

MEDICARE PART D 2026 ANNUAL \$2,100 OUT-OF-POCKET THRESHOLD FOR PATIENTS

Patients can budget prescription costs over the year for greater flexibility



Part D changes could significantly help the affordability of INBRIJA for your patients.

What is changing?

- Starting January 1, 2026, Medicare Part D patients will have a maximum out-of-pocket cost of \$2,100 for all of their Part D drugs combined. The new maximum cap is automatic and no further action is required by your patients.
- Patients can choose to pay out-of-pocket costs as they go **or make monthly payments through the Medicare Prescription Payment Plan (M3P).*** In order to enroll into the M3P, your patients will need to reach out to their plan and opt-in.
- This applies to medications covered under the patient's Part D plan. Drugs not covered will not count towards the \$2,100 cap and will continue to be paid out-of-pocket.

How can patients opt-in for monthly payments?

- Patients may **contact their Plan regarding enrollment in the plan.**
- Once enrolled, patients will have a **\$0 co-pay at the pharmacy, and receive monthly, bills from their plan** until they reach their maximum annual out-of-pocket of \$2,100.
- More details at: [Medicare.gov/prescription-payment-plan](https://www.Medicare.gov/prescription-payment-plan)

What does this mean for your INBRIJA patients?

Changes to formularies happen every year.

Your patients should check with their individual plan to see if INBRIJA is covered.

Our Team of Reimbursement Account Managers are available to provide education on access questions related to our products.

*Please be sure to verify individual coverage of your patient's medications with your Medicare Plan. This is not a guarantee of coverage. Information provided for illustration purposes only and does not constitute legal or reimbursement advice. Individual payment responsibilities may vary.