

# Medicare Part D Medication Worksheet

*Your Annual Plan Review Tool*

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## How to Use This Worksheet

1. **Gather all medications** (prescription bottles, inhalers, insulins)
2. **List every medication** you take regularly
3. **Check your current plan's formulary** (drug list)
4. **Calculate annual costs** for each plan option
5. **Compare during Open Enrollment** (Oct 15 - Dec 7)
6. **Save for your records** and next year's comparison

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## My Information

**Name:** \_\_\_\_\_

**Medicare Number:** \_\_\_\_\_

**Current Part D Plan:** \_\_\_\_\_

**Monthly Premium:** \$ \_\_\_\_\_

**Deductible:** \$ \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

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## My Current Medications

### Diabetes Medications

Medication Name	Strength	How Often	Quantity/Month	Current Cost	Tier	Generic Available?
Example: Metformin	500mg	2x daily	60 tablets	\$4	Tier 1	✓ Yes
_____	_____	_____	_____	\$_____	_____	[ ] Yes [ ] No
_____	_____	_____	_____	\$_____	_____	[ ] Yes [ ] No
_____	_____	_____	_____	\$_____	_____	[ ] Yes [ ] No
_____	_____	_____	_____	\$_____	_____	[ ] Yes [ ] No

**Monthly Diabetes Medication Total:** \$ \_\_\_\_\_

## Heart/Blood Pressure Medications

Medication Name	Strength	How Often	Quantity/Month	Current Cost	Tier	Generic Available?
				\$		[ ] Yes [ ] No
				\$		[ ] Yes [ ] No
				\$		[ ] Yes [ ] No
				\$		[ ] Yes [ ] No

Monthly Heart Medication Total: \$\_\_\_\_\_

## Cholesterol Medications

Medication Name	Strength	How Often	Quantity/Month	Current Cost	Tier	Generic Available?
				\$		[ ] Yes [ ] No
				\$		[ ] Yes [ ] No

Monthly Cholesterol Medication Total: \$\_\_\_\_\_

## Other Medications

Medication Name	Strength	How Often	Quantity/Month	Current Cost	Tier	Generic Available?
				\$		[ ] Yes [ ] No
				\$		[ ] Yes [ ] No
				\$		[ ] Yes [ ] No
				\$		[ ] Yes [ ] No
				\$		[ ] Yes [ ] No

Monthly Other Medication Total: \$\_\_\_\_\_

## Insulin/Injectable Medications

Medication Name	Type	Units/Day	Vials or Pens/Month	Current Cost	Tier
				\$	
				\$	

Monthly Insulin Total: \$\_\_\_\_\_

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## Monthly & Annual Cost Calculator

**Total Monthly Medication Cost:** \$ \_\_\_\_\_  
(Add all monthly totals from above)

**Monthly Premium:** \$ \_\_\_\_\_  
**Monthly Total:** \$ \_\_\_\_\_  
(Medications + Premium)

**Annual Projection:** \$ \_\_\_\_\_  
(Monthly Total  $\times$  12)

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## NEW! 2025 Out-of-Pocket Cap Calculator

**Great News for 2025:**

**Your maximum out-of-pocket cost is now capped at \$2,000 per year!**

### Understanding the New Structure:

- Deductible Phase:** You pay 100% until deductible met (if plan has one)
- Initial Coverage:** You pay copays/coinsurance
- NEW Protection:** Once you reach \$2,000 out-of-pocket, you pay \$0 for covered drugs!
- No More Donut Hole:** The coverage gap has been eliminated!

### My Out-of-Pocket Tracker:

Month	My Out-of-Pocket Costs	Running Total
January	\$ _____	\$ _____
February	\$ _____	\$ _____
March	\$ _____	\$ _____
April	\$ _____	\$ _____
May	\$ _____	\$ _____
June	\$ _____	\$ _____
July	\$ _____	\$ _____
August	\$ _____	\$ _____
September	\$ _____	\$ _____
October	\$ _____	\$ _____
November	\$ _____	\$ _____

**Month My Out-of-Pocket Costs Running Total**  
December \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Estimated Month I'll Reach \$2,000 Cap:** \_\_\_\_\_  
**Estimated Savings After Cap:** \$ \_\_\_\_\_

### **Special Cost Protections:**

- **All Insulin:** Maximum \$35/month (doesn't count toward deductible)
- **Adult Vaccines:** \$0 copay (flu, shingles, COVID, etc.)
- **Once at \$2,000:** All covered medications are FREE rest of year

### **Optional Payment Plan:**

If you expect high costs, ask about the **Medicare Prescription Payment Plan**:

- Spread out-of-pocket costs over the year
- No interest or fees
- Contact your plan to enroll

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## **Generic Alternatives to Consider**

### **Current Brand Medications & Generic Options:**

#### **Current Brand Generic Name Potential Savings Ask Doctor?**

_____	_____	\$ _____	[ ] Yes
_____	_____	\$ _____	[ ] Yes
_____	_____	\$ _____	[ ] Yes
_____	_____	\$ _____	[ ] Yes

### **Questions for Doctor About Generics:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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## **Preferred Pharmacy Comparison**

**Current Pharmacy:** \_\_\_\_\_

**Pharmacy Name 30-Day Cost 90-Day Cost Mail Order? Notes**

Current Pharmacy	\$ _____	\$ _____	[ ] Yes	[ ] No _____
CVS	\$ _____	\$ _____	[ ] Yes	[ ] No _____
Walgreens	\$ _____	\$ _____	[ ] Yes	[ ] No _____
Walmart	\$ _____	\$ _____	[ ] Yes	[ ] No _____
Mail Order	\$ _____	\$ _____	[ ] Yes	[ ] No _____

**Potential Savings by Switching: \$ \_\_\_\_\_ /year**

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**Plan Comparison Worksheet****Current Plan:** \_\_\_\_\_

Feature	Current Plan	Option 1	Option 2	Option 3
Plan Name	_____	_____	_____	_____
Monthly Premium	\$ _____	\$ _____	\$ _____	\$ _____
Deductible	\$ _____	\$ _____	\$ _____	\$ _____
Covers My Drugs?	Yes/No	Yes/No	Yes/No	Yes/No
Preferred Pharmacy?	Yes/No	Yes/No	Yes/No	Yes/No
Mail Order?	Yes/No	Yes/No	Yes/No	Yes/No
Extra Benefits	_____	_____	_____	_____
Star Rating	_____ ★	_____ ★	_____ ★	_____ ★
Est. Annual Cost	\$ _____	\$ _____	\$ _____	\$ _____

**Best Option Appears to Be:** \_\_\_\_\_**Potential Annual Savings:** \$ \_\_\_\_\_

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**Cost-Saving Strategies Checklist****Already Using:**

- [ ] Generic medications when available
- [ ] 90-day supplies (usually cheaper)
- [ ] Preferred pharmacy
- [ ] Mail order pharmacy
- [ ] Manufacturer coupons
- [ ] Patient assistance programs

## Should Investigate:

- GoodRx or similar discount cards
- Pharmacy discount programs
- State pharmaceutical assistance
- Extra Help (Low Income Subsidy)
- Manufacturer patient programs
- Splitting higher-dose tablets

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## Resources & Contacts

### Medicare Help:

**1-800-MEDICARE** (1-800-633-4227)  
[Medicare.gov/plan-compare](http://Medicare.gov/plan-compare)

### My Contacts:

**Current Plan:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Member ID:** \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### State Resources:

**SHIP (State Health Insurance Program):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**State Pharmaceutical Assistance:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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## Important Dates

### 2025 Medicare Dates:

- **Initial Enrollment:** 3 months before/after 65th birthday

- **Open Enrollment:** October 15 - December 7
- **MA Open Enrollment:** January 1 - March 31
- **Plan Effective Date:** January 1

### **My Important Dates:**

**Birthday:** \_\_\_\_\_

**Medicare Start Date:** \_\_\_\_\_

**Current Plan Renewal:** \_\_\_\_\_

**Review Medications By:** \_\_\_\_\_

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## **Annual Review Checklist**

### **Before Open Enrollment:**

- [ ] List all current medications
- [ ] Check for generic alternatives
- [ ] Review current plan changes
- [ ] Calculate projected costs
- [ ] Check plan formularies
- [ ] Compare at Medicare.gov

### **During Open Enrollment:**

- [ ] Compare at least 3 plans
- [ ] Check preferred pharmacies
- [ ] Verify all drugs covered
- [ ] Consider convenience factors
- [ ] Enroll in best plan
- [ ] Keep confirmation number

### **After Enrollment:**

- [ ] Receive plan materials
- [ ] Get new member ID card
- [ ] Update pharmacy records
- [ ] Schedule medication reviews
- [ ] Set calendar for next year

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### **Notes Section**

**Changes in My Medications This Year:**

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**Questions for Open Enrollment:**

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**Plan Decision & Reasoning:**

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**Created by Peak Medical Supplies**  
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**Worksheet Date: //\_\_\_\_ | Keep for Your Records**