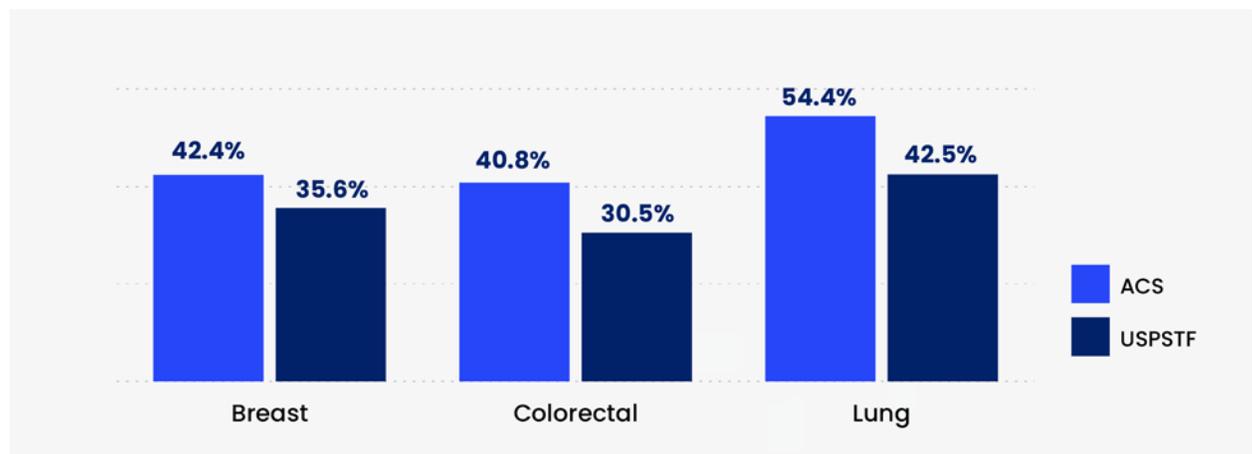


Cancer Screening and Prevention in the Medicare Program

A significant number of cancers can be prevented. According to research from the American Cancer Society, approximately 42% of newly diagnosed cancers in the United States (about 840,000 cases in 2024) are potentially avoidable through lifestyle changes.⁶⁶ Nineteen percent of all cancers are caused by smoking and 18% are caused by a combination of physical inactivity, excess body weight, poor nutrition and excess alcohol consumption.⁶⁷

There are currently screening recommendations (issued by the U.S. Preventive Services Task Force [USPSTF]) and guidelines (issued by the American Cancer Society) for breast,^{68,69} cervical,^{70,71} colorectal,^{72,73} lung^{74,75} and prostate^{76,77} cancers. Individuals ages 65 and older comprise a large portion of the population that is eligible for specific cancer preventive screenings, though the percentage will change depending on whether the screening guideline used is that of the American Cancer Society or the USPSTF.

Figure 29: Percent Population Ages 65+ Eligible for Screening



Note: The American Cancer Society (ACS) lung cancer screening guidelines were updated in 2023. Data reflect screening eligibility based on previous ACS lung cancer screening guidelines. While ACS has screening guidelines and the U.S. Preventive Services Task Force (USPSTF) has screening recommendations related to cervical cancer screening, both entities recommend ending screening for individuals at age 65. Both ACS and USPSTF guidelines recommend that prostate cancer screening for age-eligible men of average risk should be discussed with their provider to make an informed decision.

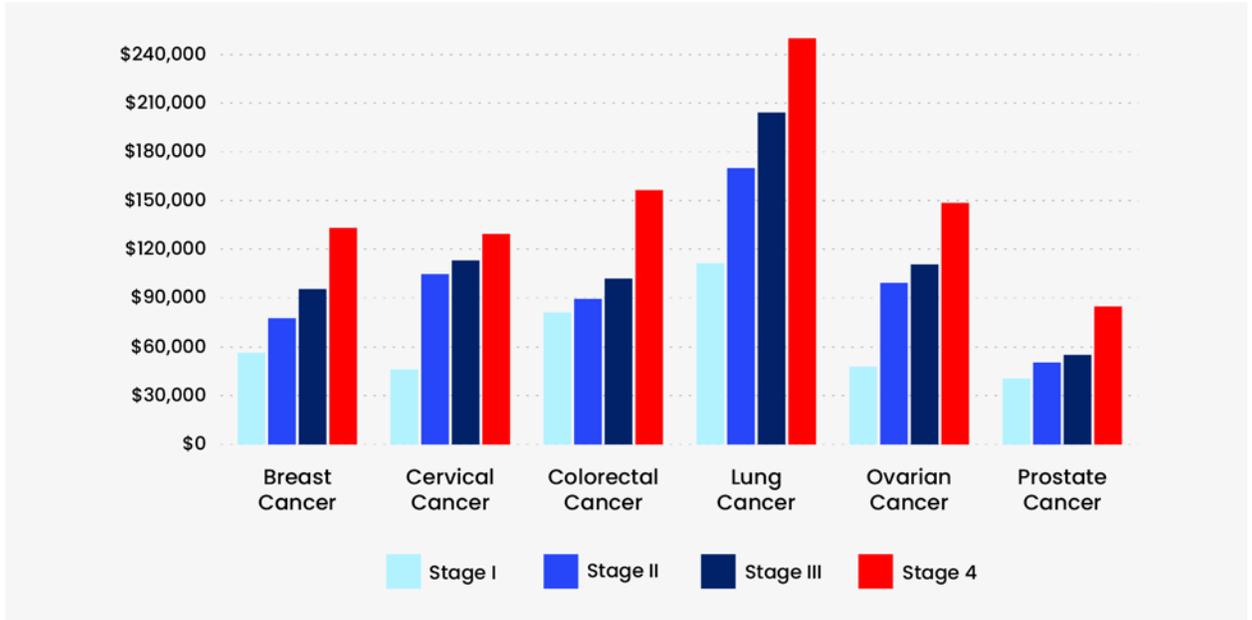
Source: Estimates of breast and colorectal cancer screening eligibility are from the 2021 National Health Interview Survey. Estimates of lung cancer screening eligibility are from the 2022 Behavioral Risk Factor Surveillance System.

*Eligibility was determined by the American Cancer Society and U.S. Preventive Services Task Force recommendations.

Importance of Cancer Screenings

Identifying and treating cancer at an early stage – before it has an opportunity to grow and spread, and thus might be easier to treat – can meaningfully improve clinical outcomes. Diagnosing and treating cancer early can also reduce overall health care expenditures. The chart below shows that across a variety of cancer sites being diagnosed at an earlier stage results in lower health care costs compared to being diagnosed at a later stage. The data presented in the following chart are not limited to the Medicare population, but rather include data across private payers (including commercial, Medicaid, Medicare Advantage). In addition, the mean age ranged from 53.5 to 68.6 years.

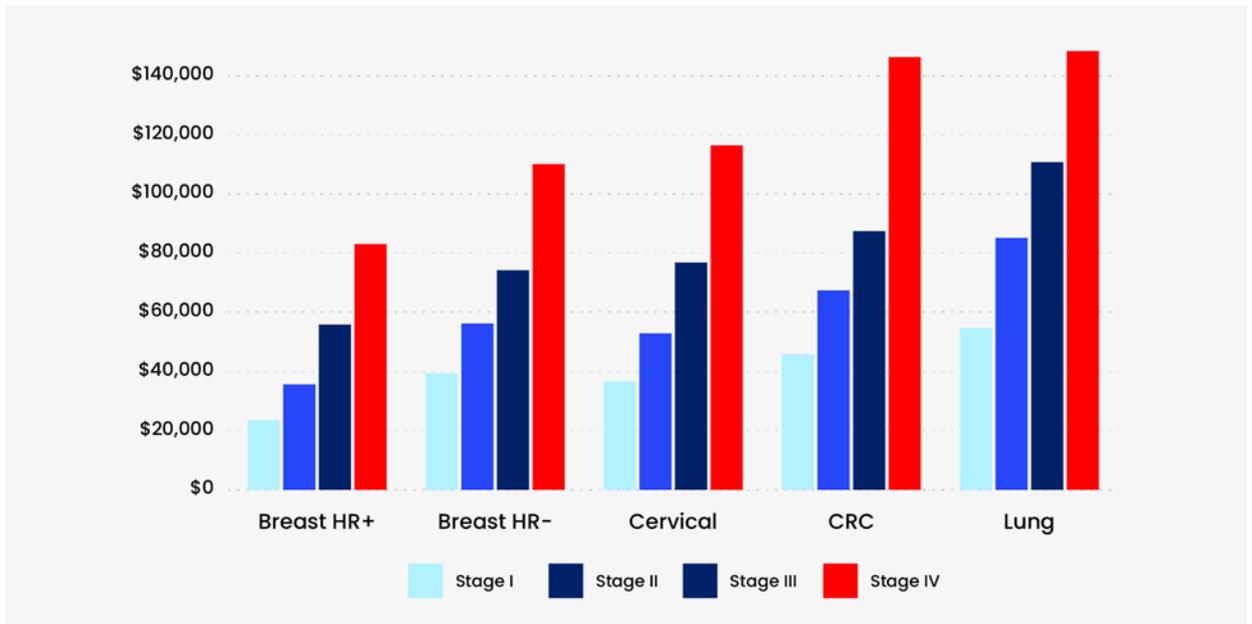
Figure 30: Mean Standard Costs By Stage Within First 6 Months of Treatment for Select Cancers, 2016–2020



NOTE: Data were conducted from Optum’s de-identified Integrated Claims-Clinical dataset with Enriched Oncology from January 1, 2008–July 31, 2020. **Source:** McGarvey, N., Gitlin, M., Fadli, E. *et al.* Increased healthcare costs by later stage cancer diagnosis. *BMC Health Serv Res* 22, 1155 (2022). <https://doi.org/10.1186/s12913-022-08457-6>.

In the Medicare population, average total annual costs of care are up to seven times higher for Medicare beneficiaries who are diagnosed in later stages rather than earlier stages.⁷⁸ Looking at just the mean total cancer-related health care costs for just five cancer types – breast cancer HR+, breast cancer HR-, cervical, colorectal and lung – shows a significant difference in cost between those who are diagnosed early versus those who are diagnosed at a later stage.

Figure 31: Total Average Cancer-related Health Care Costs in the First Year of Treatment, 2016–2020



Note: Total average cancer-related health care costs are shown for initial year of treatment. The term CRC refers to colorectal cancer. The term lung refers to cancers of the lung and bronchus.

Source: Sheila R. Reddy, Michael S. Broder, Eunice Chang, Caleb Paydar, Karen C. Chung & Anuraag R. Kansal (2022) Cost of cancer management by stage at diagnosis among Medicare beneficiaries, *Current Medical Research and Opinion*, 38:8, 1285-1294, DOI: 10.1080/03007995.2022.2047536.

Medicare Coverage of Cancer Screenings

In addition to modifiable risk factors, the early detection of cancer – and in some cases, precancer – can lead to more successful treatment and increase the likelihood of survival for cancers of the breast, colorectum, cervix, lung and prostate. Medicare coverage of cancer screenings, which are considered preventive and not medical services, is limited to cancers for which either (1) Congress created explicit statutory authority for coverage, or (2) if the U.S. Preventive Services Task Force (USPSTF) recommended an A or B rating, and the HHS Secretary determines the service is reasonable and necessary for the prevention of illness or disability and is appropriate for Medicare beneficiaries.

Currently, Medicare only provides coverage of the following cancer screenings (see chart) without cost sharing for individuals who are at average risk of cancer.⁷⁹ All of the cancer screenings coverage was provided by statute, with the exception of lung cancer screening. Lung cancer screening was authorized because the USPSTF issued a recommendation for screening.

Figure 32: Medicare Coverage of Cancer Screenings as of January 1, 2024

Medicare Coverage			
	What Is Covered	Coverage Parameters	Source of Coverage
Breast cancer screening	Mammograms	Covered annually for female beneficiaries over age 40, with a baseline mammogram for those ages 35 to 39. ⁸⁰	Omnibus Budget Reconciliation Act of 1990
Cervical cancer screening	Pap Test and pelvic exam	Covered once every 24 months, and annually for certain high-risk women. ⁸¹ HPV testing is covered once every 5 years for asymptomatic women ⁸² between age 30 and 65 in conjunction with a Pap test. ⁸³	Omnibus Budget Reconciliation Act of 1989
Prostate cancer screening	Digital rectal exam and prostate-specific antigen (PSA) test	Covered annually for male beneficiaries ages 50 and older. ⁸⁴	The Balanced Budget Act of 1997
Colorectal cancer screening	Fecal occult blood test, colonoscopy, multi-target stool DNA test, screening barium enemas and sigmoidoscopy	Beginning at age 45: <ul style="list-style-type: none"> Fecal occult blood test covered annually⁸⁵ Colonoscopy covered every 10 years (more frequently for high-risk patients)⁸⁶ Muti-target stool DNA tests every 3 years⁸⁷ Screening barium enemas every 4 years^{88,89} Flexible sigmoidoscopy covered once every 48 months⁹⁰ <p>Medicare also covers follow-on screening colonoscopies after a Medicare covered non-invasive stool-based colorectal cancer screening test yields a positive result.⁹¹</p>	The Balanced Budget Act of 1997
Lung cancer screening	Low-dose computed tomography	Covered annually for beneficiaries who are between ages 50 and 77, asymptomatic, currently smoke (or quit within the past 15 years), and tobacco smoking history of at least 20 “pack years” (average of one pack per day for 20 years) ⁹²	Administrative authority added through the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) ⁹³

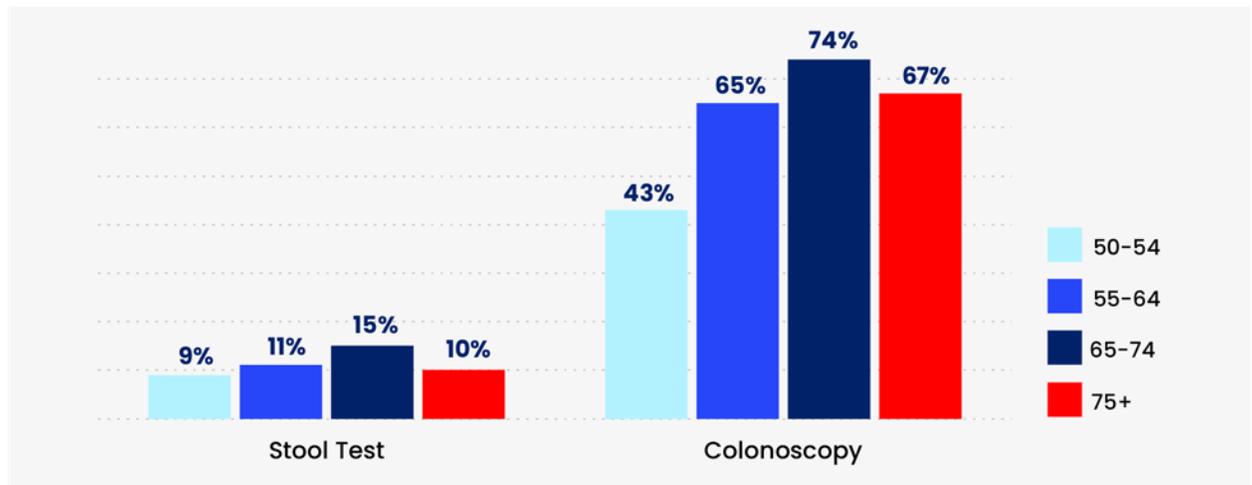
While Medicare covers these specific cancer screenings as a preventive benefit, beneficiary adherence to recommended screening regimens varies depending on the type of screening test, whether the beneficiary possesses supplemental coverage, and sociodemographic characteristics, such as race and income, which may impact an individual’s access to resources and preventive care.

The following provides information on Medicare-covered cancer screening rates using data from 2021, unless otherwise noted, and reflects disruptions during the COVID-19 pandemic.

Colorectal Cancer Screening

Colorectal cancer screening rates – measured by whether an individual is current with any of the recommended screening modalities within the recommended time frames – vary by age, with most individuals opting to receive a colonoscopy rather than a stool-based test.

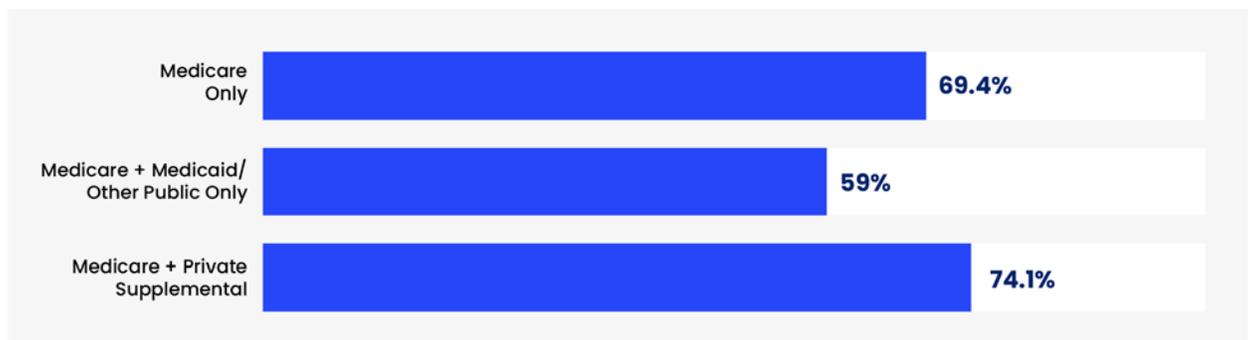
Figure 33: Percentage Screened for Colorectal Cancer by Test, 2021



Source: American Cancer Society. *Colorectal Cancer Facts & Figures 2023-2025*. Atlanta: American Cancer Society; 2023.

Colorectal screening rates also vary depending on whether the individual possesses supplemental Medicare coverage.

Figure 34: Percentage of Medicare Enrollees Up to Date with Colorectal Cancer Screening, 2018



Note: The term Medicare Only includes Medicare Advantage coverage. The term Medicare + Private Supplemental includes Medigap coverage.

Source: Islami, F, Guerra, CE, Minihan, A, Yabroff, KR, Fedewa, SA, Sloan, K, Wiedt, TL, Thomson, B, Siegel, RL, Nargis, N, Winn, RA, Lacasse, L, Makaroff, L, Daniels, EC, Patel, AV, Cance, WG, Jemal, A. American Cancer Society’s report on the status of cancer disparities in the United States, 2021. *CA Cancer J Clin.* 2022. <https://doi.org/10.3322/caac.21703>.

Colorectal cancer screening rates are generally higher for White and Black individuals compared to individuals of Asian and American Indian/Alaska Native descent.

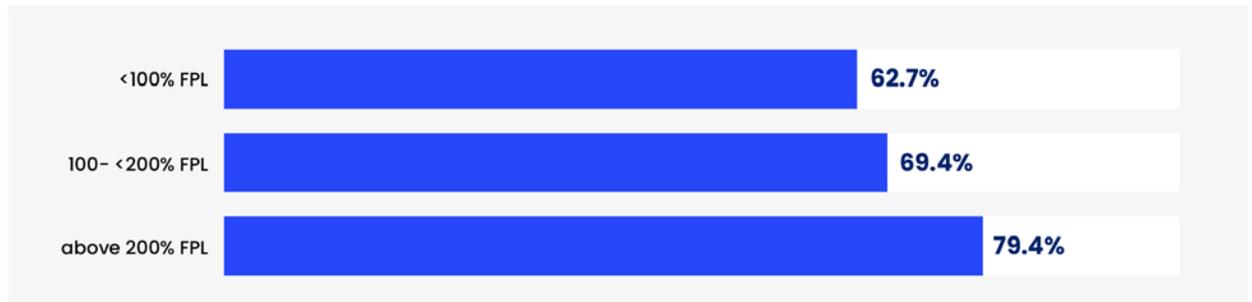
Figure 35: Colorectal Cancer Screening Estimates in Ages 65+ by Race/Ethnicity, 2021



Note: NH refers to non-Hispanic. AIAN refers to American Indian/Alaskan Native.
Source: National Health Interview Survey, 2021.

Colorectal cancer screening rates are higher for individuals whose income is above 200% of the federal poverty level compared to those whose income is at or below the federal poverty level.

Figure 36: Colorectal Cancer Screening Estimates in Ages 65+ by Federal Poverty Level (FPL), 2021



Source: National Health Interview Survey, 2021.

Colorectal cancer screening rates for Medicare Advantage plans have held steady over the past three years (2021-2023), with 72.33% of Medicare Advantage enrollees being up to date with their colorectal cancer screenings in 2023.⁹⁴

Lung Cancer Screening

In 2022, Medicare added coverage for lung cancer screenings.⁹⁵ Unfortunately, only a small minority of those enrollees who are eligible for lung cancer screening have undergone screening.

Figure 37: Lung Cancer Screening Rates of Eligible Enrollees Ages 55-75 by Insurance Type, 2017

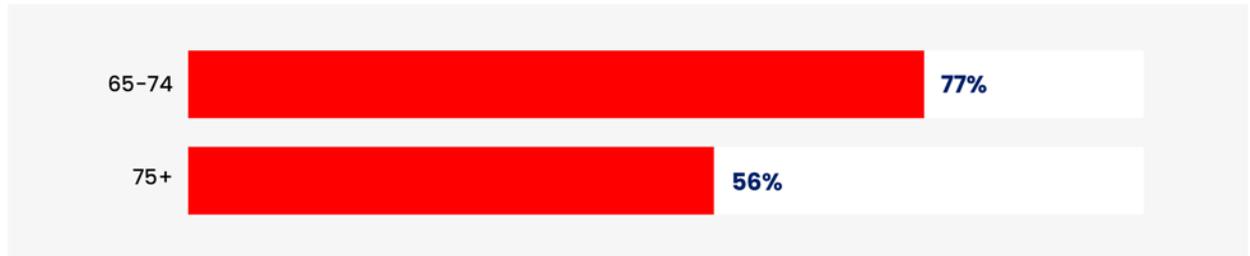


Source: Hughes DR, Chen J, Wallace AE, et al. Comparison of Lung Cancer Screening Eligibility and Use between Commercial, Medicare, and Medicare Advantage Enrollees. *J Am Coll Radiol.* 2023;20(4):402-410. doi:10.1016/j.jacr.2022.12.022.

Breast Cancer Screening

Mammography screening rates in the Medicare population are relatively high, with more than two-thirds of beneficiaries ages 65-74 up to date with their mammography screenings.

Figure 38: Women Up to Date with Mammography Screening, 2021

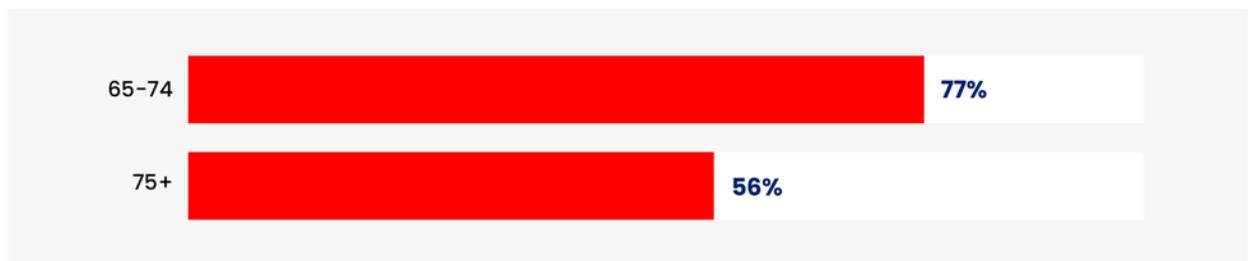


Note: The American Cancer Society considers up to date as having had a mammogram in the past two years for ages 55 and up.

Source: American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures 2023-2024*. Atlanta: American Cancer Society; 2023.

Mammography screening rates vary depending on whether the Medicare beneficiary possesses supplemental coverage.

Figure 39: Breast Cancer Screening Rates by Type of Medicare Coverage, 2019

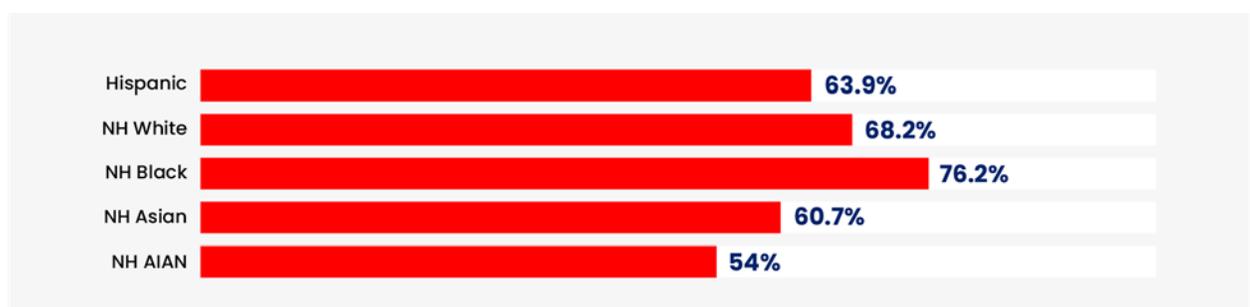


Note: The term Medicare Only includes Medicare Advantage coverage. The term Medicare + Private Supplemental includes Medigap coverage.

Source: Islami, F, Guerra, CE, Minihan, A, Yabroff, KR, Fedewa, SA, Sloan, K, Wiedt, TL, Thomson, B, Siegel, RL, Nargis, N, Winn, RA, Lacasse, L, Makaroff, L, Daniels, EC, Patel, AV, Cance, WG, Jemal, A. American Cancer Society's report on the status of cancer disparities in the United States, 2021. *CA Cancer J Clin*. 2022. <https://doi.org/10.3322/caac.21703>.

Breast cancer screening rates are generally similar across race and ethnicity, though women of Asian and American Indian/Alaska Native descent have a lower prevalence. However, Black women have the lowest survival for every stage at diagnosis and breast cancer subtype compared to women of other racial/ethnic groups.⁹⁶

Figure 40: Breast Cancer Screening Estimates in Ages 65+ by Race/Ethnicity, 2021



NOTE: NH refers to non-Hispanic. AIAN refers to American Indian/Alaskan Native.

Source: National Health Interview Survey, 2021.

For the Medicare age-eligible population, women of lower incomes are less likely to be up to date on their mammography screenings.

Figure 41: Breast Cancer Screening Estimates in Ages 65+ by Federal Poverty Level (FPL), 2021



Source: National Health Interview Survey, 2021.

Breast cancer screening rates among beneficiaries with Medicare Advantage plans have slightly decreased over the past three years. In 2021, 74.73% of Medicare Advantage enrollees were compliant with breast cancer screenings. This figure dropped to 70.42% in 2023.⁹⁷

Cervical Cancer Screening

While Medicare covers cervical cancer screening (see above) and is not bound by American Cancer Society guidelines or USPSTF recommendations, nevertheless American Cancer Society guidelines and USPSTF recommendations impact physician practice, which explains why less than half of women between the ages of 65 and 74 and less than one-quarter of women over 75 report having had a Pap test within the past three years.⁹⁸

Women 65 years of age who have Medicare and some form of supplemental coverage are more likely to be current with their cervical cancer screening relative to women who only have Medicare coverage.

Figure 42: Percentage of Women Age 65 Who Are Up to Date With Cervical Cancer Screening by Insurance Type, 2018

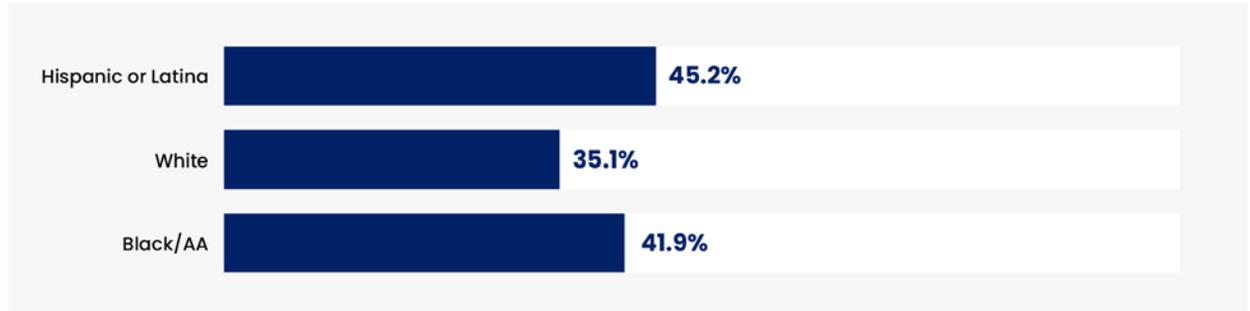


Note: Data only reflect women who are 65 years of age. The term Medicare Only includes those with Medicare Advantage coverage, and the term Medicare + Private Supplemental includes those with Medigap coverage.

Source: Islami, F, Guerra, CE, Minihan, A, Yabroff, KR, Fedewa, SA, Sloan, K, Wiedt, TL, Thomson, B, Siegel, RL, Nargis, N, Winn, RA, Lacasse, L, Makaroff, L, Daniels, EC, Patel, AV, Cance, WG, Jemal, A. American Cancer Society's report on the status of cancer disparities in the United States, 2021. *CA Cancer J Clin.* 2022. <https://doi.org/10.3322/caac.21703>.

Cervical cancer screening rates are generally consistent across race and ethnicity, though prevalence among White women is lower than for Black or African American women or Hispanic and Latina women.

Figure 43: Percentage of Woman Age 65+ Screened for Cervical Cancer Using Pap Test by Race/Ethnicity, 2018

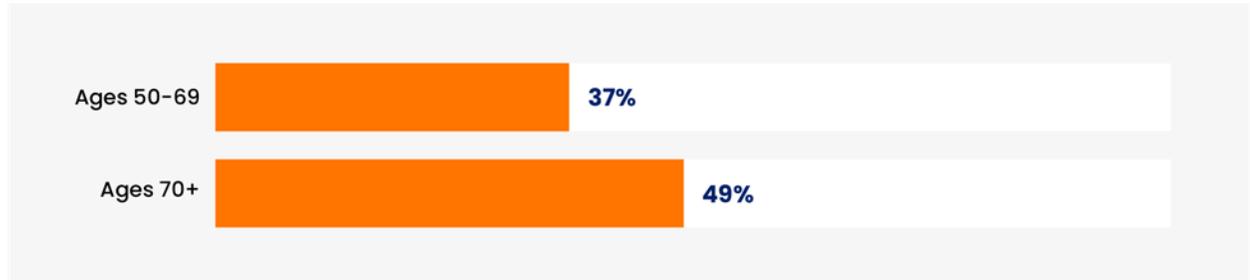


Note: Data only reflect women who have undergone Pap testing and does not include those who received an HPV test with the Pap test in the past 5 years..
Source: National Center for Health Statistics. Health, United States, 2019: Table 34. Hyattsville, MD. 2019.
 Available from: <https://www.cdc.gov/nchs/hus/data-finder.htm>.

Prostate Cancer Screening

Men over the age of 70 are more likely to undergo prostate cancer screening.

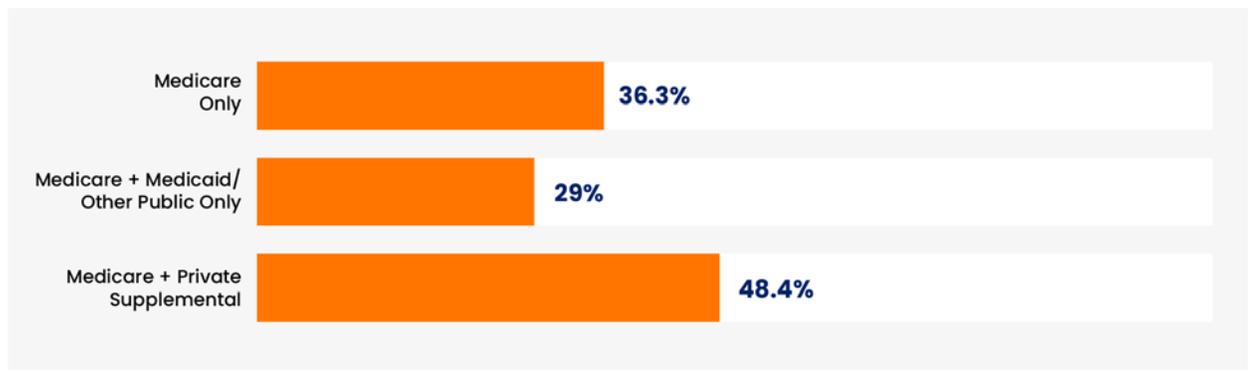
Figure 44: Percentage of Men Who Had Prostate-Specific Antigen (PSA) Test Within Past Year by Age, 2021



Source: National Health Interview Survey, 2021.

Among men ages 65+, those who have Medicare and supplemental coverage are more likely to undergo prostate cancer screening tests.

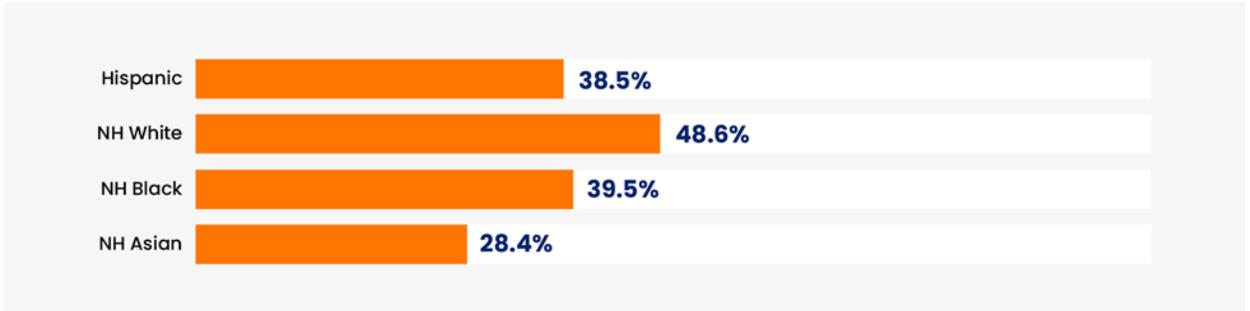
Figure 45: Percentage of Men 65+ who Had Prostate-Specific Antigen (PSA) Test Within Past Year by Insurance Type, 2018



Note: The term Medicare Only includes Medicare Advantage coverage. The term Medicare + Private Supplemental includes Medigap coverage.
Source: Islami, F, Guerra, CE, Minihan, A, Yabroff, KR, Fedewa, SA, Sloan, K, Wiedt, TL, Thomson, B, Siegel, RL, Nargis, N, Winn, RA, Lacasse, L, Makaroff, L, Daniels, EC, Patel, AV, Cance, WG, Jemal, A. American Cancer Society's report on the status of cancer disparities in the United States, 2021. *CA Cancer J Clin.* 2022. <https://doi.org/10.3322/caac.21703>.

In looking at men over the age of 50, White men are more likely to have prostate cancer screenings compared to all other race/ethnic groups. However, Black men have a significantly higher incidence rate than White men and are twice as likely to die from prostate cancer compared to White men.⁹⁹

Figure 46: Prostate Cancer Screening Estimates in Ages 65+ by Race/Ethnicity, 2021

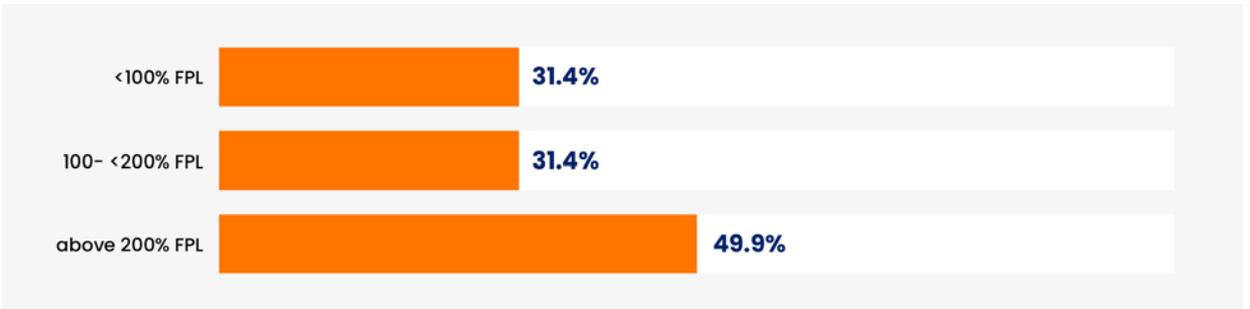


Note: NH refers to non-Hispanic.

Source: National Health Interview Survey, 2021.

Men with higher incomes (i.e., incomes at more than twice the federal poverty level) are more likely to be screened for prostate cancer compared to individuals with lower incomes.

Figure 47: Prostate Cancer Screening Estimates in Ages 65+ by Federal Poverty Level (FPL), 2021



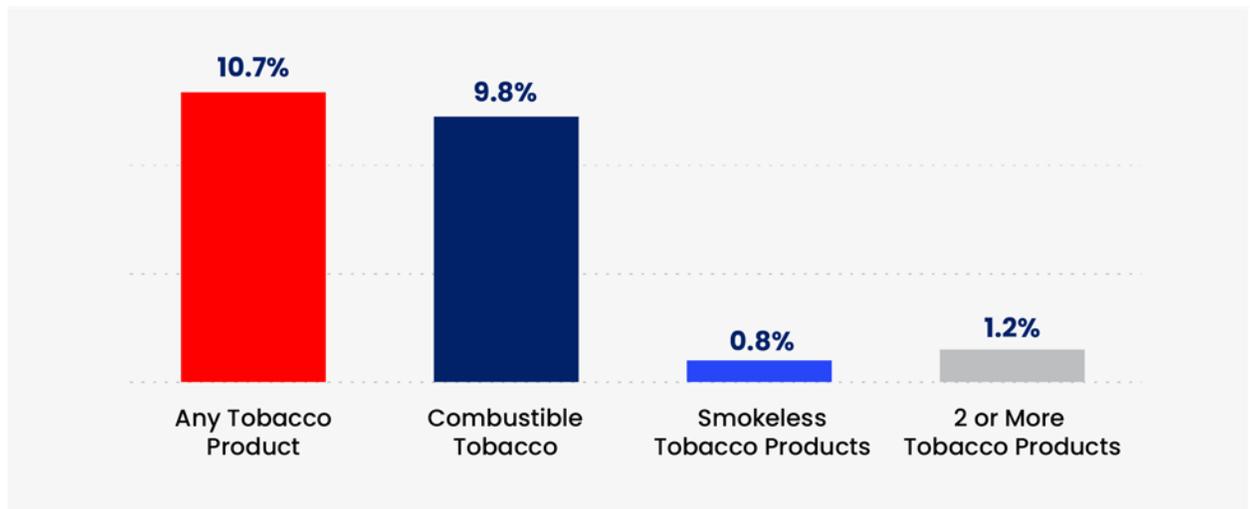
Source: National Health Interview Survey, 2021.

Medicare Coverage of Tobacco Cessation

Medicare Part B covers up to eight visits of smoking and tobacco cessation counseling visits in a 12-month period.¹⁰⁰ Beneficiaries do not incur any cost sharing related to these visits. Medicare Part D does not cover over-the-counter medication. However, Part D plans are permitted to cover prescription-only smoking cessation products,¹⁰¹ though coverage of these products will vary depending on the plan.

Coverage of tobacco cessation products is important because of the prevalence of tobacco use among individuals over the age of 65 who have Medicare. Approximately 10% of people with Medicare over the age of 65 reported currently use of a tobacco product.

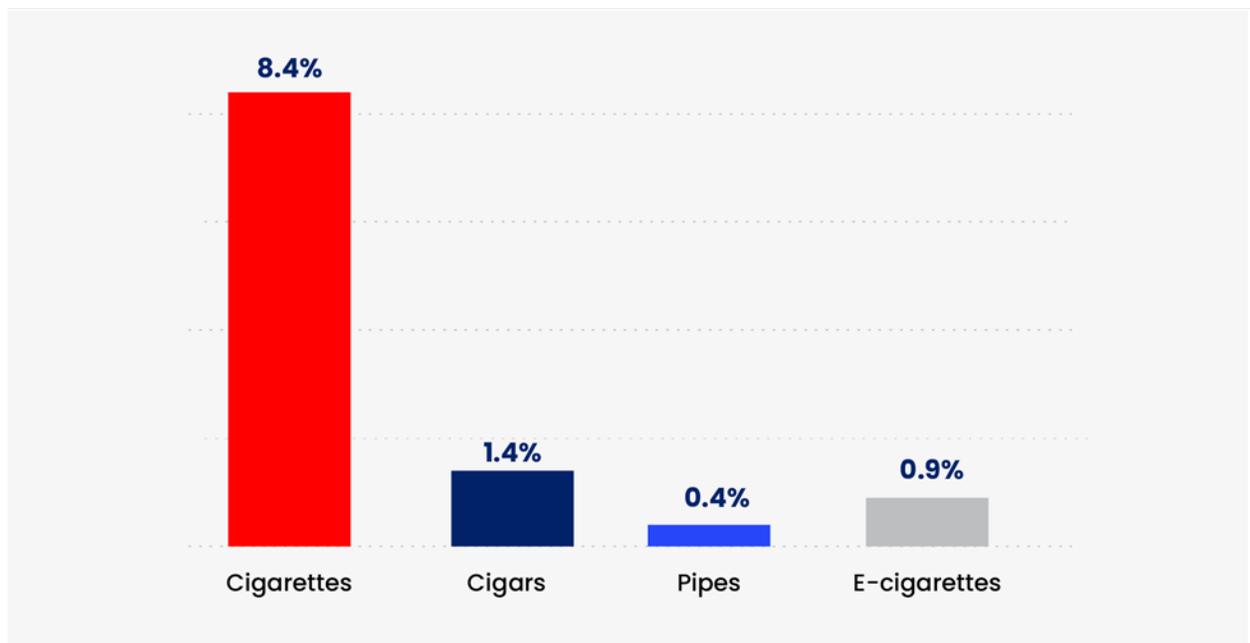
Figure 48: Tobacco Product Use Among Adults Ages 65+, 2021



Source: Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. *MMWR Mortal Wkly Rep* 2023; 72.

Combustible products, in particular cigarettes, are the most used tobacco product.

Figure 49: Combustible Tobacco Use Among Adults Ages 65+, 2021



Source: Cornelius ME, Loretan CG, Jamal A, et al. Tobacco Product Use Among Adults – United States, 2021. *MMWR Mortal Wkly Rep* 2023; 72.

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- 1 American Cancer Society. Cancer Fact & Figures 2024. Atlanta: American Cancer Society; 2024 [hereinafter Cancer Facts & Figures 2024].
- 2 Zhao, J., Han, X., Nogueira, L., Fedewa, S.A., Jemal, A., Halpern, M.T. and Yabroff, K.R. (2022), Health insurance status and cancer stage at diagnosis and survival in the United States. *CA A Cancer J Clin*. <https://doi.org/10.3322/caac.21732>.
- 3 Shiels MS, Haque AT, Berrington de González A, Freedman ND. Leading Causes of Death in the US During the COVID-19 Pandemic, March 2020 to October 2021. *JAMA Intern Med*. 2022;182(8):883–886. doi:10.1001/jamainternmed.2022.2476.
- 4 U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2022 submission data (1999-2020): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <https://www.cdc.gov/cancer/dataviz>, released in June 2023.
- 5 Cancer Facts & Figures 2024.
- 6 Throughout this report, we assume individuals ages 65 and older qualify for Medicare coverage. Thus, the terms Medicare beneficiary, Medicare enrollee and individuals 65+ are used interchangeably unless otherwise noted.
- 7 The Board of Trustees, Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. 2023 Medicare Trustees Report. 2023. Available from: <https://www.cms.gov/oact/tr/2023> (hereinafter 2023 Medicare Trustees Report).
- 8 Medicare Payment Advisory Commission. A Data Book: Health Care Spending and the Medicare Program. July 2023. Available from: https://www.medpac.gov/wp-content/uploads/2023/07/July2023_MedPAC_DataBook_SEC.pdf (hereinafter MedPAC 2023 data book).
- 9 Cancer Facts & Figures 2024.
- 10 National Cancer Institute. NCI Dictionaries. Available at: <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/invasive-cancer>.
- 11 More information is discussed in the Medicare Supplemental Coverage section below.
- 12 While Medicare Part B covers home health care, Medicare Part A covers and pays for home health care for beneficiaries in certain circumstances after a hospital or skilled nursing facility stay.
- 13 2023 Medicare Trustees Report. This figure includes enrollment in Original Medicare only. Enrollment information in the Medicare Advantage program is contained in the Medicare Part C section below.
- 14 Individuals who paid less than 30 quarters in Medicare taxes will pay a Part A premium of \$504 a month in 2024. Individuals who paid between 30-39 quarters of Medicare taxes will pay a monthly premium of \$278 in 2024. Centers for Medicare & Medicaid Services. Fact Sheet. 2024 Medicare Parts A & B premiums and Deductibles. Oct. 12, 2023. Available from: <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles> [hereinafter 2024 Medicare Parts A and B fact sheet].
- 15 Most beneficiaries do not pay a premium for Part A and therefore are not assessed a late enrollment penalty if they fail to enroll in Part A when first eligible. However, beneficiaries who are assessed a Part A premium and who fail to sign up for Part A coverage when they are first eligible to do so, may incur a 10 percent penalty on their monthly premium. This penalty is temporary and is assessed for twice the number of years the beneficiary failed to enroll. Most beneficiaries who work beyond the age of 65 and who receive health insurance coverage from an employer who covers more than 20 full-time employees will not be assessed a late enrollment penalty.
- 16 In fact, the Centers for Medicare & Medicaid Services (CMS) advises most individuals to enroll in Part A when they turn 65, even if they have health insurance from an employer. See CMS Fact Sheet: Deciding Whether to Enroll in Medicare Part A and Part B When You Turn 65. CMS Prod. No. 11962. Available from <https://www.cms.gov/Outreach-and-Education/Find-Your-Provider-Type/Employers-and-Unions/FS3-Enroll-in-Part-A-and-B.pdf>.
- 17 Medicare has different cost obligations for mental health inpatient stays. For more information, see <https://www.medicare.gov/your-medicare-costs/costs-at-a-glance/costs-at-a-glance.html#collapse-4808>.
- 18 2024 Medicare Parts A and B fact sheet.
- 19 Beneficiaries only have 60 “lifetime reserve days” over the course of their lifetime. Beneficiaries who exhaust their lifetime reserve days (following 90 days of inpatient care) are responsible for the full cost of the remainder of their hospital stay. <https://www.medicare.gov/basics/costs/medicare-costs#collapse-4808>. Beneficiaries who receive mental health services on an inpatient basis face different cost-sharing.
- 20 Medicare will only pay for skilled nursing facility (SNF) extended-care services immediately following a medically necessary three-consecutive-day inpatient hospital stay (3-Day rule). 42 U.S.C. § 409.30(a).
- 21 2024 Medicare Parts A and B factsheet.
- 22 Because of the lack of a cap in out-of-pocket costs, many beneficiaries opt to purchase supplemental coverage to help cover their cost sharing. Supplemental or Medigap coverage charges an additional monthly premium. For more information, see the Medicare Supplemental Coverage section of this report.
- 23 2023 Medicare Trustees Report.
- 24 Centers for Medicare & Medicaid Services. Internet-Only Manual, Pub 100-02, Chapter 15, 50.4.5 Off Label Use of Anti-Cancer Drugs and Biologicals.
- 25 2023 Medicare Trustees Report. This figure includes enrollment in Original Medicare only. Enrollment information in the Medicare Advantage program is contained in the Medicare Part C section below.
- 26 Medicare uses the beneficiary’s reported income to the Internal Revenue Service (IRS) on their tax return from two years prior for purposes of determining a beneficiary’s income.
- 27 Beginning in 2023, Medicare beneficiaries who were 36 months post-kidney transplant (and thus no longer eligible for Medicare) can choose to pay a monthly premium to continue Part B coverage of immunosuppressive drugs. More information on premium amounts for immunosuppressive coverage only can be found at <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>.
- 28 Specific information regarding income related premiums for Part B is available at <https://www.cms.gov/newsroom/fact-sheets/2024-medicare-parts-b-premiums-and-deductibles>.
- 29 Most beneficiaries who work beyond the age of 65 and who receive health insurance coverage from an employer will not be assessed a late enrollment penalty. 42 C.F.R. § 407.20(c).
- 30 2024 Medicare Parts A and B fact sheet.
- 31 Because of the lack of a cap in out-of-pocket costs, many beneficiaries opt to purchase supplemental coverage to help cover their cost sharing. Supplemental coverage charges an additional monthly premium. For more information, see the Medicare Supplemental Coverage section of this report.

- 32 Centers for Medicare & Medicaid Services. Medicare Enrollment Dashboard. 2023. Available at: [Medicare Enrollment Dashboard - Centers for Medicare & Medicaid Services Data \(cms.gov\)](https://www.cms.gov/medicare/medicaid-services/medicare-enrollment-dashboard).
- 33 Id.
- 34 Faith Leonard et al., Traditional Medicare or Medicare Advantage: How Older Americans Choose and Why (Commonwealth Fund, Oct. 2022). <https://doi.org/10.26099/2rfq-z770>.
- 35 Centers for Medicare & Medicaid Services. Press Release. Biden-Harris Administration Announces Lower Premiums for Medicare Advantage and Prescription Drug Plans in 2023. 2022. Available at: <https://www.cms.gov/newsroom/press-releases/biden-harris-administration-announces-lower-premiums-medicare-advantage-and-prescription-drug-plans>.
- 36 Kaiser Family Foundation. Medicare Advantage 2023 Spotlight: First Look. 2022. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-2023-spotlight-first-look/#:~:text=CMS%20announced%20that%20the%20average,to%20be%20%2418%20a%20month>.
- 37 Kaiser Family Foundation. Medicare Advantage in 2023: Premiums, Out-of-Pocket Limits, Cost Sharing, Supplemental Benefits, Prior Authorization, and Star Ratings. 2023. Available at: <https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2023-premiums-out-of-pocket-limits-cost-sharing-supplemental-benefits-prior-authorization-and-star-ratings/>
- 38 2023 Medicare Trustees Report Table IV.B.7.
- 39 Centers for Medicare & Medicaid Services. Medicare Prescription Drug Benefit Manual, Ch. 6 – Part D Drugs and Formulary Requirements, sect. 30.2.5 (Rev. 18, 01-15-16), available at <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/Part-D-Benefits-Manual-Chapter-6.pdf>.
- 40 The six protected classes include anticonvulsants, antidepressants, antineoplastics, antipsychotics, antiretrovirals, and immunosuppressants.
- 41 Centers for Medicare & Medicaid Services. Internet-Only Manual, Pub 100-02, Chapter 15, 50.4.5 Off Label Use of Anti-Cancer Drugs and Biologicals.
- 42 For 2024, the threshold amount for a specialty tier drug is \$950 for a 30-day supply. Centers for Medicare & Medicaid Services. Final Contract Year (CY) 2024 Bidding Instructions. Apr. 4, 2023. Available at <https://www.cms.gov/files/document/final-cy-2024-part-d-bidding-instructions.pdf>.
- 43 Id.
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