

Reforms Needed: Smoothing the Implementation of the New Medicare Prescription Payment Plan (MPPP) Benefit

INTRODUCTION

The Medicare prescription drug benefit (Medicare Part D) has been an enormous help to beneficiaries and a policy success story by providing coverage for prescription drugs. The program filled a major gap in Medicare's benefits and has done so with consistently high satisfaction among beneficiaries.

The MPPP offers Medicare Part D enrollees the option to pay out-of-pocket prescription drug costs via monthly payments distributed throughout the year, instead of all at once.

In 2022, the Inflation Reduction Act (IRA) established an out-of-pocket (OOP) cap and the Medicare Prescription Payment Plan (MPPP), both much-needed enhancements to the Part D benefit.¹ Before the IRA, there was no annual maximum on what beneficiaries were required to pay over the course of the year. Under the new benefit design, once a beneficiary reaches the OOP maximum (referred to as a cap in this paper) (\$2,000 for 2025 and \$2,100 for 2026), they do not have to pay anything for Part D-covered drugs for the rest of the year.^a Implementing an OOP cap was a monumental achievement, adding an important beneficiary protection to the Part D benefit.

The second improvement, **the MPPP, is designed to allow beneficiaries to spread their Part D OOP costs throughout the calendar year.** This program can be especially helpful for beneficiaries who have trouble paying high monthly prescription costs before they reach the OOP cap. With the potential to help more beneficiaries with their OOP costs, improve adherence, and, ultimately, achieve better health outcomes, the MPPP has significant room to grow. While enrollment has been off to a slow start in its first year (2025), the MPPP holds great promise.

However, for the MPPP to have a greater impact and operate as intended by Congress (i.e., improving adherence and affordability for beneficiaries), more must be done. Current challenges include low awareness of the program, the complexity of understanding its mechanics, and difficulty in opting into it. Addressing these hurdles is critical to realizing the program's full potential.

The Medicare Access for Patients Rx (MAPRx) Coalition surveyed available MPPP enrollment data and related information about beneficiary experience with the MPPP. The coalition also conducted interviews with State Health Insurance Assistance Program (SHIP) counselors and staff from patient advocacy organizations to learn about their experiences with beneficiaries' interactions with the program and invite their suggestions for how to improve it.² This issue brief describes the current status of the MPPP and recommends changes to the program to address the awareness and opt-in challenges that have limited participation and prevented the MPPP from working as intended by Congress.

THE MPPP: A STEP IN THE RIGHT DIRECTION, BUT IT CAN WORK BETTER

Once a beneficiary opts into the program, they pay nothing at the pharmacy for their Part D-covered prescription. Beneficiaries then receive a monthly bill from their plan, separate from their premium, for their accumulated costs. They are not charged interest. The MPPP does not change a beneficiary's total yearly costs, but it makes those costs more manageable. This is especially true for those with high drug costs who would rather spread payments out over time than pay large monthly amounts.

^a IRA first instituted a Part D OOP cap in 2024; it was approximately \$3,300. In 2025 and 2026, it is \$2,000 and \$2,100, respectively. In future years, the OOP max will continue to be updated based on a rate determined by the Centers for Medicare & Medicaid Services (CMS) that reflects the increase in average expenditures for Part D drugs per eligible beneficiary.

The MPPP's benefits can be viewed in two ways:



Relief for Catastrophic Costs

The most obvious beneficiaries to benefit are those with high drug expenses who will hit the new annual OOP cap. For example, a 2024 analysis by KFF found that 1.5 million Medicare Part D beneficiaries without low-income subsidies spent \$2,000 or more OOP on prescription drugs in 2021.³



Aid for High Monthly Costs

Crucially, the MPPP can also help patients who do not reach the annual OOP cap but still struggle to afford large, unpredictable monthly payments. For this group, smoothing high monthly costs over the remainder of the year can significantly improve medication adherence.



"A couple who was new to Medicare contacted me, and they were relieved to join MPPP because they had high prescription drug costs. Unlike their employer plan, they now had an annual OOP maximum and a monthly cap. It made them feel better."

– SHIP counselor



Despite the broad potential to improve affordability, the initial enrollment for the MPPP has been significantly lower than the estimated number of beneficiaries who could benefit. While CMS has not yet released official enrollment data, the actuarial and consulting firm Milliman found that only **179,000 beneficiaries** opted into the MPPP in the first two months (January and February 2025).⁴ This represents approximately 0.4% of all Medicare Part D beneficiaries and only 7.5% of 2.4 million beneficiaries who incur \$400 or more at the point of sale, making them strong candidates to find the cost-smoothing program valuable.⁵

Those opting in to the MPPP are satisfied with the program. A survey of more than 700 beneficiaries currently participating in the MPPP that was conducted by Paytient, a company focused on healthcare payments, found the following⁶:

90%

who have opted in to the program have stayed in the program

83%

said that their experience picking up their prescriptions at the pharmacy was easy once they were enrolled in the program

68%

said that the MPPP absolutely helped them afford their medications

In addition, Paytient data representing approximately 40% of the Part D market shows that the program is working and helping a wider range of beneficiaries than those CMS has deemed "likely to benefit" from the MPPP⁶:

90%

of those opting in are using the program

89%

repayment rate

\$103 average claim

is much lower than the \$600 threshold that CMS ultimately deemed

Taken together, the Milliman and Paytient data show that the program is working and that some of the targeted population is opting in, both of which were concerns leading into year one of the MPPP and may have limited the strategies employed by CMS and Part D plans.

The challenge going forward is to increase participation, as many beneficiaries who would find the MPPP valuable are unaware of the program, do not understand how it works, or face barriers to opting in.

CHALLENGE: AWARENESS OF THE MPPP

Many Medicare beneficiaries are unaware of the MPPP, a fact confirmed by multiple surveys and interviews with SHIP counselors and patient advocacy organizations.

A survey conducted by the Patient Access Network (PAN) Foundation during the summer of 2024, prior to the first year of MPPP enrollment, found that nearly all beneficiaries (92%) had not seen, read, or heard anything about the MPPP.⁷

The Partnership to Fight Chronic Disease conducted a similar survey in April 2025 and found that of 500 Medicare enrollees surveyed, only 26% knew “some” or “a lot” about the MPPP, while 48% had heard nothing at all about the program.⁸ This was after open enrollment, when presumably, many beneficiaries had looked for what was new for the plan year. Interviews with MAPRx member patient advocacy organizations and SHIP counselors reinforce the finding that awareness of the MPPP is low and that information is not being well communicated. This is particularly concerning because these groups work directly with beneficiaries who have chronic, costly medical needs—precisely the population that stands to benefit most from the MPPP.



A SHIP (State Health Insurance Assistance Program) counselor provides free, unbiased help to Medicare beneficiaries with their health insurance options, including Medicare and Medigap plans. They are certified to assist with understanding benefits, comparing plans, and identifying and reporting fraud or scams.

Unaided Awareness: Has Read/Seen/Heard About Medicare Prescription Payment Plan



Few have seen, read, or heard anything about the MPPP⁷

There are multiple potential reasons why MPPP awareness is low.



Program Name: MAPRx, SHIP counselors, and other patient advocacy organizations have repeatedly expressed concern about the name of the program. The “Medicare Prescription Payment Plan” is long and relatively nonspecific, which may create confusion about the program’s purpose. The name is not distinct or memorable, nor does it convey that the MPPP is a benefit that can improve affordability. In other words, the name of the MPPP potentially contributes to low awareness of the program and opt-in rates that are lower than expected.



Inadequate Notice: Low awareness of the MPPP is partly due to inadequate beneficiary notification. Part D plan sponsors are required to notify beneficiaries about the MPPP (including on their websites and in letters to prior year high-cost enrollees who reached the OOP cap). However, pharmacies are only required to provide a “likely to benefit” notification about the MPPP at the point of sale when a single prescription’s OOP cost is \$600 or more.^{8,9}

While current strategies to raise awareness of the MPPP are important, they are not sufficient. For example, plan and pharmacy outreach about the MPPP is limited to a small percentage of beneficiaries – those who hit the cap the previous year or who have \$600 in OOP costs from a single prescription. Those with multiple prescriptions totaling \$600 or more and those with lower costs, who still may benefit from the MPPP, do not receive specific notice. In addition, beneficiaries who did not hit the cap in a prior year, but who *will* hit the cap for the first time in the current year, may not receive notice of the MPPP. A beneficiary who has \$400 per month in total OOP prescription drug costs and who would hit the OOP cap in five months would not receive any specific notice that they have an option to pay for their medications over the full year, rather than in five months.

The current MPPP notification given at the pharmacy counter offers no further guidance to help beneficiaries understand the program and how it can assist them. Crucially, it omits a reminder that the plan allows them to spread *all* of their drug costs over the course of the year, rather than just the OOP costs for a single prescription.

In addition, information about the MPPP is generally not prominently displayed on many plan websites. Instead of being featured on the homepage or easily accessible cost-management pages, the details are often difficult to locate, frequently hidden within sub-menus, search results, or lengthy plan documents.

CHALLENGE: UNDERSTANDING HOW THE PROGRAM WORKS

While the concept of spreading costs over the course of the plan year is straightforward, how the program works — the math — is not necessarily intuitive. The mechanics of how the MPPP works are confusing. This was one of the most common responses MAPRx received when speaking with SHIP counselors and patient advocacy organizations about the MPPP. They commented on how challenging and complex the program was to describe, especially when explaining the monthly payment calculation.

The most simplistic example of how the MPPP works is a beneficiary who enrolls in the MPPP before the year starts (i.e., during open enrollment) and incurs \$2,100 in OOP costs in January 2026. That \$2,100 would be divided over the 12 months of the calendar year, so that the beneficiary would have 12 monthly payments of \$175 ($\$175 = \$2,100/12$):

$$\frac{\$2,100 \text{ OOP costs}}{12 \text{ months}} = \$175 \text{ per month}$$

However, for most beneficiaries, the monthly calculation will be more complicated. The 2 formulas for calculating the monthly cost as part of the MPPP are:



First month maximum cap

$$\frac{\text{Annual OOP threshold} - \text{Incurred costs of the participant}}{\text{Number of months remaining in the plan year}}$$



Subsequent month maximum cap

$$\frac{\text{Sum of remaining OOP costs not yet billed to participant} + \text{additional OOP costs incurred by the participant}}{\text{Number of months remaining in the plan year}}$$

Consider a beneficiary who fills their first prescription in May and reaches the OOP cap in October.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
No MPPP	\$0	\$0	\$0	\$0	\$250.00	\$400.00	\$400.00	\$400.00	\$400.00	\$250.00	\$0	\$0	\$2,100.00
With MPPP	\$0	\$0	\$0	\$0	\$250.00	\$57.14	\$123.81	\$203.81	\$303.81	\$387.14	\$387.14	\$387.14	\$2,100.00

“Some beneficiaries did not enroll in MPPP because they felt it sounded too complicated. They decided to just pay at the point of service [pharmacy] and deal with it.”
 – SHIP counselor

However, a beneficiary who already has consistent OOP costs and does not hit the annual OOP cap may find the MPPP to be less helpful.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
No MPPP	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$720.00
With MPPP	\$60.00	\$5.45	\$11.45	\$18.12	\$25.62	\$34.19	\$44.19	\$56.19	\$71.19	\$91.19	\$121.19	\$181.19	\$720.00

CMS has provided general examples of how the MPPP operates under 3 scenarios.¹⁰ These examples may not be relevant enough for beneficiaries to understand how the program would work for them and what they would owe each month.

Beneficiary and caregiver confusion over the billing calculation and the amount owed each month may lead many beneficiaries not to opt in to the MPPP even if it would benefit them. CMS has created a great tool for calculating the value of MPPP within the Medicare Plan Finder website, but the MPPP tool is hard to find and there is no direct link to the tool. Beneficiaries need to follow the process as if they were enrolling and add their drug information. Next, once they have the plan options, they need to select one and go into the plan details, and then follow the link provided to access the tool.

CMS could ease that confusion by providing the MPPP calculator tool both within and outside of the Medicare Plan Finder website, as well as making the information more prominent.

CHALLENGE: OPTING INTO THE MPPP

Once a beneficiary is aware of the program and understands how it works, they face the challenge of opting in. Timing is not an issue, as beneficiaries can currently opt in during open enrollment or at any point during the plan year. Importantly, once they have opted in, beneficiaries do not have to opt in to the MPPP during the next open enrollment, as long as they do not change plans. However, the bigger barrier is that beneficiaries cannot opt in via Medicare.gov or at the pharmacy counter. They can only opt in through their Part D plan via telephone, mail, or through the plan website. These limited options to opt in to the MPPP are likely contributing to low participation numbers.

- **MPPP Opt in Is Not Available on Medicare.gov:** Unlike the Part D benefit itself, beneficiaries can only opt in to the MPPP through their Part D plan and not through Medicare.gov. This means that after selecting and enrolling in a Part D plan, beneficiaries must navigate through an entirely different process outside of Medicare.gov to opt in to the MPPP. This adds a layer of complexity and additional steps to a process that already can be challenging for Medicare beneficiaries, especially seniors and those living with chronic conditions. Medicare.gov and the Plan Finder tool have helpful information about the MPPP that enables beneficiaries to learn more about the program and find out what their specific monthly drug costs may look like, with and without the program. This information can help beneficiaries make informed decisions, yet they still must take multiple additional steps – whether via phone, a different website, or by mail – to opt in to the MPPP. Beneficiaries simply may not be willing or able to take these additional steps and may give up on selecting a program that could benefit them.
- **Part D Plans Lack Clear and Prominent Information on MPPP:** Part D plans are required to provide beneficiaries with multiple options to opt in to the MPPP, including via telephone, the plan website, and by mail. The poor visibility of the enrollment process on many Part D plan websites creates an unwelcoming user experience, and the experience on the phone is equally difficult.

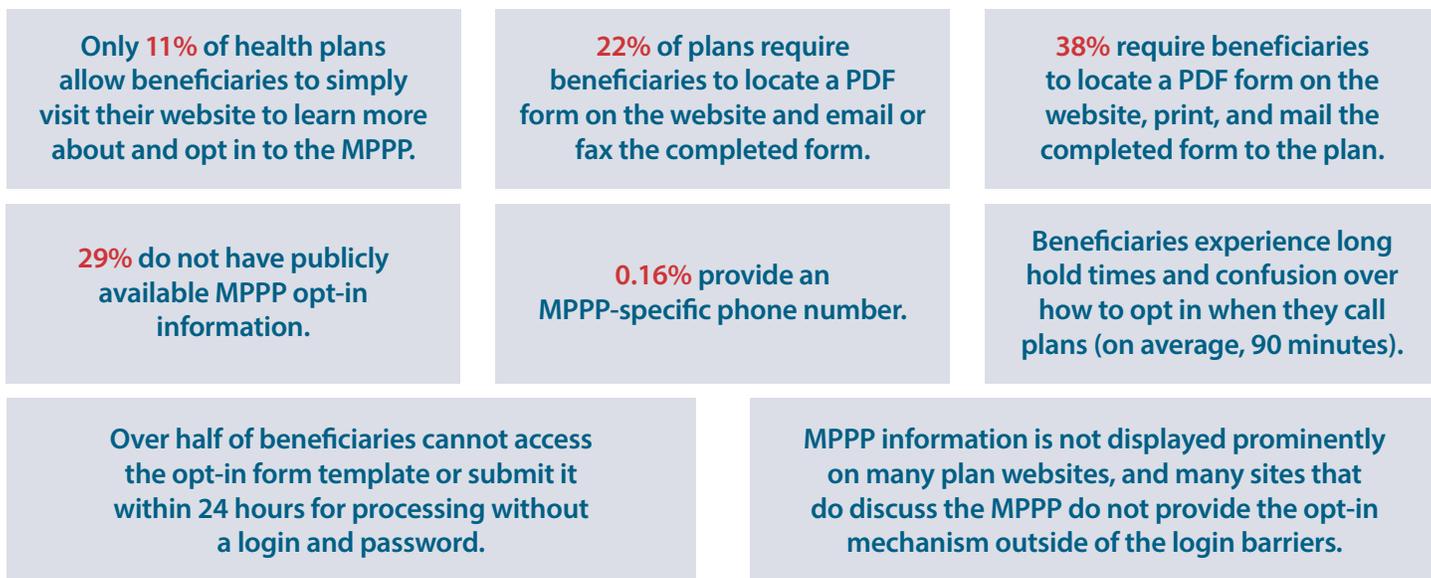
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“It would be good to have a direct phone number for MPPP enrollment that SHIP counselors could provide so that patients didn’t get misdirected at the plan through the maze of telephone options.”

– SHIP counselor

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- According to data from Paytient, some plans require beneficiaries to navigate through extensive phone trees or print and mail/fax opt-in forms, which create a barrier for participation; specifically⁶:



Beneficiaries may not have access to printers and/or fax machines, which limits enrollment in the MPPP offering.

- **MPPP Opt in Is Not Available at the Point of Sale⁹:** Beneficiaries are currently blocked from opting into the MPPP when they are at the pharmacy or purchasing online – the very moment it would be most helpful. The point of sale is the most logical and convenient place for beneficiaries to find out about and sign up for the MPPP. For many, it's the critical moment when a beneficiary decides if they can afford to take their medication home or must abandon it. Instead of simply opting in, they are forced to leave the pharmacy empty-handed and complete several additional, separate steps to enroll. This frustrating process defeats the MPPP's purpose of making medication more manageable, as beneficiaries are still forced to choose between paying unaffordable costs or postponing (at best) or foregoing (at worst) their prescriptions entirely.

REFORMS NEEDED TO STRENGTHEN THE MPPP

The first year of any new program can have its challenges, especially a program like the MPPP that potentially benefits millions and about which there was some uncertainty in how to operationalize and effectively promote it. However, available data and the experiences of MPPP participants to date show that it is working, that participating beneficiaries are satisfied and that the program is reaching people who can benefit from it. Data also show that a lot of Medicare beneficiaries who could benefit from MPPP have not signed up for this new program.

Concerns about repayment rates, worries that beneficiaries would choose the MPPP when it may not be in their best interest, and whether beneficiaries would enroll in the MPPP rather than assistance programs like the Low-Income Subsidy ("Extra Help") have not materialized. The program works. Therefore, it's important that CMS take steps to address the challenges outlined in this report, including beneficiary education and awareness and improving methods to opt in to the MPPP. By making these improvements, CMS can help ensure that the MPPP truly works as intended by Congress and meets the needs of those who can benefit from the program and who rely on Medicare Part D. Improving the MPPP also is aligned with President Trump's efforts to improve the affordability of medicines and help Americans manage their healthcare costs.

The MAPRx Coalition urges CMS to work with the beneficiary community and consider the following common-sense recommendations:

Improve Education and Awareness of the MPPP

✓ Expand MPPP “Likely to Benefit” outreach:

- *Expand outreach at the point of sale to include a broader range of beneficiaries who are likely to benefit from the MPPP.* Currently, CMS requires pharmacies to notify beneficiaries about the MPPP if they are picking up a single prescription that has an OOP cost of at least \$600. CMS should lower this threshold to \$400 or less and include the cumulative costs of a beneficiary’s medication, not just one medication in the calculation. In this way, outreach at the point of sale will enable more beneficiaries, including those who are likely to benefit, to learn about the program and make informed decisions about whether the MPPP is right for them.
- *Provide notice of the MPPP to all beneficiaries not eligible for Extra Help during open enrollment.* Currently, only beneficiaries who reached the OOP cap in the previous plan year are specifically notified about the MPPP. Notice should be provided to all beneficiaries during open enrollment. This will raise overall awareness of the MPPP option. Timing this notice with open enrollment also enables beneficiaries to take advantage of the MPPP at the start of the plan year, when it can make the most difference. In addition, it can enable beneficiaries to become familiar with the program early in the plan year and lead them to opt in later, should they incur high or unexpected drug costs following open enrollment.

✓ Launch a broad education campaign among Medicare beneficiaries and stakeholders.

CMS should launch a campaign to educate beneficiaries and other stakeholders who work with beneficiaries about the MPPP. Such a campaign can leverage existing partners and communications channels, such as the Medicare Learning Network, and provide partners with resources to improve awareness and understanding of the MPPP.

- Educate beneficiaries and other stakeholders about the MPPP resources available on Medicare.gov and the Plan Finder, including where they can find fact sheets and other materials, as well as the availability of the tool on Plan Finder that enables beneficiaries to compare their drug costs with and without the MPPP.

✓ Require plans to more prominently display information about MPPP on plan websites and in promotional materials that target beneficiaries.

✓ Require plans to have a help line, including displayed on plan information and websites that feature the MPPP, which is specifically available to answer questions and provide information about MPPP, assist with opting in, and staffed by plan representatives who are familiar with the MPPP.

✓ Rebrand the MPPP: CMS should solicit feedback from the stakeholder community and consider options to rebrand the MPPP to improve understanding of the program and help beneficiaries understand that it is an option that may help them manage their drug costs.

Make It Easier to Opt in to MPPP

✓ Enable beneficiaries to opt in to the MPPP via Medicare.gov and the Plan Finder tool.

Beneficiaries and those who assist them are familiar with the Plan Finder and resources of Medicare.gov. They already use the website to consider plan options, review eligibility criteria for “Extra Help”, and to enroll. CMS has significantly improved the Plan Finder tool and provided helpful information about the MPPP on the website. This includes the availability of a tool that allows beneficiaries to learn how the MPPP works and find out what their drug costs might look like with and without the MPPP. It naturally follows that beneficiaries should have the opportunity to opt in to the MPPP at the time they enroll in a Part D plan and when they have detailed information showing whether or not the MPPP is right for them.

✓ Provide guidance to plans about how they can more effectively communicate how beneficiaries can opt in to the MPPP.

While plans are required to enable beneficiaries to opt in via telephone, the plan website, or fax/mail, CMS should provide additional guidance to ensure beneficiaries not only can find these options, but also opt in. Beneficiaries should not be forced to navigate through multiple steps or encounter significant wait times to participate in the MPPP if they choose that option.

- ✓ **Create a point-of-sale option:** CMS should work with stakeholders to identify ways in which beneficiaries can opt in to the MPPP at the point of sale by 2027. A point-of-sale option is fundamental to ensuring that beneficiaries do not abandon their medications at the pharmacy counter because they cannot afford them.

Transparency and Facilitating Program Improvement

- ✓ CMS should provide market-based incentives to enhance participation in the program by those most likely to benefit from it. This may include setting an expected minimum benchmark for MPPP enrollment and issuing public reports that show MPPP participation rates for each Part D plan.
- ✓ CMS should provide a quarterly report to Congress and post the following information on a publicly available website:
 - The number of beneficiaries who have opted into the MPPP, including trends and demographic breakdowns, to ensure transparency and inform potential improvements to the program;
 - The total number of beneficiaries categorized as “likely to benefit” by the Part D plan sponsor;
 - Information on the methods that CMS is utilizing to encourage participation, such as the use of Medicare.gov, the Medicare and You Handbook, 1-800-MEDICARE, and provider-focused communications such as the Medicare Learning Network; and
 - Information on additional outreach efforts that CMS is conducting with stakeholders, including provider associations and societies, patient and consumer advocacy groups, and pharmacy benefit managers.
- ✓ **Solicit beneficiary feedback:** CMS should conduct regular focus groups with Part D beneficiaries and patient advocacy organizations to ensure the MPPP and educational outreach are meeting the program’s objectives.

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“Plan Finder should be smarter and tell people whether, based on their claims, they should join the MPPP.”

– SHIP counselor

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Make It Easier to Opt in to MPPP



Enable beneficiaries to opt in to the MPPP via Medicare.gov and the Plan Finder tool



Provide guidance to plans about how they can more effectively communicate how beneficiaries can opt in to the MPPP



Expand MPPP “Likely to Benefit” outreach at the point of sale and during open enrollment



Create a point-of-sale option to participate in the MPPP



Launch a broad education campaign among Medicare beneficiaries and stakeholders



Provide market-based incentives to enhance participation in the program, such as setting minimum participation benchmarks and publicly displaying MPPP participation by plan



Require plans to more prominently display information about MPPP on plan websites and in promotional materials targeted to beneficiaries



Increase transparency by reporting key MPPP participation data to Congress and the public



Require plans to have a help line specifically available to answer questions and facilitate MPPP participation



Solicit MPPP feedback from beneficiaries and stakeholders



Rebrand the MPPP to convey its benefits

CONCLUSION

The MPPP, along with the new annual OOP cap, is a significant and welcome addition to the Medicare Part D benefit. This program removes a financial barrier for beneficiaries by allowing them to spread their OOP costs throughout the year, which should lead to increased medication adherence and fewer abandoned prescriptions.

Despite these clear benefits, awareness and understanding of the MPPP among beneficiaries is low, and opting in is difficult, which limits participation and its potential value to those most likely to benefit. However, CMS can make critical changes to the MPPP that will ensure the MPPP works as Congress intended and contribute to President Trump’s goals of helping Americans afford their medications.

MAPRx welcomes the opportunity to work with President Trump, CMS, and Congress to advance the recommendations outlined in this paper and make the MPPP a success for all beneficiaries.

REFERENCES

1. Inflation Reduction Act, 117th Cong, Pub L No 117-169, 136 Stat 1818 (2022). Accessed November 13, 2025. <https://www.congress.gov/117/plaws/publ169/PLAW-117publ169.pdf>
2. MAPRx and Cencora conducted a 45-minute discussion with SHIP counselors during the National SHIP Steering Committee meeting on August 12, 2025.
3. Cubanski J, Neuman T, Damico A. Millions of people with Medicare will benefit from the new out-of-pocket drug spending cap over time. KFF. February 8, 2024. Accessed July 16, 2025. <https://www.kff.org/medicare/issue-brief/millions-of-people-with-medicare-will-benefit-from-the-new-out-of-pocket-drug-spending-cap-over-time/>
4. Duke D, Cline M, Liner D. MedIntel insights: Early look at MPPP enrollment. Milliman. April 15, 2025. Accessed July 16, 2025. <https://www.milliman.com/en/insight/medintel-insights-early-look-m3p-enrollment>
5. CMS. Maximum monthly cap on cost-sharing payments under prescription drug plans: Draft part one guidance on select topics, implementation of section 1860d-2 of the Social Security Act for 2025, and solicitation of comments. August 21, 2023. Accessed October 15, 2025. <https://www.cms.gov/files/document/medicare-prescription-payment-plan-part-1-guidance.pdf>
6. Data on file by Paytient. August 1, 2025.
7. PAN Foundation. Medicare reform awareness research among Medicare beneficiaries. Wave 1. July 2024. Accessed September 2, 2025. <https://www.panfoundation.org/wp-content/uploads/2024/10/PAN-Medicare-Reform-Awareness-Research-July-2024.pdf>
8. Partnership to Fight Chronic Disease. New poll: majority of seniors with Medicare prescription drug coverage remain unaware of new payment options. April 2, 2025. Accessed July 16, 2025. <https://www.fightchronicdisease.org/post/new-poll-majority-of-seniors-with-medicare-prescription-drug-coverage-remain-unaware-of-new-payment>
9. CMS. Fact sheet: MPPP final part one guidance. February 2024. Accessed July 16, 2025. <https://www.cms.gov/files/document/fact-sheet-medicare-prescription-payment-plan-final-part-one-guidance.pdf>
10. Medicare.gov. Examples of this payment option. Accessed July 16, 2025. <https://www.medicare.gov/prescription-payment-plan/examples>