## Medicare Part D Prescription Drug Data

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

#### 2021

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

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

* 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.

† 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.
### 2019

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

* 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.

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

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Type</th>
<th>2017 All**</th>
<th>2017 Medicare Advantage prescription drug plan (MA-PD)</th>
<th>2017 prescription drug plan (PDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>45,235,350</td>
<td>17,187,957</td>
<td>27,274,371</td>
</tr>
<tr>
<td>Part D totals</td>
<td>Number of beneficiaries enrolled in Part D*</td>
<td>45,235,350</td>
<td>17,187,957</td>
<td>27,274,371</td>
</tr>
<tr>
<td></td>
<td>Member years of Part D enrollment</td>
<td>42,763,249</td>
<td>16,429,346</td>
<td>25,959,462</td>
</tr>
<tr>
<td></td>
<td>Total prescription drug events (fills)†</td>
<td>1,498,436,464</td>
<td>520,466,269</td>
<td>947,999,065</td>
</tr>
<tr>
<td></td>
<td>Total drug costs (in millions)‡</td>
<td>$154,833</td>
<td>$48,375</td>
<td>$103,613</td>
</tr>
<tr>
<td>Average annual cost (gross)</td>
<td>Per beneficiary</td>
<td>$3,423</td>
<td>$2,814</td>
<td>$3,799</td>
</tr>
<tr>
<td></td>
<td>Per member year of enrollment</td>
<td>$3,621</td>
<td>$2,944</td>
<td>$4,048</td>
</tr>
<tr>
<td>Average annual cost (to plans)▲</td>
<td>Per beneficiary</td>
<td>$2,157</td>
<td>$1,741</td>
<td>$2,410</td>
</tr>
<tr>
<td></td>
<td>Per member year of enrollment</td>
<td>$2,281</td>
<td>$1,821</td>
<td>$2,568</td>
</tr>
<tr>
<td>Average annual cost (to beneficiaries)#</td>
<td>Per beneficiary</td>
<td>$480</td>
<td>$388</td>
<td>$547</td>
</tr>
<tr>
<td></td>
<td>Per beneficiary with subsidies</td>
<td>$73</td>
<td>$89</td>
<td>$68</td>
</tr>
<tr>
<td></td>
<td>Per member year of enrollment</td>
<td>$377</td>
<td>$330</td>
<td>$410</td>
</tr>
<tr>
<td></td>
<td>Per member year of enrollment — beneficiaries without subsidies</td>
<td>$506</td>
<td>$406</td>
<td>$579</td>
</tr>
<tr>
<td></td>
<td>Per member year of enrollment — beneficiaries with subsidies</td>
<td>$78</td>
<td>$92</td>
<td>$73</td>
</tr>
<tr>
<td>Percentage of beneficiaries^</td>
<td>Reached initial coverage limit (ICL)</td>
<td>16.3%</td>
<td>14.0%</td>
<td>18.2%</td>
</tr>
<tr>
<td></td>
<td>Reached ICL — beneficiaries without subsidies</td>
<td>10.0%</td>
<td>8.8%</td>
<td>11.1%</td>
</tr>
<tr>
<td></td>
<td>Reached ICL — beneficiaries with subsidies</td>
<td>30.8%</td>
<td>30.6%</td>
<td>32.1%</td>
</tr>
<tr>
<td></td>
<td>Entered catastrophic coverage</td>
<td>7.3%</td>
<td>5.4%</td>
<td>8.5%</td>
</tr>
<tr>
<td></td>
<td>Entered catastrophic coverage — beneficiaries without subsidies</td>
<td>2.5%</td>
<td>1.9%</td>
<td>2.9%</td>
</tr>
<tr>
<td></td>
<td>Entered catastrophic coverage — beneficiaries with subsidies</td>
<td>18.4%</td>
<td>16.3%</td>
<td>19.5%</td>
</tr>
</tbody>
</table>

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

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

* 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.

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

* 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.
<table>
<thead>
<tr>
<th>Category</th>
<th>Type</th>
<th>2014 All**</th>
<th>2014 Medicare Advantage prescription drug plan (MA-PD)</th>
<th>2014 prescription drug plan (PDP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part D totals</td>
<td>Number of beneficiaries enrolled in Part D*</td>
<td>39,995,519</td>
<td>14,241,864</td>
<td>25,327,197</td>
</tr>
<tr>
<td></td>
<td>Member years of Part D enrollment</td>
<td>37,720,840</td>
<td>13,575,387</td>
<td>23,742,844</td>
</tr>
<tr>
<td></td>
<td>Total prescription drug events (fills)†</td>
<td>1,417,056,465</td>
<td>451,652,358</td>
<td>951,240,239</td>
</tr>
<tr>
<td></td>
<td>Total drug costs (in millions)‡</td>
<td>$121,460</td>
<td>$33,687</td>
<td>$86,695</td>
</tr>
<tr>
<td>Average annual cost (gross)</td>
<td>Per beneficiary</td>
<td>$3,037</td>
<td>$2,365</td>
<td>$3,423</td>
</tr>
<tr>
<td></td>
<td>Per member year of enrollment</td>
<td>$3,220</td>
<td>$2,481</td>
<td>$3,651</td>
</tr>
<tr>
<td>Average annual cost (to plans)▲</td>
<td>Per beneficiary</td>
<td>$1,783</td>
<td>$1,367</td>
<td>$2,022</td>
</tr>
<tr>
<td></td>
<td>Per member year of enrollment</td>
<td>$1,891</td>
<td>$1,434</td>
<td>$2,156</td>
</tr>
<tr>
<td>Average annual cost (to beneficiaries)#</td>
<td>Per beneficiary</td>
<td>$398</td>
<td>$329</td>
<td>$372</td>
</tr>
<tr>
<td></td>
<td>Per beneficiary without subsidies</td>
<td>$491</td>
<td>$399</td>
<td>$555</td>
</tr>
<tr>
<td></td>
<td>Per beneficiary with subsidies</td>
<td>$75</td>
<td>$90</td>
<td>$70</td>
</tr>
<tr>
<td></td>
<td>Per member year of enrollment</td>
<td>$379</td>
<td>$346</td>
<td>$397</td>
</tr>
<tr>
<td></td>
<td>Per member year of enrollment — beneficiaries without subsidies</td>
<td>$518</td>
<td>$419</td>
<td>$589</td>
</tr>
<tr>
<td></td>
<td>Per member year of enrollment — beneficiaries with subsidies</td>
<td>$80</td>
<td>$94</td>
<td>$75</td>
</tr>
<tr>
<td>Percentage of beneficiaries^</td>
<td>Reached initial coverage limit (ICL)</td>
<td>21.0%</td>
<td>17.2%</td>
<td>23.4%</td>
</tr>
<tr>
<td></td>
<td>Reached ICL — beneficiaries without subsidies</td>
<td>13.1%</td>
<td>11.8%</td>
<td>14.1%</td>
</tr>
<tr>
<td></td>
<td>Reached ICL — beneficiaries with subsidies</td>
<td>37.9%</td>
<td>35.9%</td>
<td>38.7%</td>
</tr>
<tr>
<td></td>
<td>Entered catastrophic coverage</td>
<td>7.9%</td>
<td>5.0%</td>
<td>9.6%</td>
</tr>
<tr>
<td></td>
<td>Entered catastrophic coverage — beneficiaries without subsidies</td>
<td>2.5%</td>
<td>2.0%</td>
<td>3.0%</td>
</tr>
<tr>
<td></td>
<td>Entered catastrophic coverage — beneficiaries with subsidies</td>
<td>19.2%</td>
<td>15.5%</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

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

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

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

* 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.

† 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.