

# Medicare Part D Redesign: Planning Guide and Checklist for Smooth Patient Transitions in 2025

The Inflation Reduction Act (IRA) of 2022 includes a redesign of Medicare Part D benefits. Starting in 2025, patients will experience two positive impacts:



The enrollee out-of-pocket (OOP) maximum will be capped at **\$2,000** — a substantial decrease from previous years.



The Medicare Prescription Payment Plan will give enrollees the option to spread their OOP cost through capped monthly installment payments instead of a one-time payment.

These changes represent a pivotal shift in the healthcare landscape. Until now, pharmaceutical companies have been focused on helping Medicare patients overcome financial and other barriers to medication access. Significantly improved affordability necessitates a strategic realignment — with patient support programs (PSPs) that are not only compliant, but also optimized to leverage the Part D redesign.

To that end, you may consider offering patient education to help stakeholders navigate what's changing and empower beneficiaries to get access to expensive specialty products faster. By taking a proactive approach and helping Medicare patients fully benefit from the new affordability measures, you can drive better health outcomes while demonstrating the agility and innovation of your PSP.

*The upcoming healthcare policy changes demand immediate action. Use this guide to help in setting goals, identifying gaps, and preparing to support smooth Medicare patient transitions.*





## Internal education and communication

**Goal:** The ability to spread payments over 12 months can help patients start therapy sooner. Your salesforce and other internal teams need to be fully prepared to support patients and healthcare providers (HCP) when the Medicare changes take effect on January 1.

### Use these questions to assess readiness:

Do we have a plan to educate internal stakeholders about the Medicare Part D OOP cap and what it could mean for our patient population?

If put on therapy in January, a patient can smooth the OOP cost over 12 months. Have we educated our salesforce about how smoothing the payment can help with affordability?



Have we created salesforce education around the Medicare Part D OOP cap and the Medicare Prescription Payment Plan?

Do our sales representatives and physicians understand that we should focus on getting patients on therapy as early in the year as possible to address affordability and potentially improve health outcomes?



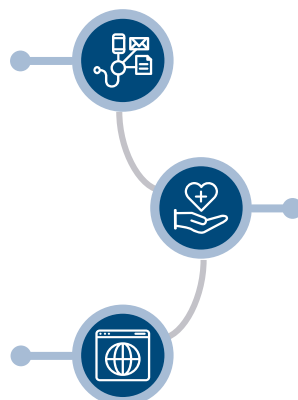
## HCP and patient engagement

**Goal:** HCPs and patients need comprehensive education, tailored support, and strategic planning in order to successfully navigate the Medicare changes.

### Use these questions to assess readiness:

Have we created educational tools for HCPs in physician offices to help them understand the Medicare Part D OOP cap and Medicare Prescription Payment Plan? Consider, for example, that patients who want to smooth payments must opt in.

Do we have patient education tools to explain the Medicare Part D OOP cap and Medicare Prescription Payment Plan program?



Are we going to help patients opt in? If so, will we take a low-touch approach, such as referring people to their Medicare carrier or the CMS website? Or will we choose to be high touch and help individual patients opt in while on the line together?



## Operational impacts and data utilization

**Goal:** You need front-line resources ready for an influx of inbound and outbound activity, which may include helping patients opt in to new payment arrangements. You also need data-driven insights to identify and potentially re-engage previous affordability drop-offs.

### Use these questions to assess readiness:

Given that our PSP will likely get questions starting in January, how should we prepare for an influx of calls?

Is our patient support service sufficiently staffed in case activity spikes?

Have we segmented physician offices with high drop-off rates for proactive office and patient education initiatives?

Based on our data, do we know which geographies have high Part D populations? Have we developed education that is specific to these areas? For example, this may include materials developed in Spanish, Korean, or other relevant languages.



Does our PSP have a plan to address calls to the program about how to opt in to the Medicare Prescription Payment Plan?

Do we want to be the first to create a program to help with this?

Have we thought about using our existing patient support data to identify patients who may have dropped off due to affordability issues? Do our program rules allow us to reach back out to these patients in a compliant way to share patient education about the Medicare Part D OOP max and smoothing programs?

## Prepare your PSPs

As the Medicare Part D redesign takes effect in 2025, it's crucial to prepare your PSPs to meet these new challenges head on. Reach out to IQVIA today for help transitioning from reactive, financially oriented patient support toward more connected and personalized services.