



Medicare Part D 2026 Open Enrollment: Policy Changes and Impacts on Beneficiaries

Prepared by the MAPRx Coalition
November 18, 2025



Speakers

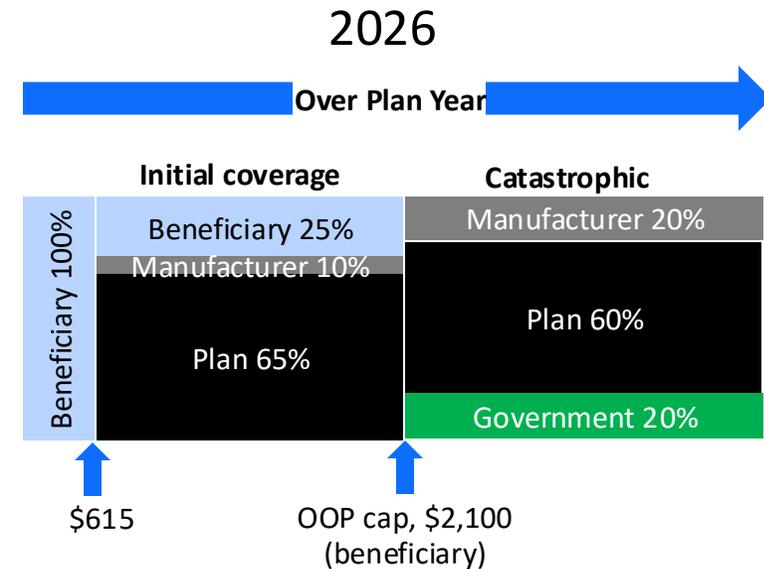
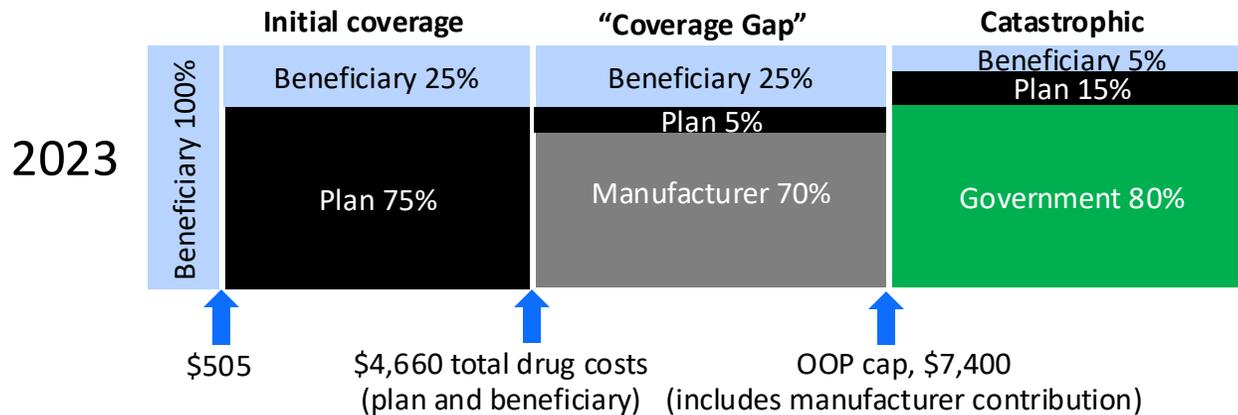
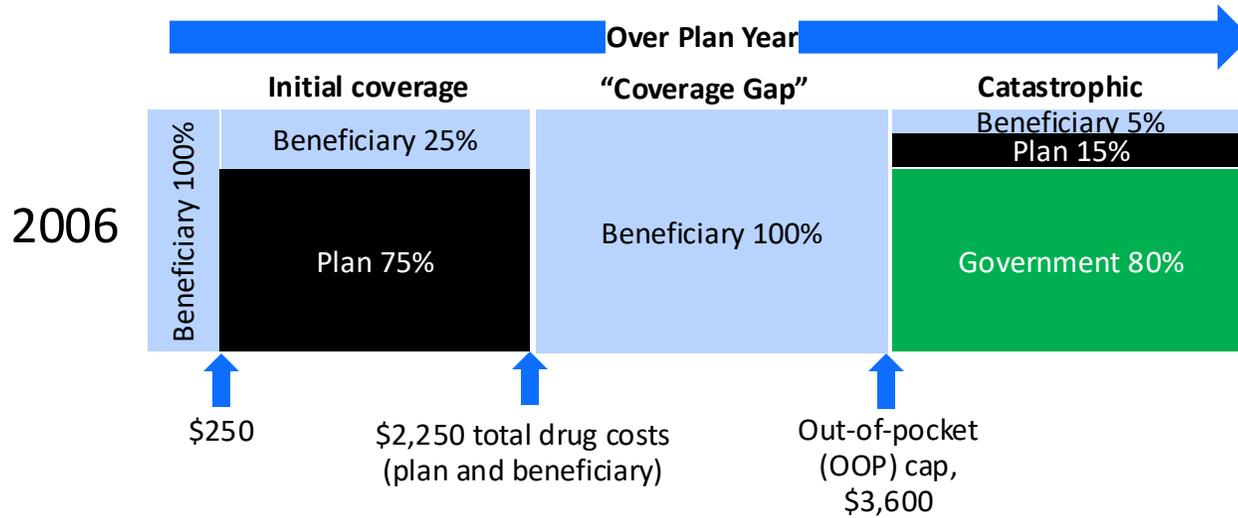
- **Jennifer Snow, Apteka Policy**
- **Anna Schwamlein Howard, Principal, Policy Development, Access to and Quality of Care, ACS-CAN**
- **Cassie Beisel, Sr. Manager, Advocacy and Engagement, PAN Foundation**
- **Patrick Wildman, Senior Vice President, Advocacy and Government Relations, Lupus Foundation of America**

Part D 2026 Open Enrollment: Policy Changes and Impacts on Beneficiaries

A collection of white and grey capsules and a white blister pack on a grey background. The capsules are scattered across the lower half of the image, with some showing markings like '30 mg' and '6489'. The blister pack is partially visible on the right side, showing several capsules inside.

November 18, 2025

The Part D Benefit has Evolved Over the Years



Example of Shifting Liability

One year of a \$10,000/month drug

	Beneficiary	Plan	Government	Manufacturer
2006	\$9,345	\$18,735	\$91,920	\$0
2026	\$2,100*	\$71,928	\$22,689	\$23,283

* Beneficiary out-of-pocket spending can be spread out through the Medicare Prescription Payment Plan. In this case the patient could pay \$175/month.



Plan Design has Changed

- Increasingly standalone prescription drug plans (86%) and now Medicare Advantage plans (60%) moving to **3 or more coinsurance tiers**
- **About half of branded drugs subject to prior authorization**, note these are drugs that providers have prescribed and the plan demands additional approval before a patient can access the drug
- Unclear how Medicare conducts formulary review, remains a “black box”
- All leads to a need for beneficiaries to lean more heavily on exceptions and appeals



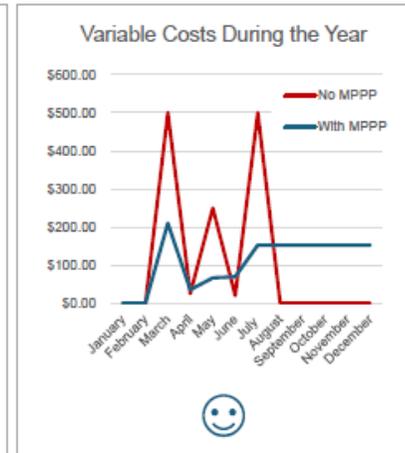
Medicare Prescription Payment Plan (MPPP)

- **MPPP provides:**
 - **Relief for catastrophic costs:** Beneficiaries who hit the OOP cap, particularly those that hit it early in the year can really benefit from MPPP. KFF found that 1.5 million Medicare Part D beneficiaries spent \$2,000 or more OOP on prescription drugs in 2021.
 - **Aid for high monthly costs or trouble with up-front costs:** Helps patients who may not reach cap but struggle to afford large, unpredictable monthly payments. For this group, smoothing high monthly costs over the remainder of the year can significantly improve medication adherence.

✓ High monthly prescription drug costs **OR**

✓ Trouble paying out-of-pocket costs up-front **OR**

✓ Prefer to spread out your payments over the year

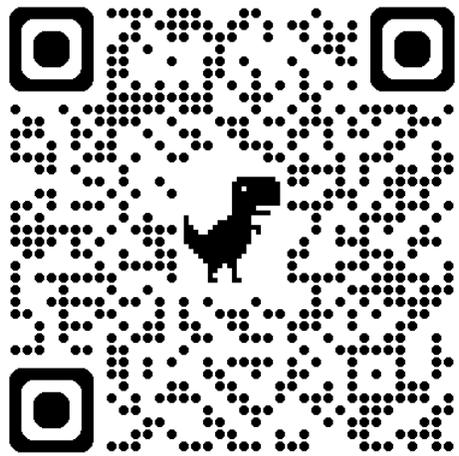


<https://www.kff.org/medicare/issue-brief/millions-of-people-with-medicare-will-benefit-from-the-new-out-of-pocket-drug-spending-cap-over-time/>

APTEKA

Policy

Apteka's Substack



Medicare Part D Through The Cancer Lens



November 18, 2025

Overview



Part D Cap and Medicare Prescription Payment Plan



Utilization Management Tools in Part D



ACS CAN papers of interest

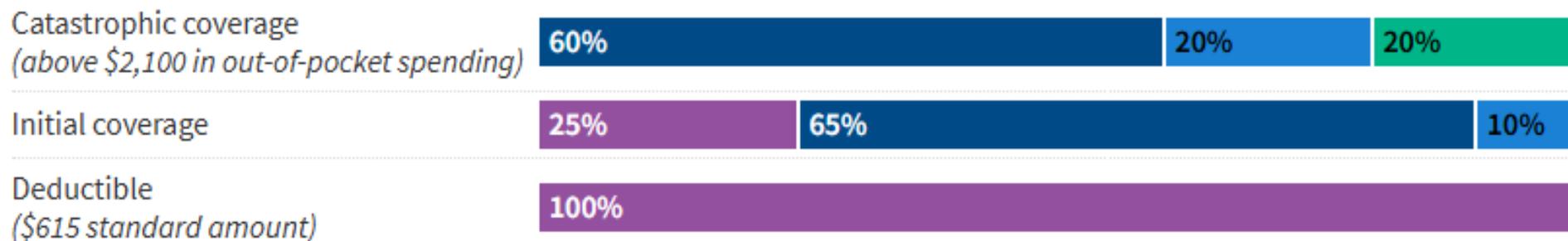
Medicare Part D Cap

Figure 5

In 2026, the Medicare Part D Standard Benefit Includes a \$615 Deductible and a \$2,100 Cap on Out-of-Pocket Drug Spending

Share of total drug costs in 2026 paid by:

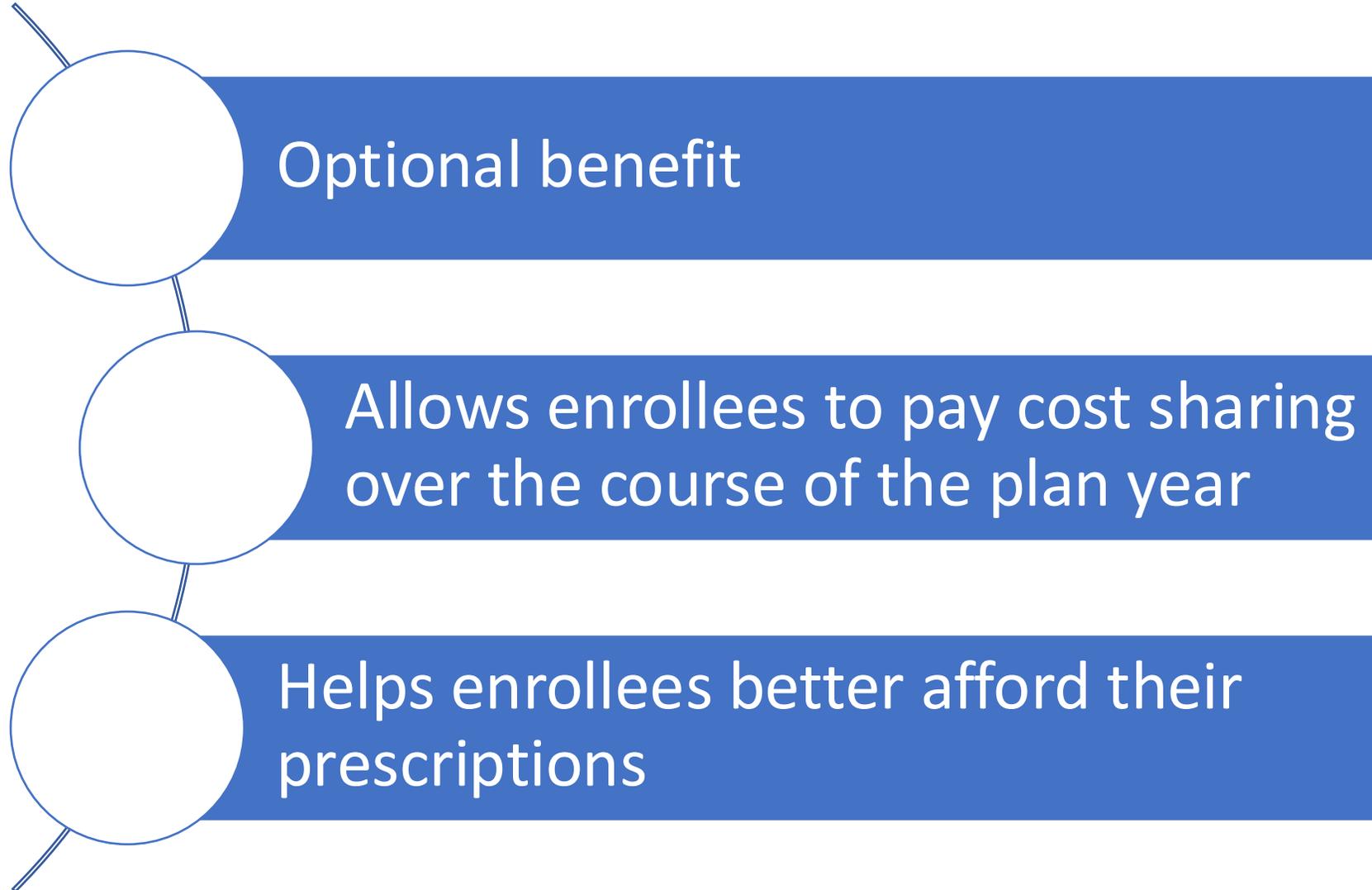
■ Part D enrollees ■ Part D plans ■ Drug manufacturers ■ Medicare



Note: The manufacturer discount applies to brand-name drug costs only. For generic drug costs, plans pay 75% in the initial coverage phase and Medicare pays 40% in the catastrophic coverage phase.

Source: KFF, based on Medicare Part D benefit design in 2026. • [Get the data](#) • [Download PNG](#)

Medicare Prescription Payment Plan



Improvements Needed

Improve enrollee awareness



Allow Point of Sale Enrollment



Encourage Plan Sponsors to Proactively Engage

Utilization Management Tools

Utilization Management Tools

Used to manage costs and utilization



Prior Authorization



Step Therapy

UM Impact on Beneficiaries

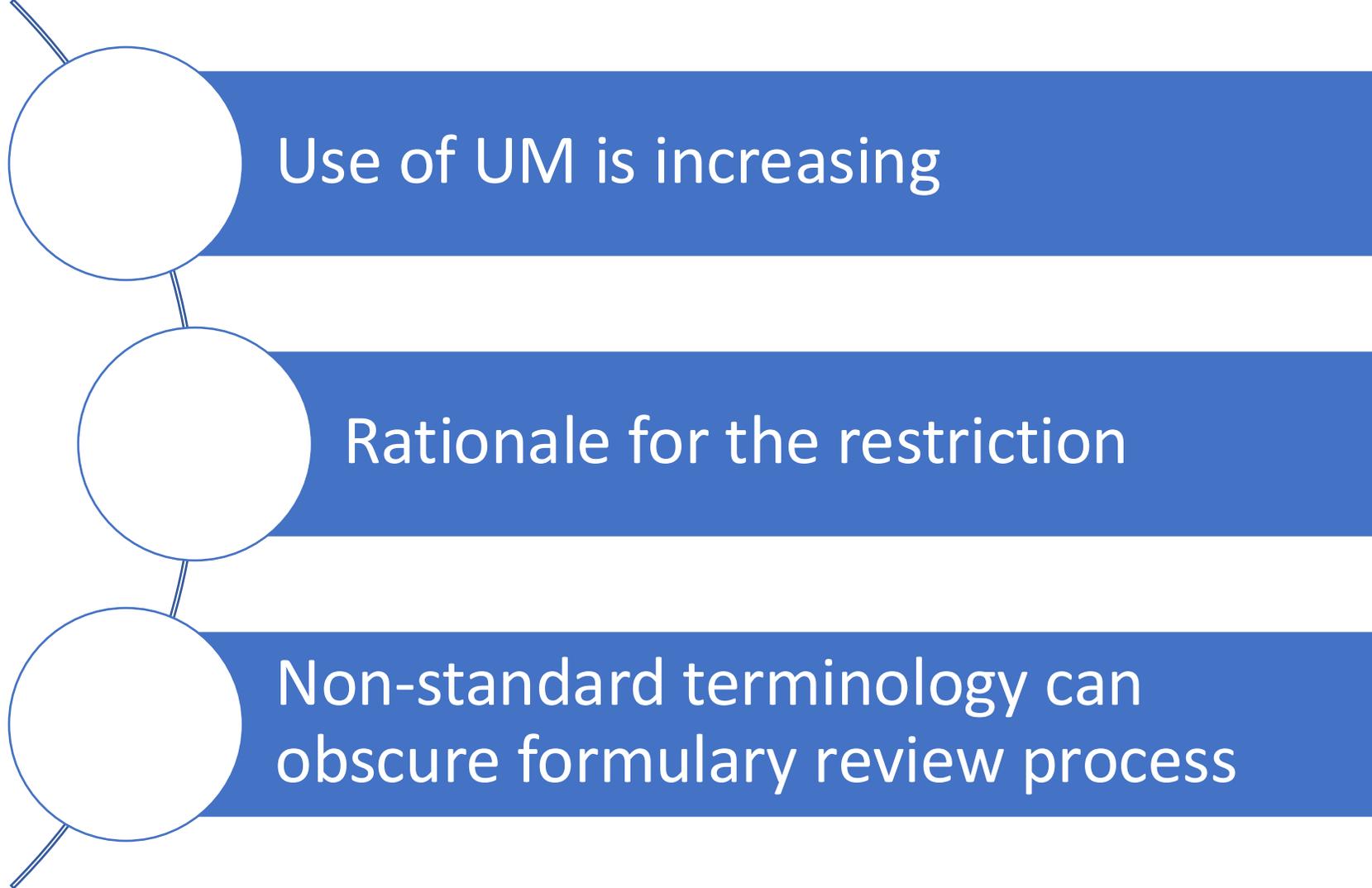
Benefits

- Helpful safety check

Potential Harms

- Administrative burden on patients & providers
- Can compound existing access issues (transportation)
- Additional cost-shifting on to enrollees

Conclusion



ACS CAN Papers of Interest

Medicare Chartbook



2024 Cancer in Medicare:

An American Cancer Society Cancer Action Network Chartbook



https://www.fightcancer.org/sites/default/files/national_documents/acscan-medicare-chartbook.pdf

Medicare Appeals



The Medicare Appeals Process: Reforms Needed to Ensure Beneficiary Access



November 17, 2020

EXECUTIVE SUMMARY

Medicare provides health coverage for more than 61 million Americans.¹ Given that the incidence of cancer increases with age, the Medicare program is vitally important to millions of Americans who are undergoing active cancer treatment, are cancer survivors or who have not yet developed cancer. Yet, without Congressional action in the next few years, the Medicare Trust Fund, will become insolvent.² Considering the forthcoming pressure to shore up this essential health program, Congress is apt to consider policies that would shift costs more to enrollees and/or tighten program benefits. To the extent that Congressional action results in the use of more utilization management tools the result would likely mean beneficiaries would more often have to use the appeals process in order to access medically necessary products and services.

<https://www.fightcancer.org/policy-resources/medicare-appeals-process-reforms-needed-ensure-beneficiary-access>

Medicare Part D Utilization Management



Utilization Management in Breast Cancer and Hepatocellular Carcinoma

Executive Summary

Utilization management (UM) refers to a variety of practices that health plans and pharmacy benefit managers employ to confirm the use of specific drugs or services aligns with the payer's policy. Plans can use UM to shift utilization between therapeutically equivalent products to ensure that a prescribed drug is medically necessary, or to limit utilization of high-priced, specialty medications. UM use in oncology may have unintended consequences to patient care, such as delaying patient access to medication or increased administrative burden for the patient and provider.

Prior to 2019, Medicare Advantage Prescription Drug (MA-PD) plans were only allowed to use step therapy (ST) for provider-administered drugs (i.e., drugs available via the medical benefit) if the local Medicare Administrative Contractor had a local coverage determination requiring ST. Starting in 2019, MA-PD plans were allowed to apply ST to provider-administered drugs for patients initiating treatment, which may require patients to step through another provider-administered (i.e., medical benefit) drug, or step through a self-administered drug available via the pharmacy benefit.

https://www.fightcancer.org/sites/default/files/acs_can_ma-pd_plan_um_analysis_white_paper_final.pdf

Thank You

Anna.Howard@cancer.org

PAN
Foundation

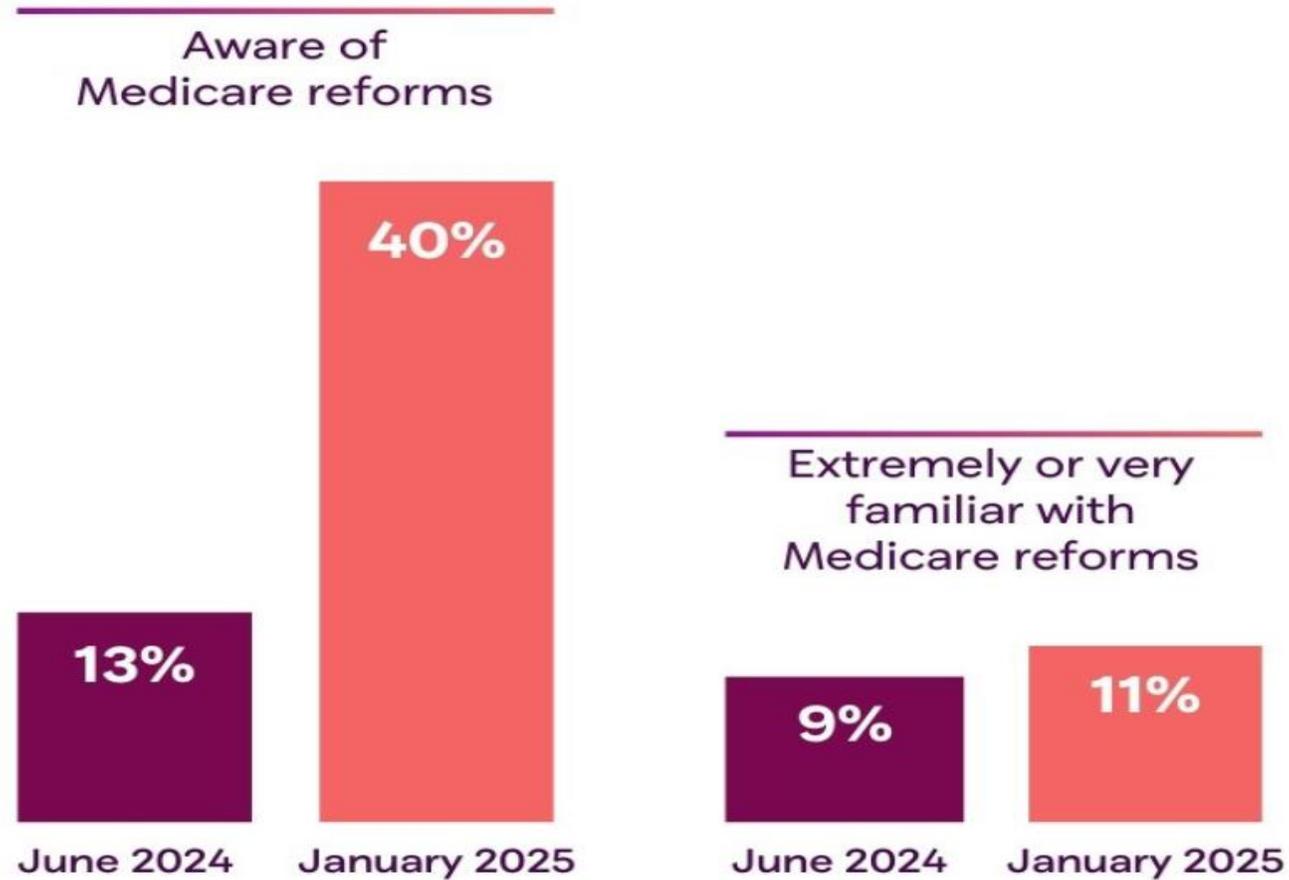
Medicare Part D 2026 Open Enrollment

Policy Changes and Impacts on
Beneficiaries



Medicare Part D Cap

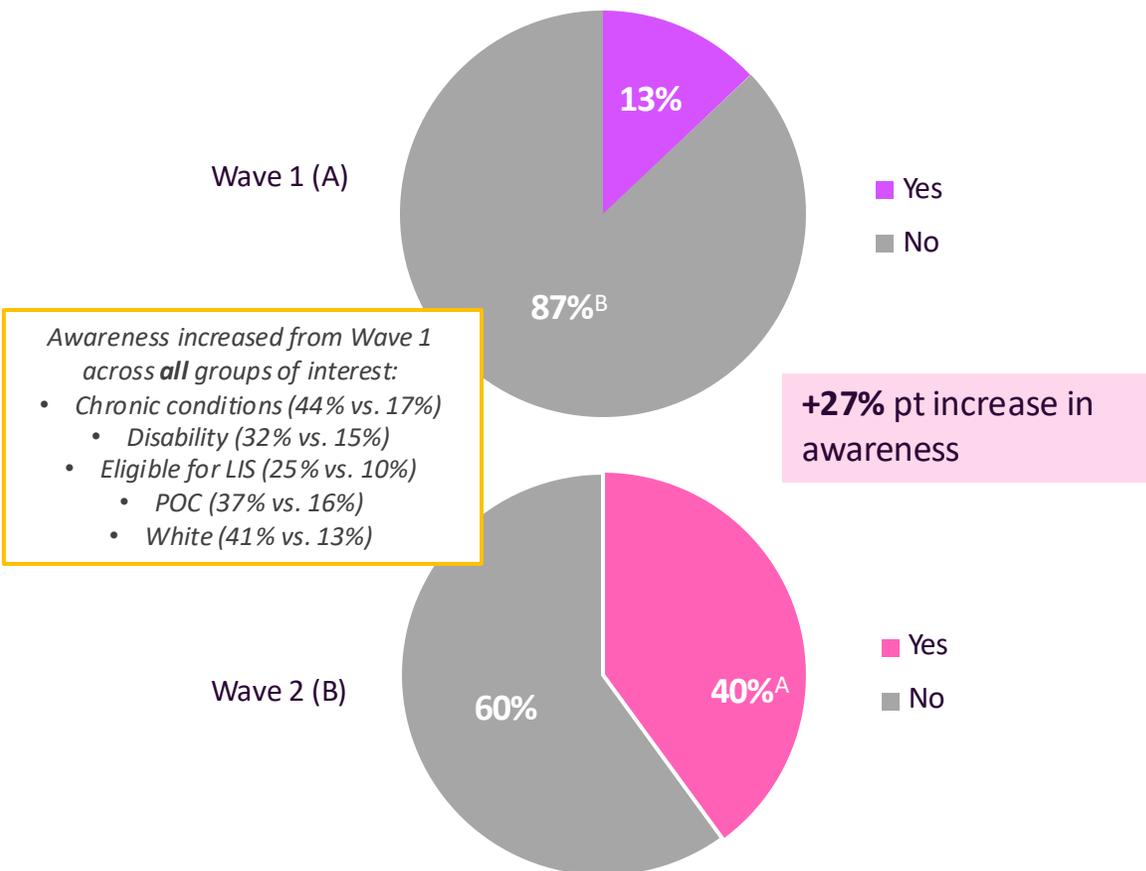
Awareness of 2025 Medicare reforms



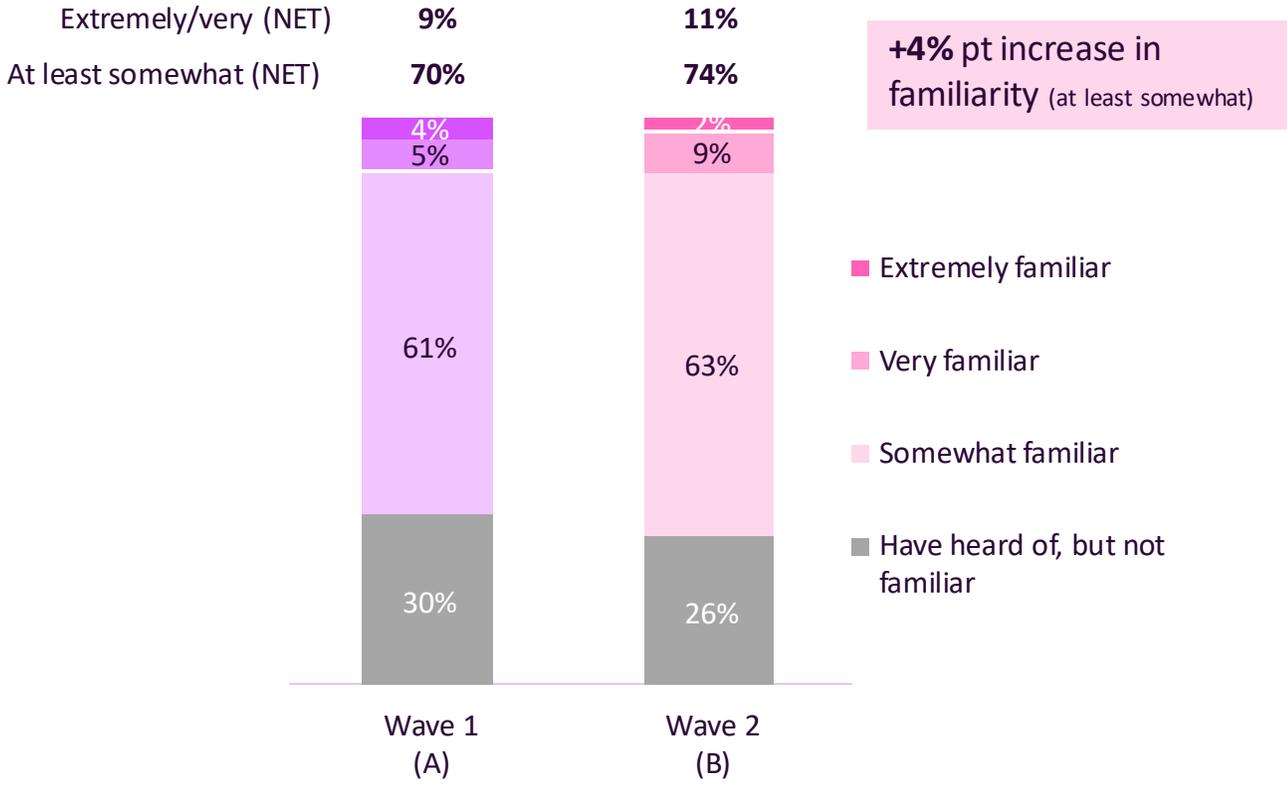
Change from Wave 1 (June 2024) to Wave 2 (January 2025) in awareness among surveyed patients.

Awareness of the 2025 Medicare Reforms increased nearly 30 percentage points, since 2024, though among those aware, strong familiarity remains low and relatively unchanged.

Have Seen/Read/Heard About [Upcoming] Medicare Reforms

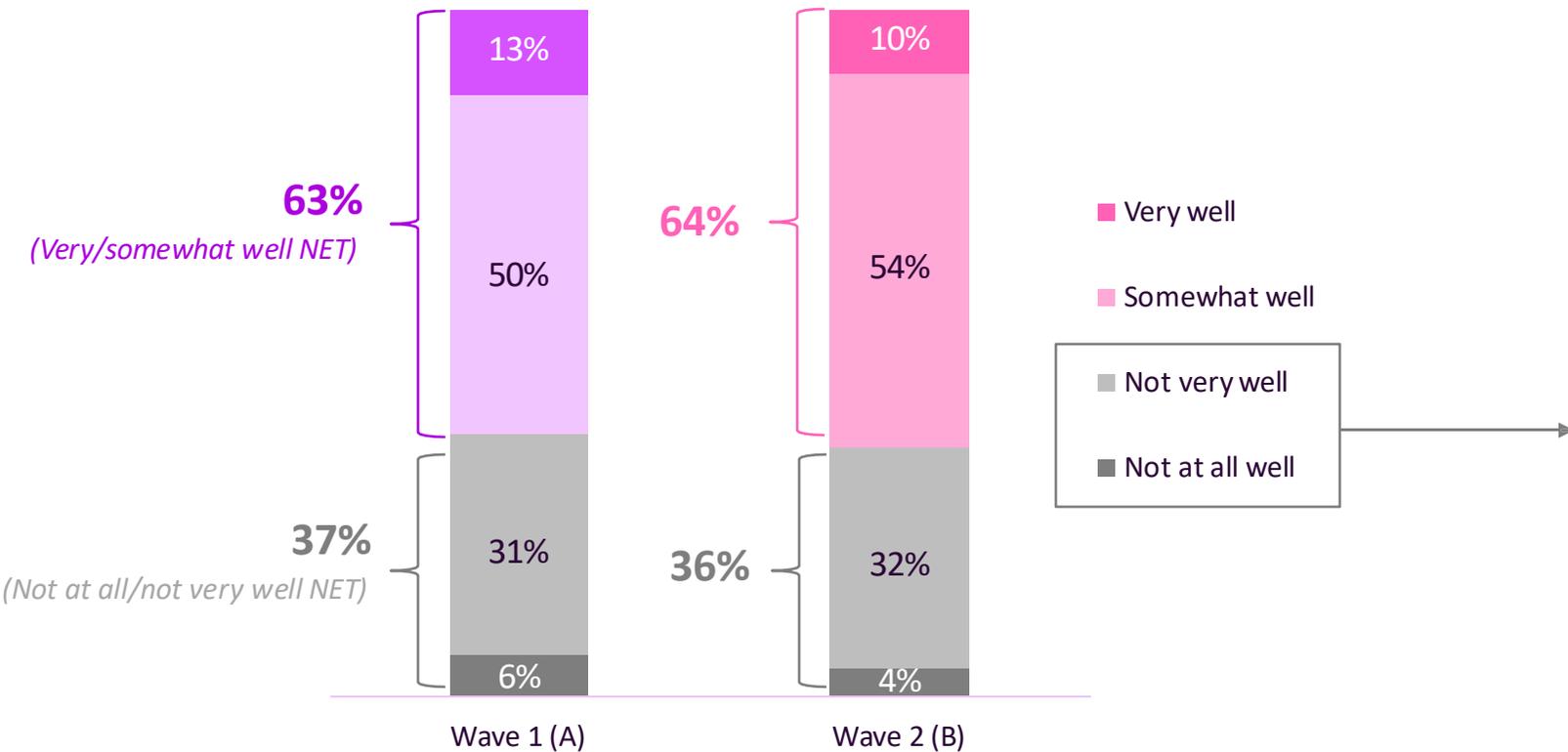


Familiarity with [Upcoming] Medicare Reforms (among those heard of [upcoming] Medicare reforms)



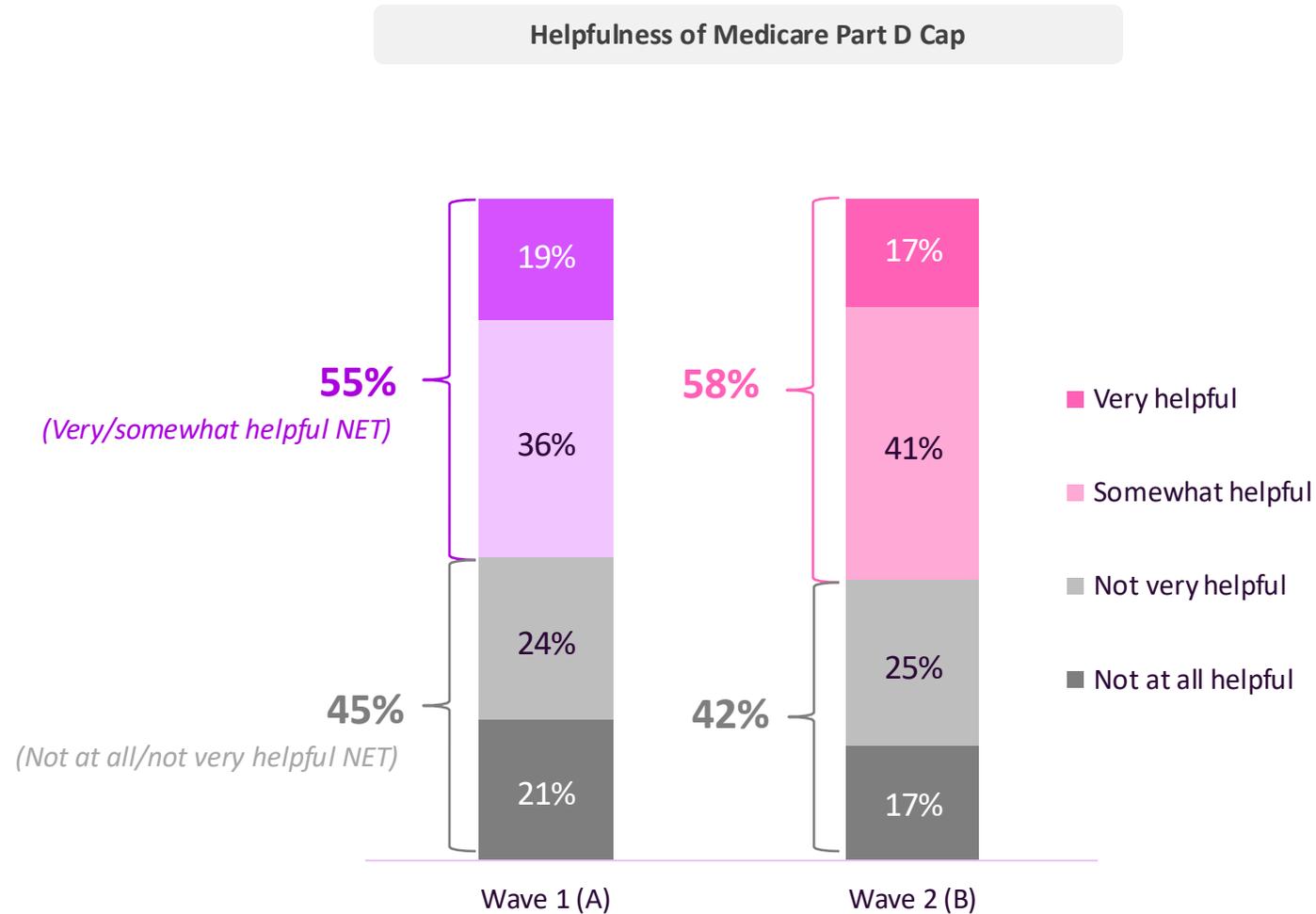
Similar to Wave 1, over a third of Medicare beneficiaries who have heard of the Medicare Part D cap do not feel that they understand it well.

Understanding of Medicare Part D Cap
(among those who have heard of Medicare Part D Cap)



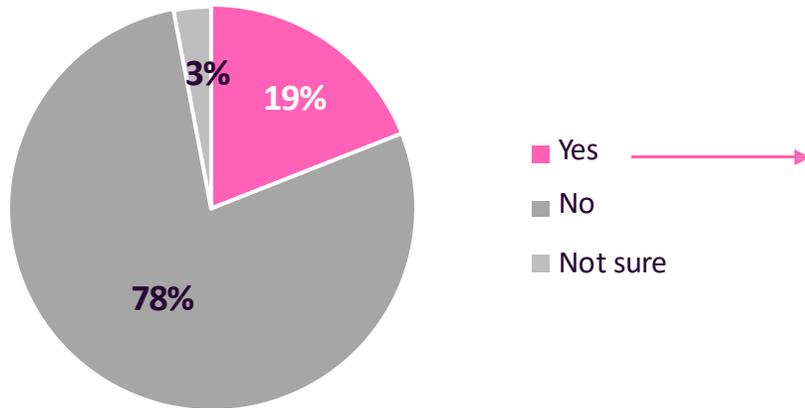
Demographic Profile of Those Who Do <u>Not</u> Understand At All / Very Well		Wave 1 (A)	Wave 2 (B)
Gender	Male	51%	42%
	Female	49%	58%
Race/Ethnicity	POC	19%	24%
	White	81%	76%
Region	Northeast	19%	21%
	Midwest	18%	25%
	South	40%	37%
	West	22%	17%

On par with Wave 1, over half of Medicare beneficiaries think the Medicare Part D Cap reform will be helpful to them personally.



1 in 5 beneficiaries changed their Part D plan during the 2024 open enrollment period, most commonly because the old plan's premiums were too high, or the new plan offered more benefits.

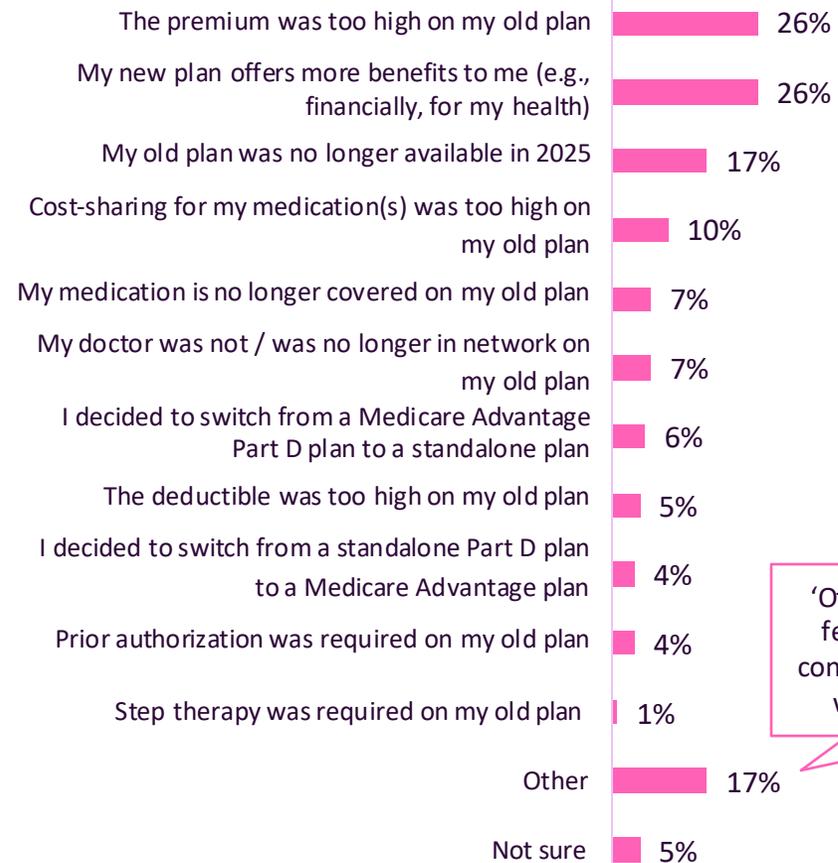
Changed Part D plan during open enrollment (Oct – Dec 2024)[^]
(among those currently on Medicare Part D)



POC (28% vs. 17% White) and those familiar with the Medicare Part D Cap (26% vs. 15% not familiar) are more likely to have changed their Part D plan during open enrollment

[^]New question added Wave 2 (no trend)

Reason(s) changed Part D plan during open enrollment[^]
(among those currently on Medicare Part D)

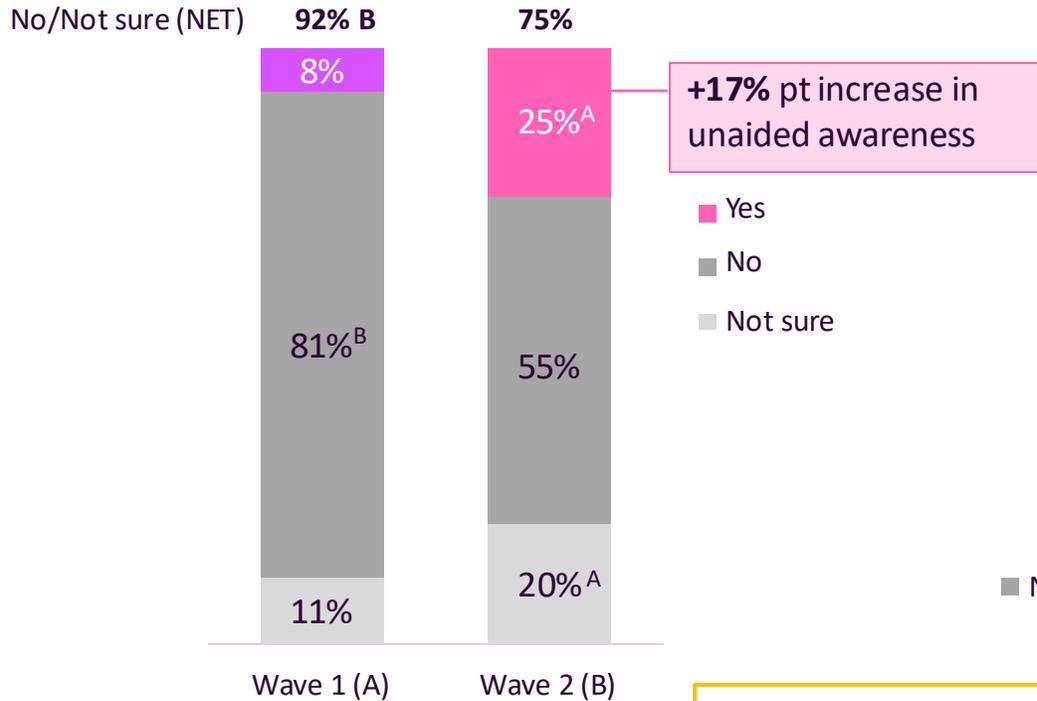


'Other' responses were varied. A few mention it was out of their control (i.e., they retired, moved/it was no longer available, etc.)

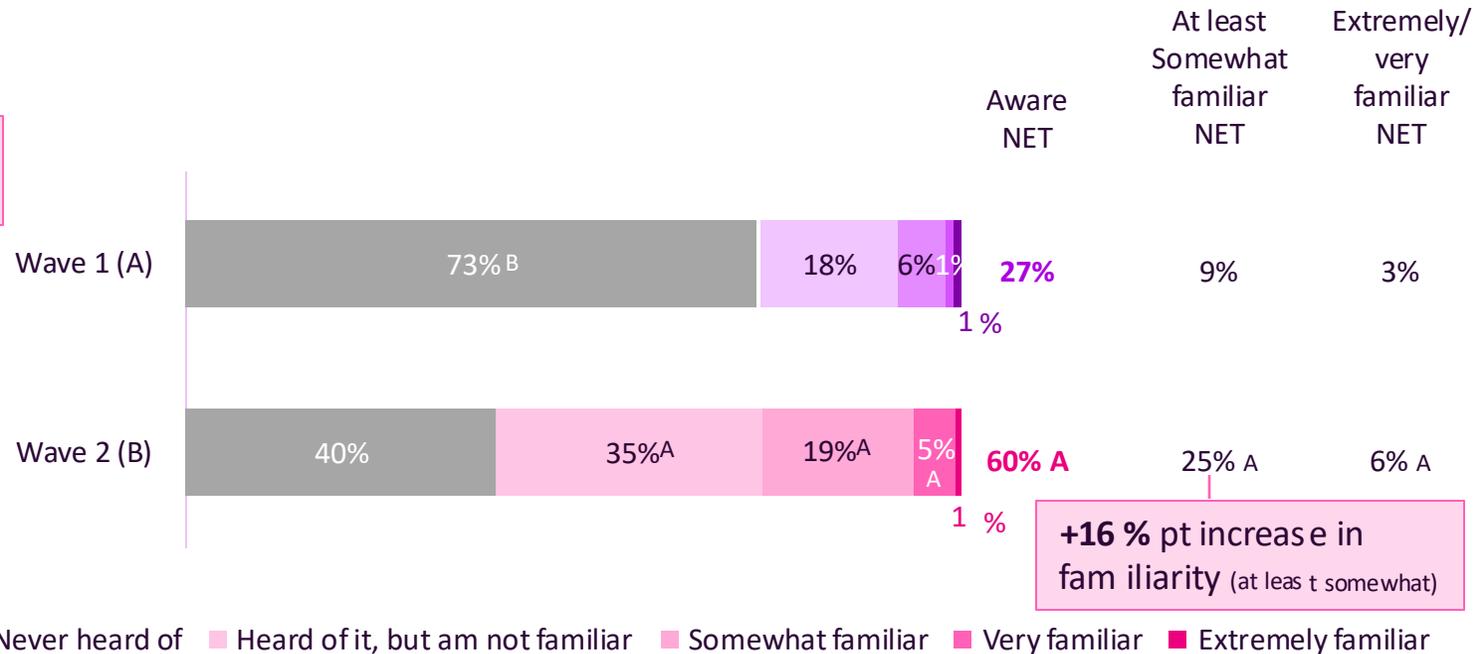
Medicare Prescription Payment Plan

Unaided awareness of the Medicare Prescription Payment Plan has increased to 1 in 4 (from less than 1 in 10), with similar increases seen in aided awareness and familiarity.

Unaided Awareness Has Read/Seen/Hear About Medicare Prescription Payment Plan



Aided Awareness of Medicare Prescription Payment Plan*



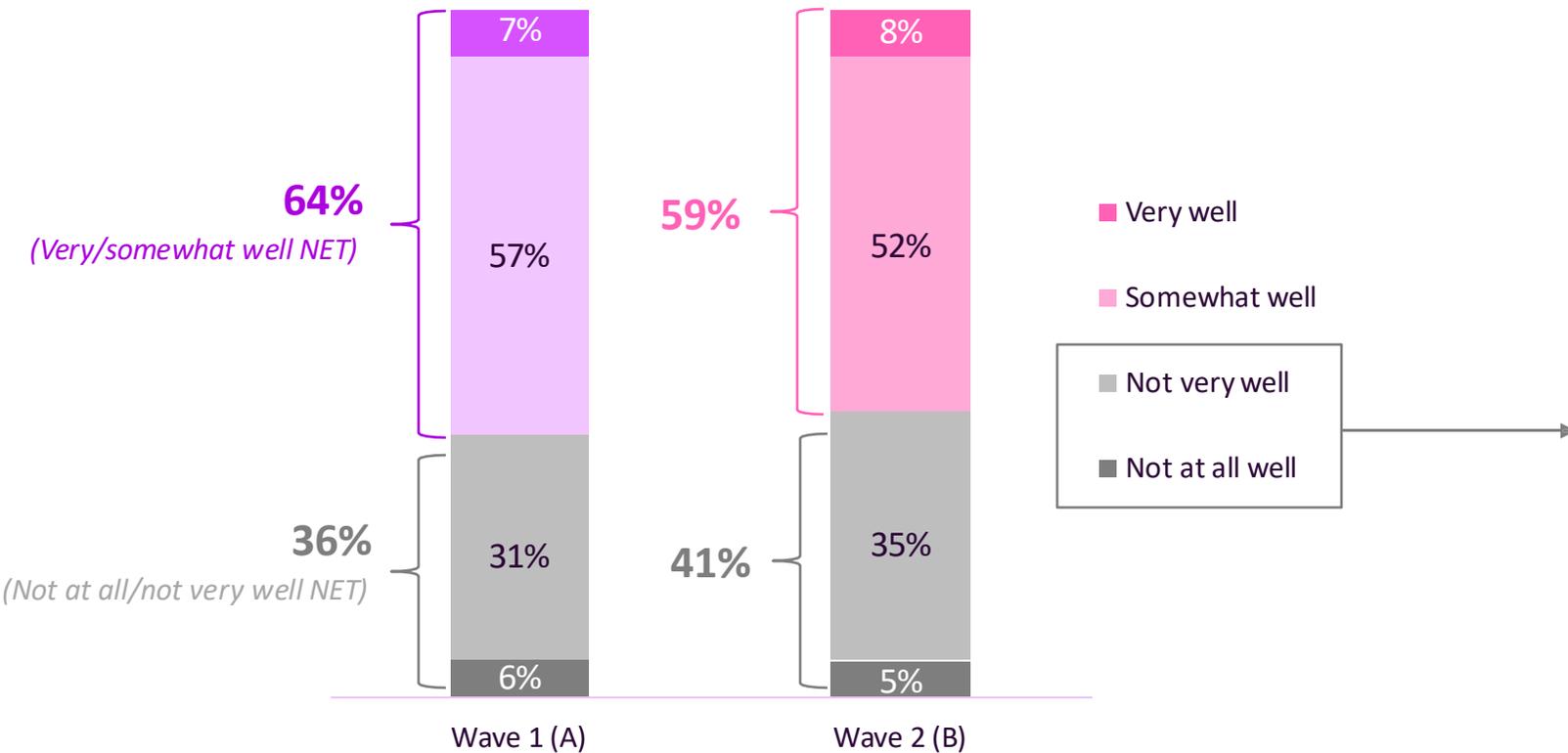
Unaided Awareness AND familiarity (at least somewhat familiar) increased from Wave 1 across the following groups of interest:

- Chronic conditions (25% vs. 10%); (27% vs. 10%)
- White (26% vs. 5%); (24% vs. 8%)

**[In] [As of] January 2025, people enrolled in Medicare Part D prescription drug plans [will be] [are] able to voluntarily [enroll] [opt-in] through their plans in a program that allows them to spread out their out-of-pocket costs for medications into monthly installments paid throughout the year. The total out-of-pocket costs [would still be] [is still] capped at \$2,000 annually. This is known as the Medicare Prescription Payment Plan.*

In line with Wave 1, around 2 in 5 beneficiaries who have heard of the Medicare PPP do not feel that they understand it well.

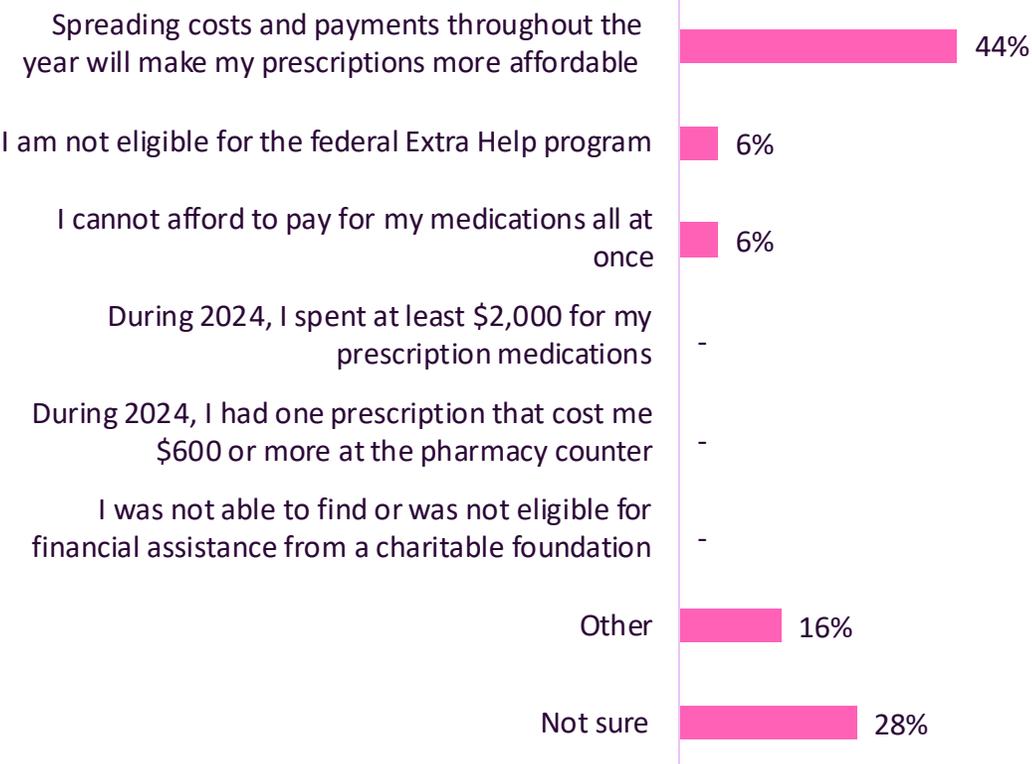
Understanding of Medicare Prescription Payment Plan
(among those who have heard of the Medicare PPP)



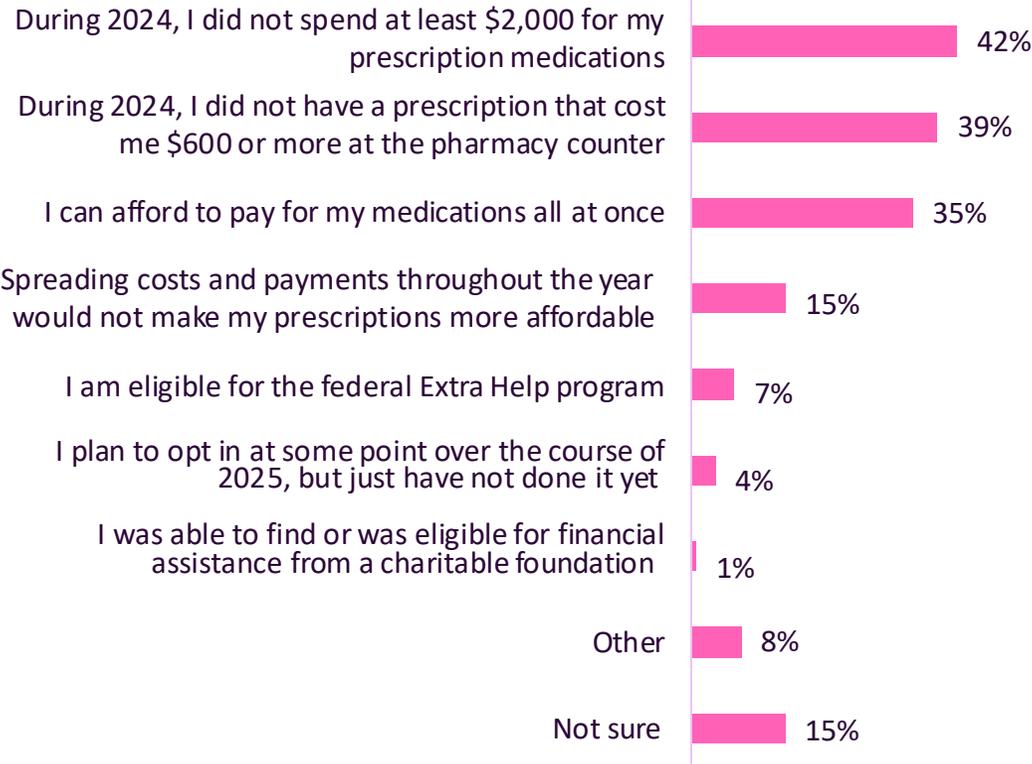
Demographic Profile of Those Who Do <u>Not</u> Understand At All / Very Well		Wave 1 (A)	Wave 2 (B)
Gender	Male	57%	47%
	Female	43%	53%
Race/Ethnicity	POC	27%	23%
	White	73%	77%
Region	Northeast	13%	16%
	Midwest	25%	24%
	South	42%	35%
	West	20%	25%

Top reasons for beneficiaries *not* opting in to the Medicare PPP are not meeting the minimum thresholds for individual or collective prescriptions or feeling that they can afford to pay for them all at once.

Reasons Opted in to Medicare Prescription Payment Plan^{^}**
(among those who already opted in to Medicare PPP)



Reasons Not Yet Opted in to Medicare Prescription Payment Plan[^]
(among those who have NOT opted in to Medicare PPP)

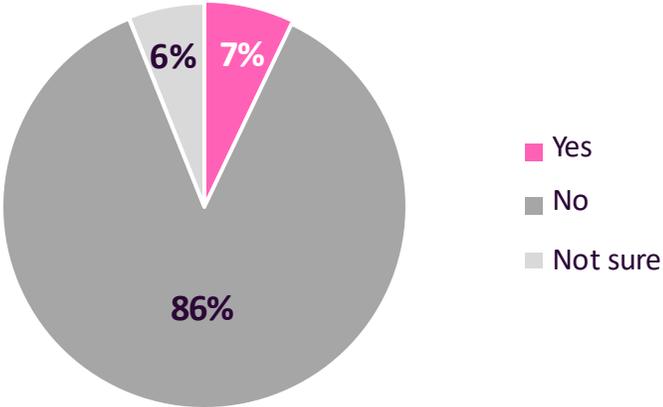


[^]New question added Wave 2 (no trend)

^{**}Caution extremely small base (n<30). Results should be interpreted as qualitative in nature

The majority of beneficiaries who take prescription medications have *not* used Medicare’s PlanFinder Tool to evaluate what their costs would be with the Medicare PPP.

Used Medicare’s PlanFinder Tool to Evaluate What Monthly Prescription Costs Would Be With the Medicare Prescription Payment Plan^
(among those who take at least one prescription medication)



POC are twice as likely as White beneficiaries (12% vs. 6%) to say they have used the PlanFinder tool

Beneficiaries who are familiar with the Medicare PPP are more likely than those who are not to say they have used the PlanFinder tool (19% vs. 3%)

^New question added Wave 2 (no trend)

Increasing Medication Access for Seniors Act

Increasing Medication Access for Seniors Act

Introduced by Rep. Jen Kiggans (VA)

- Ensures Congressional oversight of the Medicare Prescription Payment Plan (MPPP)
- Requires CMS to report on enrollment, outreach, and barriers
- Helps organizations better target education and support for Medicare Part D beneficiaries



Thank you

Improving access.
Transforming health.

Lupus Foundation of America

Lupus Foundation of America's (LFA) mission is to improve quality of life for all people affected by lupus through programs of research, education, support and advocacy through focusing on reducing time to diagnosis, accelerating treatment development and improving access to treatment and care

About Lupus:

- Chronic autoimmune disease in which the immune system attacks healthy tissue causing organ and tissue damage
- Impacts any part of the body...kidneys, heart, skin... Can be fatal
- On average, six years to diagnosis
- Eight Rx drugs and often more... 20...30
- Up to 1.5 million Americans live with lupus; 90% women
- African American, Hispanic, Asian, Native American women 3x more likely to develop lupus... worse disease and worse outcomes



- **National Coalition**
 - Established 2005
 - 60+ national patient organizations
 - Medicare Part D (Rx drug benefit)

- **Priorities**
 - Inflation Reduction Act implementation
 - Out of pocket cap
 - Medicare Prescription Payment Plan
 - Low-Income Subsidy/Extra Help
 - UM, Exceptions and Appeals
 - Beneficiary education



Part D: Significant Changes

- **Out of Pocket (OOP) Cap**
 - \$2,100 OOP maximum for Part D drug in 2026
- **Medicare Prescription Payment Plan**
 - Optional program that enables beneficiaries to spread prescription drug costs across the plan year
 - Monthly payments, Interest free
 - Can help manage costs, improve adherence/outcomes
 - Must opt-in via health plan, not auto-enroll
- **Other changes created by IRA**
 - Expanded eligibility for Extra Help, \$35 insulin, \$0 copays for Part D vaccines
 - Negotiation
- **Unintended consequences**
 - UM, formularies, premiums, plan choice

Stakeholder & Beneficiary Resources

Equip coalition members with beneficiary facing educational tools, customizable to meet the specific needs of their patient populations

- **Guide to Medicare Open Enrollment:**
 - IRA changes
 - How Part D works
 - How to review options and select a plan
 - Tips and guidance
 - FAQs during and after open enrollment
 - Information about LIS/Extra Help
 - Assistance: SHIPs, 1-800-Medicare



2026 MEDICARE PRESCRIPTION DRUG ANNUAL OPEN ENROLLMENT

The Annual Open Enrollment for Medicare prescription drug coverage (Part D) is October 15, 2025 – December 7, 2025 for coverage beginning January 1, 2026. Certain people with Medicare can also change plans at other times (see question #11). Every year plans make changes to benefits and costs. With these different changes, your current plan may or may not be the best plan for you in 2026.

Due to changes to Medicare Part D, it is very important to compare your plan choices and find the plan that best meets your prescription drug needs.

Starting on page 3, you will find answers to some important questions that can help you during the Annual Open Enrollment.

Stakeholder & Beneficiary Resources

Equip coalition members with beneficiary facing educational tools, customizable to meet the specific needs of their patient populations:

- **OOP Cap and MPPP Toolkit:**

1. Comprehensive Guide

- About OOP Cap & MPPP
- MPPP examples and scenarios
- Inform decision-making, how to opt-in
- FAQs (available as standalone)
- LIS and other assistance
- Resources: patient orgs, SHIPs, 1-800-Medicare

2. Infographic

- Part D, OOP Cap, MPPP
- How to opt-in and where to get help

3. Call Center Script

- For those who assist Medicare beneficiaries; includes FAQs

mapRx
Medicare Access for Patients Rx™
Created by Lupus Foundation of America

The Inflation Reduction Act: What does it mean for YOU?

You may have heard that the Inflation Reduction Act (IRA) will have a significant impact on making expenses for Part D medications more affordable. Good news—it will! While some measures are effective now or in 2024, the most critical ones will begin in 2025.

Now Already in Effect Now!

- \$0 out-of-pocket (OOP) costs for vaccines under Part D
- Insulin copay costs capped monthly at \$35

2024 Set to Begin in 2024

- Expansion of eligibility, expenses, and savings

2025 Effective in 2025

- Annual OOP cap, I that you pay for P, to \$2,000

The rest of this Open Enrollment brochure order to make an informed enrollment d

Part D Changes Help with Out-of-Pocket Costs

New cap limits your Part D drug costs to \$2,100

Option to spread your out-of-pocket prescription drug cost into monthly payments through the Medicare Prescription Payment Plan (MPPP)

How will I know if MPPP is right for me?

- ✓ High monthly prescription drug costs OR
- ✓ Trouble paying out-of-pocket costs up-front OR
- ✓ Prefer to spread out your payments over the year

How and when to sign up

Sign up through your Part D plan before or during the plan year via telephone, website, or mail

Where to learn more and get assistance

- General plan information
Contact your health plan or Part D plan
- Information regarding Medicare and Part D prescription drug benefits
Visit [Medicare.gov](https://www.Medicare.gov)
- MAPRx's MPPP Guide
Visit maprx.info/MPPPGuide
- Individualized Medicare counseling, assistance, and referrals to state and local programs
Visit SHIPhelp.org

MAPRx Resources

- **MAPRx Resources**
 - Guide to 2026 Open Enrollment
<https://maprx.info/2026openenrollment/>
 - Guide to the Medicare Prescription Payment Plan
<https://maprx.info/MPPPGuide>
 - Medicare Prescription Payment Plan infographic:
<https://maprx.info/MedicarePartD>
 - Call Center script available for organization help/assistance staff

Medicare Resources

- **Resources:**
 - Medicare.gov: <https://www.medicare.gov/prescription-payment-plan>
 - Plan Finder: <https://www.medicare.gov/plan-compare/#/?year=2025&lang=en>
 - State Health Insurance Assistance Program (SHIPs): <https://www.shiphelp.org/>
 - A Woman's Guide to Understanding Medicare: <https://medicareforwomen.org/>

MAPRx Reports

- **Reforms Needed: Smoothing the Implementation of the Medicare Prescription Payment Plan**
 - Report examining current enrollment trends, beneficiary experience, and awareness and understanding of the MPPP
 - Recommendations to strengthen the benefit
- **Implications of the Inflation Reduction Act: Managing the Consequences**
 - Follow-up report to assess the unintended consequences of the IRA (benefit redesign & negotiation)
 - Recommendations to preserve plan choice and strengthen patient protections to ensure access