

Medicare Part D Medication Worksheet

Your Annual Plan Review Tool



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



My Information

Name: _____

Medicare Number: _____

Current Part D Plan: _____

Monthly Premium: \$ _____

Deductible: \$ _____

Date Completed: _____



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?
_____	_____	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Monthly Heart Medication Total: \$ _____

Cholesterol Medications

Medication Name	Strength	How Often	Quantity/Month	Current Cost	Tier	Generic Available?
_____	_____	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Monthly Cholesterol Medication Total: \$ _____

Other Medications

Medication Name	Strength	How Often	Quantity/Month	Current Cost	Tier	Generic Available?
_____	_____	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Monthly Other Medication Total: \$ _____

Insulin/Injectable Medications

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

Monthly Insulin Total: \$ _____

Monthly & Annual Cost Calculator

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

Monthly Premium: \$ _____
Monthly Total: \$ _____
(Medications + Premium)

Annual Projection: \$ _____
(Monthly Total × 12)

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:

1. **Deductible Phase:** You pay 100% until deductible met (if plan has one)
2. **Initial Coverage:** You pay copays/coinsurance
3. **NEW Protection:** Once you reach \$2,000 out-of-pocket, you pay \$0 for covered drugs!
4. **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

Generic Alternatives to Consider

Current Brand Medications & Generic Options:

Current Brand	Generic Name	Potential Savings	Ask Doctor?
_____	_____	\$ _____	<input type="checkbox"/> Yes
_____	_____	\$ _____	<input type="checkbox"/> Yes
_____	_____	\$ _____	<input type="checkbox"/> Yes
_____	_____	\$ _____	<input type="checkbox"/> Yes

Questions for Doctor About Generics:

1. _____
 2. _____
 3. _____
-

Preferred Pharmacy Comparison

Current Pharmacy: _____

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

Current Pharmacy	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
CVS	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Walgreens	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Walmart	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Mail Order	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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

My Contacts:

Current Plan: _____

Phone: _____

Member ID: _____

Pharmacy: _____

Phone: _____

Doctor: _____

Phone: _____

State Resources:

SHIP (State Health Insurance Program): _____

Phone: _____

State Pharmaceutical Assistance: _____

Phone: _____



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: _____



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
-



Notes Section

Changes in My Medications This Year:

Questions for Open Enrollment:

Plan Decision & Reasoning:

Created by Peak Medical Supplies

Helping Seniors Navigate Medicare

 888-649-5705 |  seniorcgmsupport.com

Worksheet Date: //__ | Keep for Your Records