

CMS Chronic Condition Data Warehouse (CCW)
Medicare* Part D Prescription Drug Costs for 2007 Through 2016

Table F.3

	2007			2008		
	All [†]	MA-PD	PDP	All [†]	MA-PD	PDP
Number of beneficiaries enrolled in Part D	26,158,553	7,121,706	18,511,640	27,530,929	8,398,405	18,803,644
Member years of Part D enrollment	24,428,697	6,689,674	17,243,931	25,815,060	7,906,097	17,599,191
Total Prescription Drug Events (fills) [▲]	970,211,271	210,028,489	741,812,764	1,036,673,680	260,775,588	764,790,751
Total drug costs (in millions) [‡]	\$62,133	\$11,793	\$49,240	\$68,525	\$15,055	\$52,740
Average annual cost (gross)						
Per beneficiary	\$2,375	\$1,656	\$2,660	\$2,489	\$1,793	\$2,805
Per member year of enrollment	\$2,543	\$1,763	\$2,856	\$2,654	\$1,904	\$2,997
Average annual cost (to plans) [∞]						
Per beneficiary	\$1,283	\$857	\$1,453	\$1,353	\$918	\$1,551
Per member year of enrollment	\$1,374	\$913	\$1,560	\$1,443	\$975	\$1,657
Average annual cost (to beneficiaries) ^{**}						
Per beneficiary	\$419	\$383	\$431	\$413	\$381	\$424
beneficiaries without subsidies	\$635	\$439	\$762	\$616	\$441	\$739
beneficiaries with subsidies	\$93	\$123	\$89	\$92	\$119	\$87
Per member year of enrollment	\$448	\$408	\$463	\$440	\$405	\$453
beneficiaries without subsidies	\$679	\$469	\$814	\$654	\$469	\$783
beneficiaries with subsidies	\$100	\$129	\$95	\$99	\$125	\$94
Percentage of beneficiaries [♦]						
Reached Initial Coverage Limit (ICL)	31.4%	20.9%	36.0%	28.7%	17.6%	34.0%
beneficiaries without subsidies	23.4%	17.7%	27.6%	19.3%	13.3%	24.0%
beneficiaries with subsidies	43.4%	35.5%	44.7%	43.4%	36.5%	44.7%
Entered catastrophic coverage	8.6%	2.8%	11.0%	8.7%	3.1%	11.3%
beneficiaries without subsidies	2.6%	1.2%	3.5%	2.5%	1.2%	3.4%
beneficiaries with subsidies	17.7%	10.2%	18.8%	18.5%	11.4%	19.7%

Footnotes:

* Includes all Medicare beneficiaries who were eligible for or 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". Additional plan types are included in "All", for example PACE, Employer plans, and demonstrations.

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

[‡] Total drug costs are obtained by summing the gross cost of each PDE. Total costs are rounded and expressed 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 that were paid by the manufacturers during the gap discount. The costs are not indicative of the full cost to 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 & Medicaid, as well as those with a low-income subsidy (LIS).

[♦] The initial coverage limit (ICL) changes annually: for 2006 the standard amount was \$2,250; for 2007 it was \$2,400; for 2008 it was \$2,510; for 2009 it was \$2,700; for 2010 it was \$2,830; for 2011 it was \$2,840; for 2012 it was \$2,930; for 2013 it was \$2,970; for 2014 it was \$2,850; for 2015 it was \$2,960; for 2016 it was \$3,310. The catastrophic coverage level changes annually: the standard amount for 2006 was \$5,100 (TrOOP); for 2007 it was \$5,451.25; for 2008 it was \$5,726.25; for 2009 it was \$6,153.75; for 2010 it was \$6,440 (which includes a \$250 rebate); for 2011 it was \$6,483.72; for 2012 it was \$6,730.39; for 2013 it was \$6,954.52; for 2014 it was \$6,690.77; for 2015 it was \$7,061.76; for 2016 it was \$7,515.22.

Report Release Date: 04/24/2018

**CMS Chronic Condition Data Warehouse (CCW)
Medicare* Part D Prescription Drug Costs for 2007 Through 2016**

Table F.3

	2009			2010		
	All [†]	MA-PD	PDP	All [†]	MA-PD	PDP
Number of beneficiaries enrolled in Part D	28,711,977	9,470,162	18,892,739	29,745,502	10,118,184	19,227,505
Member years of Part D enrollment	26,969,195	8,960,585	17,679,873	27,956,455	9,619,209	17,959,558
Total Prescription Drug Events (fills) [▲]	1,076,736,665	297,194,084	767,894,948	1,109,910,261	320,067,298	776,074,581
Total drug costs (in millions) [‡]	\$73,715	\$17,839	\$55,097	\$77,624	\$19,482	\$57,208
Average annual cost (gross)						
Per beneficiary	\$2,567	\$1,884	\$2,916	\$2,610	\$1,925	\$2,975
Per member year of enrollment	\$2,733	\$1,991	\$3,116	\$2,777	\$2,025	\$3,185
Average annual cost (to plans) [∞]						
Per beneficiary	\$1,388	\$964	\$1,605	\$1,421	\$1,001	\$1,647
Per member year of enrollment	\$1,478	\$1,019	\$1,715	\$1,512	\$1,053	\$1,764
Average annual cost (to beneficiaries) ^{**}						
Per beneficiary	\$423	\$384	\$440	\$423	\$393	\$436
beneficiaries without subsidies	\$623	\$446	\$762	\$623	\$459	\$757
beneficiaries with subsidies	\$96	\$121	\$91	\$99	\$125	\$93
Per member year of enrollment	\$451	\$406	\$470	\$450	\$413	\$467
beneficiaries without subsidies	\$661	\$473	\$810	\$659	\$484	\$805
beneficiaries with subsidies	\$103	\$126	\$98	\$106	\$131	\$100
Percentage of beneficiaries [♦]						
Reached Initial Coverage Limit (ICL)	27.0%	17.1%	32.3%	25.6%	16.9%	30.5%
beneficiaries without subsidies	17.5%	12.6%	21.8%	16.2%	12.1%	19.9%
beneficiaries with subsidies	42.4%	36.5%	43.7%	40.8%	35.9%	41.9%
Entered catastrophic coverage	8.1%	3.1%	10.8%	7.9%	3.3%	10.4%
beneficiaries without subsidies	2.2%	1.1%	3.1%	2.1%	1.2%	2.8%
beneficiaries with subsidies	17.8%	11.6%	19.1%	17.3%	11.8%	18.5%

Footnotes:

* Includes all Medicare beneficiaries who were eligible for or 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". Additional plan types are included in "All", for example PACE, Employer plans, and demonstrations.

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

[‡] Total drug costs are obtained by summing the gross cost of each PDE. Total costs are rounded and expressed 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 that were paid by the manufacturers during the gap discount. The costs are not indicative of the full cost to 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 & Medicaid, as well as those with a low-income subsidy (LIS).

[♦] The initial coverage limit (ICL) changes annually: for 2006 the standard amount was \$2,250; for 2007 it was \$2,400; for 2008 it was \$2,510; for 2009 it was \$2,700; for 2010 it was \$2,830; for 2011 it was \$2,840; for 2012 it was \$2,930; for 2013 it was \$2,970; for 2014 it was \$2,850; for 2015 it was \$2,960; for 2016 it was \$3,310. The catastrophic coverage level changes annually: the standard amount for 2006 was \$5,100 (TrOOP); for 2007 it was \$5,451.25; for 2008 it was \$5,726.25; for 2009 it was \$6,153.75; for 2010 it was \$6,440 (which includes a \$250 rebate); for 2011 it was \$6,483.72; for 2012 it was \$6,730.39; for 2013 it was \$6,954.52; for 2014 it was \$6,690.77; for 2015 it was \$7,061.76; for 2016 it was \$7,515.22.

Report Release Date: 04/24/2018

CMS Chronic Condition Data Warehouse (CCW)
Medicare* Part D Prescription Drug Costs for 2007 Through 2016

Table F.3

	2011			2012		
	All [†]	MA-PD	PDP	All [†]	MA-PD	PDP
Number of beneficiaries enrolled in Part D	31,480,779	10,971,305	20,109,662	33,789,486	12,023,790	21,351,749
Member years of Part D enrollment	29,556,343	10,399,809	18,780,630	31,807,992	11,404,787	20,014,325
Total Prescription Drug Events (fills) [▲]	1,155,913,341	346,425,046	795,873,307	1,216,491,345	375,384,061	827,022,578
Total drug costs (in millions) [‡]	\$84,887	\$21,917	\$62,022	\$89,831	\$23,885	\$64,979
Average annual cost (gross)						
Per beneficiary	\$2,696	\$1,998	\$3,084	\$2,659	\$1,986	\$3,043
Per member year of enrollment	\$2,872	\$2,107	\$3,302	\$2,824	\$2,094	\$3,247
Average annual cost (to plans) [∞]						
Per beneficiary	\$1,489	\$1,056	\$1,730	\$1,483	\$1,065	\$1,722
Per member year of enrollment	\$1,586	\$1,114	\$1,852	\$1,575	\$1,123	\$1,837
Average annual cost (to beneficiaries) ^{**}						
Per beneficiary	\$370	\$348	\$380	\$354	\$330	\$365
beneficiaries without subsidies	\$535	\$408	\$639	\$506	\$391	\$597
beneficiaries with subsidies	\$94	\$117	\$88	\$81	\$102	\$76
Per member year of enrollment	\$394	\$367	\$407	\$376	\$347	\$389
beneficiaries without subsidies	\$568	\$432	\$679	\$536	\$413	\$633
beneficiaries with subsidies	\$101	\$122	\$95	\$87	\$106	\$81
Percentage of beneficiaries [♦]						
Reached Initial Coverage Limit (ICL)	25.0%	17.2%	29.6%	22.2%	15.7%	26.2%
beneficiaries without subsidies	15.7%	12.2%	19.0%	13.5%	10.8%	15.9%
beneficiaries with subsidies	40.4%	36.3%	41.5%	37.9%	33.9%	39.1%
Entered catastrophic coverage	8.2%	3.8%	10.8%	7.4%	3.7%	9.6%
beneficiaries without subsidies	2.3%	1.5%	3.1%	2.1%	1.4%	2.7%
beneficiaries with subsidies	18.1%	12.9%	19.4%	16.8%	12.1%	18.1%

Footnotes:

* Includes all Medicare beneficiaries who were eligible for or 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". Additional plan types are included in "All", for example PACE, Employer plans, and demonstrations.

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

[‡] Total drug costs are obtained by summing the gross cost of each PDE. Total costs are rounded and expressed 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 that were paid by the manufacturers during the gap discount. The costs are not indicative of the full cost to 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 & Medicaid, as well as those with a low-income subsidy (LIS).

[♦] The initial coverage limit (ICL) changes annually: for 2006 the standard amount was \$2,250; for 2007 it was \$2,400; for 2008 it was \$2,510; for 2009 it was \$2,700; for 2010 it was \$2,830; for 2011 it was \$2,840; for 2012 it was \$2,930; for 2013 it was \$2,970; for 2014 it was \$2,850; for 2015 it was \$2,960; for 2016 it was \$3,310. The catastrophic coverage level changes annually: the standard amount for 2006 was \$5,100 (TrOOP); for 2007 it was \$5,451.25; for 2008 it was \$5,726.25; for 2009 it was \$6,153.75; for 2010 it was \$6,440 (which includes a \$250 rebate); for 2011 it was \$6,483.72; for 2012 it was \$6,730.39; for 2013 it was \$6,954.52; for 2014 it was \$6,690.77; for 2015 it was \$7,061.76; for 2016 it was \$7,515.22.

Report Release Date: 04/24/2018

CMS Chronic Condition Data Warehouse (CCW)
Medicare* Part D Prescription Drug Costs for 2007 Through 2016

Table F.3

	2013			2014		
	All [†]	MA-PD	PDP	All [†]	MA-PD	PDP
Number of beneficiaries enrolled in Part D	37,839,618	13,097,970	24,344,776	39,995,519	14,241,864	25,327,197
Member years of Part D enrollment	35,679,758	12,445,404	22,861,383	37,720,840	13,575,387	23,742,844
Total Prescription Drug Events (fills) [▲]	1,371,343,181	420,074,406	938,112,315	1,417,056,465	451,652,358	951,240,239
Total drug costs (in millions) [‡]	\$103,700	\$27,169	\$75,660	\$121,460	\$33,687	\$86,695
Average annual cost (gross)						
Per beneficiary	\$2,741	\$2,074	\$3,108	\$3,037	\$2,365	\$3,423
Per member year of enrollment	\$2,906	\$2,183	\$3,310	\$3,220	\$2,481	\$3,651
Average annual cost (to plans) [∞]						
Per beneficiary	\$1,549	\$1,147	\$1,770	\$1,783	\$1,367	\$2,022
Per member year of enrollment	\$1,643	\$1,207	\$1,885	\$1,891	\$1,434	\$2,156
Average annual cost (to beneficiaries) ^{**}						
Per beneficiary	\$350	\$321	\$365	\$358	\$329	\$372
beneficiaries without subsidies	\$481	\$384	\$549	\$491	\$399	\$555
beneficiaries with subsidies	\$82	\$97	\$77	\$75	\$90	\$70
Per member year of enrollment	\$372	\$338	\$388	\$379	\$346	\$397
beneficiaries without subsidies	\$509	\$405	\$581	\$518	\$419	\$589
beneficiaries with subsidies	\$87	\$102	\$83	\$80	\$94	\$75
Percentage of beneficiaries [♦]						
Reached Initial Coverage Limit (ICL)	20.1%	15.7%	22.8%	21.0%	17.2%	23.4%
beneficiaries without subsidies	12.0%	10.7%	13.1%	13.1%	11.8%	14.1%
beneficiaries with subsidies	36.8%	33.5%	37.9%	37.9%	35.9%	38.7%
Entered catastrophic coverage	6.9%	4.0%	8.5%	7.9%	5.0%	9.6%
beneficiaries without subsidies	2.0%	1.5%	2.4%	2.5%	2.0%	3.0%
beneficiaries with subsidies	16.9%	12.9%	18.2%	19.2%	15.5%	20.5%

Footnotes:

* Includes all Medicare beneficiaries who were eligible for or 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". Additional plan types are included in "All", for example PACE, Employer plans, and demonstrations.

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

[‡] Total drug costs are obtained by summing the gross cost of each PDE. Total costs are rounded and expressed 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 that were paid by the manufacturers during the gap discount. The costs are not indicative of the full cost to 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 & Medicaid, as well as those with a low-income subsidy (LIS).

[♦] The initial coverage limit (ICL) changes annually: for 2006 the standard amount was \$2,250; for 2007 it was \$2,400; for 2008 it was \$2,510; for 2009 it was \$2,700; for 2010 it was \$2,830; for 2011 it was \$2,840; for 2012 it was \$2,930; for 2013 it was \$2,970; for 2014 it was \$2,850; for 2015 it was \$2,960; for 2016 it was \$3,310. The catastrophic coverage level changes annually: the standard amount for 2006 was \$5,100 (TrOOP); for 2007 it was \$5,451.25; for 2008 it was \$5,726.25; for 2009 it was \$6,153.75; for 2010 it was \$6,440 (which includes a \$250 rebate); for 2011 it was \$6,483.72; for 2012 it was \$6,730.39; for 2013 it was \$6,954.52; for 2014 it was \$6,690.77; for 2015 it was \$7,061.76; for 2016 it was \$7,515.22.

Report Release Date: 04/24/2018

CMS Chronic Condition Data Warehouse (CCW)
Medicare* Part D Prescription Drug Costs for 2007 Through 2016

Table F.3

	2015			2016		
	All [†]	MA-PD	PDP	All [†]	MA-PD	PDP
Number of beneficiaries enrolled in Part D	41,859,463	15,147,924	26,045,330	43,587,021	16,095,260	26,757,283
Member years of Part D enrollment	39,505,335	14,465,397	24,407,680	41,203,810	15,377,426	25,126,406
Total Prescription Drug Events (fills) [▲]	1,450,055,791	472,944,423	952,404,299	1,484,005,937	496,726,001	959,203,777
Total drug costs (in millions) [‡]	\$137,378	\$39,573	\$95,617	\$146,144	\$43,526	\$100,038
Average annual cost (gross)						
Per beneficiary	\$3,282	\$2,612	\$3,671	\$3,353	\$2,704	\$3,739
Per member year of enrollment	\$3,477	\$2,736	\$3,917	\$3,547	\$2,831	\$3,981
Average annual cost (to plans) [∞]						
Per beneficiary	\$2,001	\$1,578	\$2,246	\$2,072	\$1,647	\$2,321
Per member year of enrollment	\$2,121	\$1,652	\$2,396	\$2,192	\$1,724	\$2,472
Average annual cost (to beneficiaries) ^{**}						
Per beneficiary	\$360	\$332	\$377	\$362	\$328	\$385
beneficiaries without subsidies	\$491	\$405	\$551	\$491	\$402	\$554
beneficiaries with subsidies	\$73	\$89	\$68	\$73	\$90	\$68
Per member year of enrollment	\$381	\$348	\$402	\$383	\$344	\$410
beneficiaries without subsidies	\$519	\$425	\$585	\$518	\$421	\$587
beneficiaries with subsidies	\$78	\$93	\$74	\$78	\$94	\$74
Percentage of beneficiaries [♦]						
Reached Initial Coverage Limit (ICL)	19.8%	16.6%	22.0%	17.9%	15.2%	20.0%
beneficiaries without subsidies	12.4%	11.2%	13.5%	11.1%	9.8%	12.2%
beneficiaries with subsidies	35.8%	34.8%	37.1%	33.2%	32.9%	34.5%
Entered catastrophic coverage	8.0%	5.5%	9.5%	7.6%	5.5%	8.9%
beneficiaries without subsidies	2.7%	2.2%	3.2%	2.6%	2.1%	3.1%
beneficiaries with subsidies	19.4%	16.5%	20.6%	18.8%	16.5%	19.9%

Footnotes:

* Includes all Medicare beneficiaries who were eligible for or 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". Additional plan types are included in "All", for example PACE, Employer plans, and demonstrations.

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

[‡] Total drug costs are obtained by summing the gross cost of each PDE. Total costs are rounded and expressed 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 that were paid by the manufacturers during the gap discount. The costs are not indicative of the full cost to 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 & Medicaid, as well as those with a low-income subsidy (LIS).

[♦] The initial coverage limit (ICL) changes annually: for 2006 the standard amount was \$2,250; for 2007 it was \$2,400; for 2008 it was \$2,510; for 2009 it was \$2,700; for 2010 it was \$2,830; for 2011 it was \$2,840; for 2012 it was \$2,930; for 2013 it was \$2,970; for 2014 it was \$2,850; for 2015 it was \$2,960; for 2016 it was \$3,310. The catastrophic coverage level changes annually: the standard amount for 2006 was \$5,100 (TrOOP); for 2007 it was \$5,451.25; for 2008 it was \$5,726.25; for 2009 it was \$6,153.75; for 2010 it was \$6,440 (which includes a \$250 rebate); for 2011 it was \$6,483.72; for 2012 it was \$6,730.39; for 2013 it was \$6,954.52; for 2014 it was \$6,690.77; for 2015 it was \$7,061.76; for 2016 it was \$7,515.22.

Report Release Date: 04/24/2018