ Total drug costs include the sum of the gross cost of each PDE. We round the total costs and express in millions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions. Also, beginning in 2011, the costs do not reflect costs manufacturers paid during the gap discount. The costs are not indicative of the full cost to the Centers for Medicare & Medicaid Services (CMS) for the Part D program.

▲ Includes only the amount the Part D plan paid for prescriptions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions.

# Includes only the amount the beneficiary paid for prescriptions. Does not include premium costs. Members receiving subsidies include those who were dually eligible for Medicare and Medicaid, as well as those with a low-income subsidy (LIS).

^ The Initial Coverage Limit (ICL) changes annually; the amount for 2020 was \$4,020. The catastrophic coverage level changes annually; the standard amount for true out-of-pocket (TrOOP) for 2020 was \$9,719.38.

Category	Type	2019 All**	2019 Medicare Advantage prescription drug plan (MA-PD)	2019 prescription drug plan (PDP)
<b>Part D totals</b>	Number of beneficiaries enrolled in Part D*	48,382,156	20,181,529	27,659,646
	Member years of Part D enrollment	45,821,644	19,266,926	26,033,767
	Total prescription drug events (fills)†	1,505,681,404	587,022,601	894,137,534
	Total drug costs (in millions)‡	\$183,174	\$66,318	\$114,178
<b>Average annual cost (gross)</b>	Per beneficiary	\$3,786	\$3,286	\$4,128
	Per member year of enrollment	\$3,998	\$3,442	\$4,386
<b>Average annual cost (to plans)▲</b>	Per beneficiary	\$2,446	\$2,087	\$2,687
	Per member year of enrollment	\$2,583	\$2,186	\$2,855
<b>Average annual cost (to beneficiaries)#</b>	Per beneficiary	\$346	\$289	\$390
	Per beneficiary without subsidies	\$461	\$361	\$539
	Per beneficiary with subsidies	\$68	\$79	\$63
	Per member year of enrollment	\$365	\$303	\$415
	Per member year of enrollment — beneficiaries without subsidies	\$485	\$379	\$569
	Per member year of enrollment — beneficiaries with subsidies	\$72	\$83	\$68
<b>Percentage of beneficiaries^</b>	Reached initial coverage limit (ICL)	17.0%	15.7%	18.3%
	Reached ICL — beneficiaries without subsidies	11.0%	10.0%	11.9%
	Reached ICL — beneficiaries with subsidies	31.5%	32.5%	32.2%
	Entered catastrophic coverage	7.9%	6.6%	8.8%
	Entered catastrophic coverage — beneficiaries without subsidies	3.1%	2.5%	3.6%
	Entered catastrophic coverage — beneficiaries with subsidies	19.5%	18.6%	20.2%

\* Includes all Medicare beneficiaries who enrolled in Medicare Part D on or after January 1, YYYY.

\*\* “All” includes the total Part D drug utilization regardless of plan type. The sum of the MA-PD and PDP columns does not match the “All.” The Chronic Conditions Warehouse (CCW) team has included additional plan types in “All,” for example Program of All-Inclusive Care for the Elderly (PACE), employer plans, and demonstrations.

† Includes only the prescription drug events (PDEs) linked to the Part D enrolled beneficiaries.

‡ Total drug costs include the sum of the gross cost of each PDE. We round the total costs and express in millions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions. Also, beginning in 2011, the costs do not reflect costs manufacturers paid during the gap discount. The costs are not indicative of the full cost to the Centers for Medicare & Medicaid Services (CMS) for the Part D program.

▲ Includes only the amount the Part D plan paid for prescriptions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions.

# Includes only the amount the beneficiary paid for prescriptions. Does not include premium costs. Members receiving subsidies include those who were dually eligible for Medicare and Medicaid, as well as those with a low-income subsidy (LIS).

^ The Initial Coverage Limit (ICL) changes annually; the amount for 2019 was \$3,820. The catastrophic coverage level changes annually; the standard amount for true out-of-pocket (TrOOP) for 2019 was \$8,139.54.

2018

Category	Type	2018 All**	2018 Medicare Advantage prescription drug plan (MA-PD)	2018 prescription drug plan (PDP)
<b>Part D totals</b>	Number of beneficiaries enrolled in Part D*	46,763,418	18,384,725	27,641,580
	Member years of Part D enrollment	44,250,055	17,561,709	25,979,137
	Total prescription drug events (fills)†	1,502,912,846	544,911,285	929,087,132
	Total drug costs (in millions)‡	\$168,120	\$56,251	\$108,954
<b>Average annual cost (gross)</b>	Per beneficiary	\$3,595	\$3,060	\$3,942
	Per member year of enrollment	\$3,799	\$3,203	\$4,194
<b>Average annual cost (to plans)▲</b>	Per beneficiary	\$2,299	\$1,922	\$2,539
	Per member year of enrollment	\$2,429	\$2,012	\$2,701
<b>Average annual cost (to beneficiaries)#</b>	Per beneficiary	\$358	\$311	\$392
	Per beneficiary without subsidies	\$480	\$386	\$549
	Per beneficiary with subsidies	\$72	\$85	\$67
	Per member year of enrollment	\$378	\$326	\$417
	Per member year of enrollment — beneficiaries without subsidies	\$506	\$405	\$581
	Per member year of enrollment — beneficiaries with subsidies	\$76	\$89	\$72
<b>Percentage of beneficiaries^</b>	Reached initial coverage limit (ICL)	16.7%	15.0%	18.2%
	Reached ICL — beneficiaries without subsidies	10.5%	9.3%	11.5%
	Reached ICL — beneficiaries with subsidies	31.2%	31.9%	32.0%
	Entered catastrophic coverage	7.5%	6.0%	8.5%
	Entered catastrophic coverage — beneficiaries without subsidies	2.6%	2.0%	3.0%
	Entered catastrophic coverage — beneficiaries with subsidies	19.1%	17.9%	19.9%

\* Includes all Medicare beneficiaries who enrolled in Medicare Part D on or after January 1, YYYY.

\*\* “All” includes the total Part D drug utilization regardless of plan type. The sum of the MA-PD and PDP columns does not match the “All.” The Chronic Conditions Warehouse (CCW) team has included additional plan types in “All,” for example Program of All-Inclusive Care for the Elderly (PACE), employer plans, and demonstrations.

† Includes only the prescription drug events (PDEs) linked to the Part D enrolled beneficiaries.

‡ Total drug costs include the sum of the gross cost of each PDE. We round the total costs and express in millions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions. Also, beginning in 2011, the costs do not reflect costs manufacturers paid during the gap discount. The costs are not indicative of the full cost to the Centers for Medicare & Medicaid Services (CMS) for the Part D program.

▲ Includes only the amount the Part D plan paid for prescriptions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions.

# Includes only the amount the beneficiary paid for prescriptions. Does not include premium costs. Members receiving subsidies include those who were dually eligible for Medicare and Medicaid, as well as those with a low-income subsidy (LIS).

^ The Initial Coverage Limit (ICL) changes annually; the amount for 2018 was \$3,750. The catastrophic coverage level changes annually; the standard amount for true out-of-pocket (TrOOP) for 2018 was \$8,417.60.

2017

Category	Type	2017 All**	2017 Medicare Advantage prescription drug plan (MA-PD)	2017 prescription drug plan (PDP)
<b>Part D totals</b>	Number of beneficiaries enrolled in Part D*	45,235,350	17,187,957	27,274,371
	Member years of Part D enrollment	42,763,249	16,429,346	25,595,462
	Total prescription drug events (fills)†	1,498,436,464	520,466,269	947,999,065
	Total drug costs (in millions)‡	\$154,833	\$48,375	\$103,613
<b>Average annual cost (gross)</b>	Per beneficiary	\$3,423	\$2,814	\$3,799
	Per member year of enrollment	\$3,621	\$2,944	\$4,048
<b>Average annual cost (to plans)▲</b>	Per beneficiary	\$2,157	\$1,741	\$2,410
	Per member year of enrollment	\$2,281	\$1,821	\$2,568
<b>Average annual cost (to beneficiaries)#</b>	Per beneficiary	\$356	\$316	\$385
	Per beneficiary without subsidies	\$480	\$388	\$547
	Per beneficiary with subsidies	\$73	\$89	\$68
	Per member year of enrollment	\$377	\$330	\$410
	Per member year of enrollment — beneficiaries without subsidies	\$506	\$406	\$579
	Per member year of enrollment — beneficiaries with subsidies	\$78	\$92	\$73
<b>Percentage of beneficiaries^</b>	Reached initial coverage limit (ICL)	16.3%	14.0%	18.2%
	Reached ICL — beneficiaries without subsidies	10.0%	8.8%	11.1%
	Reached ICL — beneficiaries with subsidies	30.8%	30.6%	32.1%
	Entered catastrophic coverage	7.3%	5.4%	8.5%
	Entered catastrophic coverage — beneficiaries without subsidies	2.5%	1.9%	2.9%
	Entered catastrophic coverage — beneficiaries with subsidies	18.4%	16.3%	19.5%

\* Includes all Medicare beneficiaries who enrolled in Medicare Part D on or after January 1, YYYY.

\*\* “All” includes the total Part D drug utilization regardless of plan type. The sum of the MA-PD and PDP columns does not match the “All.” The Chronic Conditions Warehouse (CCW) team has included additional plan types in “All,” for example Program of All-Inclusive Care for the Elderly (PACE), employer plans, and demonstrations.

† Includes only the prescription drug events (PDEs) linked to the Part D enrolled beneficiaries.

‡ Total drug costs include the sum of the gross cost of each PDE. We round the total costs and express in millions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions. Also, beginning in 2011, the costs do not reflect costs manufacturers paid during the gap discount. The costs are not indicative of the full cost to the Centers for Medicare & Medicaid Services (CMS) for the Part D program.

▲ Includes only the amount the Part D plan paid for prescriptions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions.

# Includes only the amount the beneficiary paid for prescriptions. Does not include premium costs. Members receiving subsidies include those who were dually eligible for Medicare and Medicaid, as well as those with a low-income subsidy (LIS).

^ The Initial Coverage Limit (ICL) changes annually; the amount for 2017 was \$3,700. The catastrophic coverage level changes annually; the standard amount for true out-of-pocket (TrOOP) for 2017 was \$8,071.16.

2016

Category	Type	2016 All**	2016 Medicare Advantage prescription drug plan (MA-PD)	2016 prescription drug plan (PDP)
<b>Part D totals</b>	Number of beneficiaries enrolled in Part D*	43,587,021	16,095,260	26,757,283
	Member years of Part D enrollment	41,203,810	15,377,426	25,126,406
	Total prescription drug events (fills)†	1,484,005,937	496,726,001	959,203,777
	Total drug costs (in millions)‡	\$146,144	\$43,526	\$100,038
<b>Average annual cost (gross)</b>	Per beneficiary	\$3,353	\$2,704	\$3,739
	Per member year of enrollment	\$3,547	\$2,831	\$3,981
<b>Average annual cost (to plans)▲</b>	Per beneficiary	\$2,072	\$1,647	\$2,321
	Per member year of enrollment	\$2,192	\$1,724	\$2,472
<b>Average annual cost (to beneficiaries)#</b>	Per beneficiary	\$362	\$328	\$385
	Per beneficiary without subsidies	\$491	\$402	\$554
	Per beneficiary with subsidies	\$73	\$90	\$68
	Per member year of enrollment	\$383	\$344	\$410
	Per member year of enrollment — beneficiaries without subsidies	\$518	\$421	\$587
	Per member year of enrollment — beneficiaries with subsidies	\$78	\$94	\$74
<b>Percentage of beneficiaries^</b>	Reached initial coverage limit (ICL)	17.9%	15.2%	20.0%
	Reached ICL — beneficiaries without subsidies	11.1%	9.8%	12.2%
	Reached ICL — beneficiaries with subsidies	33.2%	32.9%	34.5%
	Entered catastrophic coverage	7.6%	5.5%	8.9%
	Entered catastrophic coverage — beneficiaries without subsidies	2.6%	2.1%	3.1%
	Entered catastrophic coverage — beneficiaries with subsidies	18.8%	16.5%	19.9%

\* Includes all Medicare beneficiaries who enrolled in Medicare Part D on or after January 1, YYYY.

\*\* “All” includes the total Part D drug utilization regardless of plan type. The sum of the MA-PD and PDP columns does not match the “All.” The Chronic Conditions Warehouse (CCW) team has included additional plan types in “All,” for example Program of All-Inclusive Care for the Elderly (PACE), employer plans, and demonstrations.

† Includes only the prescription drug events (PDEs) linked to the Part D enrolled beneficiaries.

‡ Total drug costs include the sum of the gross cost of each PDE. We round the total costs and express in millions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions. Also, beginning in 2011, the costs do not reflect costs manufacturers paid during the gap discount. The costs are not indicative of the full cost to the Centers for Medicare & Medicaid Services (CMS) for the Part D program.

▲ Includes only the amount the Part D plan paid for prescriptions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions.

# Includes only the amount the beneficiary paid for prescriptions. Does not include premium costs. Members receiving subsidies include those who were dually eligible for Medicare and Medicaid, as well as those with a low-income subsidy (LIS).

^ The Initial Coverage Limit (ICL) changes annually; the amount for 2016 was \$3,310. The catastrophic coverage level changes annually; the standard amount for true out-of-pocket (TrOOP) for 2016 was \$7,515.22.

Category	Type	2015 All**	2015 Medicare Advantage prescription drug plan (MA-PD)	2015 prescription drug plan (PDP)
<b>Part D totals</b>	Number of beneficiaries enrolled in Part D*	41,859,463	15,147,924	26,045,330
	Member years of Part D enrollment	39,505,335	14,465,397	24,407,680
	Total prescription drug events (fills)†	1,450,055,791	472,944,423	952,404,299
	Total drug costs (in millions)‡	\$137,378	\$39,573	\$95,617
<b>Average annual cost (gross)</b>	Per beneficiary	\$3,282	\$2,612	\$3,671
	Per member year of enrollment	\$3,477	\$2,736	\$3,917
<b>Average annual cost (to plans)▲</b>	Per beneficiary	\$2,001	\$1,578	\$2,246
	Per member year of enrollment	\$2,121	\$1,652	\$2,396
<b>Average annual cost (to beneficiaries)#</b>	Per beneficiary	\$360	\$332	\$377
	Per beneficiary without subsidies	\$491	\$405	\$551
	Per beneficiary with subsidies	\$73	\$89	\$68
	Per member year of enrollment	\$381	\$348	\$402
	Per member year of enrollment — beneficiaries without subsidies	\$519	\$425	\$585
	Per member year of enrollment — beneficiaries with subsidies	\$78	\$93	\$74
<b>Percentage of beneficiaries^</b>	Reached initial coverage limit (ICL)	19.8%	16.6%	22.0%
	Reached ICL — beneficiaries without subsidies	12.4%	11.2%	13.5%
	Reached ICL — beneficiaries with subsidies	35.8%	34.8%	37.1%
	Entered catastrophic coverage	8.0%	5.5%	9.5%
	Entered catastrophic coverage — beneficiaries without subsidies	2.7%	2.2%	3.2%
	Entered catastrophic coverage — beneficiaries with subsidies	19.4%	16.5%	20.6%

\* Includes all Medicare beneficiaries who enrolled in Medicare Part D on or after January 1, YYYY.

\*\* “All” includes the total Part D drug utilization regardless of plan type. The sum of the MA-PD and PDP columns does not match the “All.” The Chronic Conditions Warehouse (CCW) team has included additional plan types in “All,” for example Program of All-Inclusive Care for the Elderly (PACE), employer plans, and demonstrations.

† Includes only the prescription drug events (PDEs) linked to the Part D enrolled beneficiaries.

‡ Total drug costs include the sum of the gross cost of each PDE. We round the total costs and express in millions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions. Also, beginning in 2011, the costs do not reflect costs manufacturers paid during the gap discount. The costs are not indicative of the full cost to the Centers for Medicare & Medicaid Services (CMS) for the Part D program.

▲ Includes only the amount the Part D plan paid for prescriptions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions.

# Includes only the amount the beneficiary paid for prescriptions. Does not include premium costs. Members receiving subsidies include those who were dually eligible for Medicare and Medicaid, as well as those with a low-income subsidy (LIS).

^ The Initial Coverage Limit (ICL) changes annually; the amount for 2015 was \$2,960. The catastrophic coverage level changes annually; the standard amount for true out-of-pocket (TrOOP) for 2015 was \$7,061.76.

Category	Type	2014 All**	2014 Medicare Advantage prescription drug plan (MA-PD)	2014 prescription drug plan (PDP)
<b>Part D totals</b>	Number of beneficiaries enrolled in Part D*	39,995,519	14,241,864	25,327,197
	Member years of Part D enrollment	37,720,840	13,575,387	23,742,844
	Total prescription drug events (fills)†	1,417,056,465	451,652,358	951,240,239
	Total drug costs (in millions)‡	\$121,460	\$33,687	\$86,695
<b>Average annual cost (gross)</b>	Per beneficiary	\$3,037	\$2,365	\$3,423
	Per member year of enrollment	\$3,220	\$2,481	\$3,651
<b>Average annual cost (to plans)▲</b>	Per beneficiary	\$1,783	\$1,367	\$2,022
	Per member year of enrollment	\$1,891	\$1,434	\$2,156
<b>Average annual cost (to beneficiaries)#</b>	Per beneficiary	\$358	\$329	\$372
	Per beneficiary without subsidies	\$491	\$399	\$555
	Per beneficiary with subsidies	\$75	\$90	\$70
	Per member year of enrollment	\$379	\$346	\$397
	Per member year of enrollment — beneficiaries without subsidies	\$518	\$419	\$589
	Per member year of enrollment — beneficiaries with subsidies	\$80	\$94	\$75
<b>Percentage of beneficiaries^</b>	Reached initial coverage limit (ICL)	21.0%	17.2%	23.4%
	Reached ICL — beneficiaries without subsidies	13.1%	11.8%	14.1%
	Reached ICL — beneficiaries with subsidies	37.9%	35.9%	38.7%
	Entered catastrophic coverage	7.9%	5.0%	9.6%
	Entered catastrophic coverage — beneficiaries without subsidies	2.5%	2.0%	3.0%
	Entered catastrophic coverage — beneficiaries with subsidies	19.2%	15.5%	20.5%

\* Includes all Medicare beneficiaries who enrolled in Medicare Part D on or after January 1, YYYY.

\*\* “All” includes the total Part D drug utilization regardless of plan type. The sum of the MA-PD and PDP columns does not match the “All.” The Chronic Conditions Warehouse (CCW) team has included additional plan types in “All,” for example Program of All-Inclusive Care for the Elderly (PACE), employer plans, and demonstrations.

† Includes only the prescription drug events (PDEs) linked to the Part D enrolled beneficiaries.

‡ Total drug costs include the sum of the gross cost of each PDE. We round the total costs and express in millions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions. Also, beginning in 2011, the costs do not reflect costs manufacturers paid during the gap discount. The costs are not indicative of the full cost to the Centers for Medicare & Medicaid Services (CMS) for the Part D program.

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# Includes only the amount the beneficiary paid for prescriptions. Does not include premium costs. Members receiving subsidies include those who were dually eligible for Medicare and Medicaid, as well as those with a low-income subsidy (LIS).

^ The Initial Coverage Limit (ICL) changes annually; the amount for 2014 was \$2,850. The catastrophic coverage level changes annually; the standard amount for true out-of-pocket (TrOOP) for 2014 was \$6,690.77.



Category	Type	2013 All**	2013 Medicare Advantage prescription drug plan (MA-PD)	2013 prescription drug plan (PDP)
<b>Part D totals</b>	Number of beneficiaries enrolled in Part D*	37,839,618	13,097,970	24,344,776
	Member years of Part D enrollment	35,679,758	12,445,404	22,861,383
	Total prescription drug events (fills)†	1,371,343,181	420,074,406	938,112,315
	Total drug costs (in millions)‡	\$103,700	\$27,169	\$75,660
<b>Average annual cost (gross)</b>	Per beneficiary	\$2,741	\$2,074	\$3,108
	Per member year of enrollment	\$2,906	\$2,183	\$3,310
<b>Average annual cost (to plans)▲</b>	Per beneficiary	\$1,549	\$1,147	\$1,770
	Per member year of enrollment	\$1,643	\$1,207	\$1,885
<b>Average annual cost (to beneficiaries)#</b>	Per beneficiary	\$350	\$321	\$365
	Per beneficiary without subsidies	\$481	\$384	\$549
	Per beneficiary with subsidies	\$82	\$97	\$77
	Per member year of enrollment	\$372	\$338	\$388
	Per member year of enrollment — beneficiaries without subsidies	\$509	\$405	\$581
	Per member year of enrollment — beneficiaries with subsidies	\$87	\$102	\$83
<b>Percentage of beneficiaries^</b>	Reached initial coverage limit (ICL)	20.1%	15.7%	22.8%
	Reached ICL — beneficiaries without subsidies	12.0%	10.7%	13.1%
	Reached ICL — beneficiaries with subsidies	36.8%	33.5%	37.9%
	Entered catastrophic coverage	6.9%	4.0%	8.5%
	Entered catastrophic coverage — beneficiaries without subsidies	2.0%	1.5%	2.4%
	Entered catastrophic coverage — beneficiaries with subsidies	16.9%	12.9%	18.2%

\* Includes all Medicare beneficiaries who enrolled in Medicare Part D on or after January 1, YYYY.

\*\* "All" includes the total Part D drug utilization regardless of plan type. The sum of the MA-PD and PDP columns does not match the "All." The Chronic Conditions Warehouse (CCW) team has included additional plan types in "All," for example Program of All-Inclusive Care for the Elderly (PACE), employer plans, and demonstrations.

† Includes only the prescription drug events (PDEs) linked to the Part D enrolled beneficiaries.

‡ Total drug costs include the sum of the gross cost of each PDE. We round the total costs and express in millions. These costs do not reflect the savings due to manufacturers' rebates or other price concessions. Also, beginning in 2011, the costs do not reflect costs manufacturers paid during the gap discount. The costs are not indicative of the full cost to the Centers for Medicare & Medicaid Services (CMS) for the Part D program.

▲ Includes only the amount the Part D plan paid for prescriptions. These costs do not reflect the savings due to manufacturers' rebates or other price concessions.

# Includes only the amount the beneficiary paid for prescriptions. Does not include premium costs. Members receiving subsidies include those who were dually eligible for Medicare and Medicaid, as well as those with a low-income subsidy (LIS).

^ The Initial Coverage Limit (ICL) changes annually; the amount for 2013 was \$2,970. The catastrophic coverage level changes annually; the standard amount for true out-of-pocket (TrOOP) for 2013 was \$6,954.52.

Category	Type	2012 All**	2012 Medicare Advantage prescription drug plan (MA-PD)	2012 prescription drug plan (PDP)
<b>Part D totals</b>	Number of beneficiaries enrolled in Part D*	33,789,486	12,023,790	21,351,749
	Member years of Part D enrollment	31,807,992	11,404,787	20,014,325
	Total prescription drug events (fills)†	1,216,491,345	375,384,061	827,022,578
	Total drug costs (in millions)‡	\$89,831	\$23,885	\$64,979
<b>Average annual cost (gross)</b>	Per beneficiary	\$2,659	\$1,986	\$3,043
	Per member year of enrollment	\$2,824	\$2,094	\$3,247
<b>Average annual cost (to plans)▲</b>	Per beneficiary	\$1,483	\$1,065	\$1,722
	Per member year of enrollment	\$1,575	\$1,123	\$1,837
<b>Average annual cost (to beneficiaries)#</b>	Per beneficiary	\$354	\$330	\$365
	Per beneficiary without subsidies	\$506	\$391	\$597
	Per beneficiary with subsidies	\$81	\$102	\$76
	Per member year of enrollment	\$376	\$347	\$389
	Per member year of enrollment — beneficiaries without subsidies	\$536	\$413	\$633
	Per member year of enrollment — beneficiaries with subsidies	\$87	\$106	\$81
<b>Percentage of beneficiaries^</b>	Reached initial coverage limit (ICL)	22.2%	15.7%	26.2%
	Reached ICL — beneficiaries without subsidies	13.5%	10.8%	15.9%
	Reached ICL — beneficiaries with subsidies	37.9%	33.9%	39.1%
	Entered catastrophic coverage	7.4%	3.7%	9.6%
	Entered catastrophic coverage — beneficiaries without subsidies	2.1%	1.4%	2.7%
	Entered catastrophic coverage — beneficiaries with subsidies	16.8%	12.1%	18.1%

\* Includes all Medicare beneficiaries who enrolled in Medicare Part D on or after January 1, YYYY.

\*\* “All” includes the total Part D drug utilization regardless of plan type. The sum of the MA-PD and PDP columns does not match the “All.” The Chronic Conditions Warehouse (CCW) team has included additional plan types in “All,” for example Program of All-Inclusive Care for the Elderly (PACE), employer plans, and demonstrations.

† Includes only the prescription drug events (PDEs) linked to the Part D enrolled beneficiaries.

‡ Total drug costs include the sum of the gross cost of each PDE. We round the total costs and express in millions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions. Also, beginning in 2011, the costs do not reflect costs manufacturers paid during the gap discount. The costs are not indicative of the full cost to the Centers for Medicare & Medicaid Services (CMS) for the Part D program.

▲ Includes only the amount the Part D plan paid for prescriptions. These costs do not reflect the savings due to manufacturers’ rebates or other price concessions.

# Includes only the amount the beneficiary paid for prescriptions. Does not include premium costs. Members receiving subsidies include those who were dually eligible for Medicare and Medicaid, as well as those with a low-income subsidy (LIS).

^ The Initial Coverage Limit (ICL) changes annually; the amount for 2012 was \$2,930. The catastrophic coverage level changes annually; the standard amount for true out-of-pocket (TrOOP) for 2012 was \$6,730.39.