

Choosing a Medicare Drug Plan for Individuals with Alzheimer's Disease

Prescription drug coverage is available to all Medicare beneficiaries. All plans made changes for 2009. If you (or a family member) enrolled in a drug plan in 2008, you should have received a letter explaining what changes it made in 2009. It is important to review the changes, especially the list of covered drugs ("formulary") to make sure the plan is still best for you. If you (or a family member) have Alzheimer's disease, you should consider the following important factors before making a decision about which drug plan is right for you.

If you currently have drug coverage through an employer, union, government agency or other organization that is "as good as" the Medicare benefit, you may not want to sign up for a Medicare drug plan at this time. In November, you should receive a letter or booklet from your current provider indicating if your coverage is "as good as" the new drug benefit. You will need to decide if you are happy with your current plan or whether you want to get your drug coverage through Medicare.

Important things to consider

All plans are not the same. Here are important factors to consider when choosing a plan:

- 1) Will the drug plan pay for all or most of the drugs you take now?
 - Each plan has a list of drugs for which it will pay. This is called a formulary. Are your current drugs on the plan's formulary? Are your Alzheimer drugs on the formulary? At least two cholinesterase inhibitors and memantine must be on every plan formulary.
 - Do the plan's rules or policies limit coverage of your Alzheimer drugs and/or your more costly drugs by requiring "prior approval" or by requiring you to try a less expensive, similar drug ("step therapy") before the plan will pay for your drug(s)? Are there limits on the number of pills that a prescription may cover ("quantity limits")?
- 2) What will the plan cost you?
 - Compare the monthly premiums for each plan, the annual deductible and cost sharing for each drug you currently take that is covered by the plan. For an additional premium, some plans will provide some drug coverage in the coverage gap ("donut hole"). Remember, if one or more of your drugs is not on the plan's formulary, you may have to pay the entire cost of the drug(s) yourself. This is especially important this year because the cost-sharing for Medicare beneficiaries has increased significantly in many drug plans.
 - Be sure to compare all of the costs for each plan, including the deductible, co-payments or co-insurance, not just the amount of the monthly premiums.
- 3) Is my local pharmacy in the plan's pharmacy network?
 - For each plan, find out if your pharmacy is in the plan's network. If it is in the network, find out if it is a "preferred" pharmacy. For some plans, your co-payments may be less if you buy your drugs from a "preferred" pharmacy.

- If you prefer to use mail order for your drugs, does the plan offer it as an option?

Review your current plan, compare it to other plans and make a decision

Take your time and consider the information about the drug plans and evaluate your choices. Call the provider to confirm all the information you have about the plan before you make a decision. If you are staying with your current plan, you don't have to do anything. If you decide to change plans, you need to complete the enrollment form by phone, online or mail.

Where to get plan information

Get the information necessary to make your decision from several sources:

- Medicare's Web site at www.medicare.gov. It has information about which plans are available in each state and which drugs each plan will cover. It also has several tools to help individuals decide which plan is best for them.
- Medicare's toll-free number at 1.800.MEDICARE. Call for information about the plans available in each state.
- Each plan's Web site or customer service telephone number. You can get this information from www.medicare.gov or 1.800.MEDICARE.
- The Alzheimer's Association Web site has fact sheets on the Medicare drug benefit and Alzheimer's disease at www.alz.org.
- Medicare Access for Patients Rx (MAPRx): Access information and interactive tool to help evaluate Medicare drug plan options at www.maprx.info.

Questions and Answers

For the Medicare beneficiary who has Alzheimer's disease, there are some special considerations to think about before choosing a drug plan.

Q. Will the Medicare drug plans cover Alzheimer drugs?

A. Yes. Through the Association's advocacy efforts, all Medicare drug plans are required to cover and have at least two cholinesterase inhibitors and memantine on their formularies (list of drugs the plan covers). Each plan will decide what the co-payment amount is for each drug. Plans are allowed to charge different amounts for different drugs. Consumers will need to check with each plan to find out the specific amount of the co-payment for specific drugs.

Q. Is it true that Medicare will not pay for Xanax, Valium, Ativan and other benzodiazepines?

A. Yes. Standard or basic Medicare drug plans are forbidden by law from paying for benzodiazepines, such as Xanax, Valium and Ativan. In addition, Medicare will not pay for barbiturates (such as Phenobarbital or Nembutal), which are often used for sedation or to control seizures. State Medicaid programs and state pharmacy assistance programs may still pay for them. In addition, Medicare drug plans can offer supplemental or additional benefits beyond the standard Medicare package for an additional premium. These "enhanced" plans can cover benzodiazepines, barbiturates or other medications not covered by Medicare.

Q. Will Medicare drug plans cover antidepressants and anti-anxiety drugs which are often prescribed to Alzheimer beneficiaries?

A. Yes. Medicare plans MUST cover “all or substantially all” antidepressants (such as Celexa and Zoloft), antipsychotics (such as Abilify, Zyprexa, Seroquel and Risperdal), and anti-convulsants (such as Tegretol and Depakote), which many Medicare beneficiaries with Alzheimer’s disease need.

Q. Can a Medicare drug plan put restrictions on access to drugs even if the drugs are on the formulary?

A. Yes. The Medicare drug plans can require that individuals get prior approval from the plan for specific drugs before the plan will pay for it. This is called “prior authorization.”

In addition, plans can require that an individual try a different, less expensive drug before agreeing to pay for the one originally prescribed by the doctor. This is often called “step therapy” or “fail first.” However, an individual can request that step therapy or fail first not be required if the individual or the treating doctor can prove that there would be adverse effects or the prescribed drug would be more effective.

Some health plans have specific policies on how much of a drug is covered by limiting the number of pills or number of days a prescription may cover. This is called “quantity limits.” The Alzheimer’s Association has developed a chart that provides information about which of the national plans require prior approval or step therapy for the Alzheimer drugs. The chart is available on the Web site: www.alz.org.

Q. If my mother has Alzheimer’s and does not have the capacity to sign up for a plan, who can do it for her?

A. Medicare rules allow an individual who has legal authority under state law to act on behalf of the beneficiary (your mom) to enroll or disenroll her from a Medicare drug plan. Depending on the state law where your mom lives, this may include attorneys-in-fact or agents who have authority under a durable power of attorney document, guardians appointed by the court or individuals authorized to make healthcare decisions under state health care consent laws.

Q. My father has Alzheimer’s disease, takes several medications and is stable. If one or more of his current drugs are not on his drug plan’s formulary, is there anything he can do to get the drugs paid for by his plan?

A. Yes. Your father, his authorized representative or his treating physician can ask the plan to cover the non-formulary drug for him. This request is called an “exception” and generally requires a physician’s statement in support of the request. You can get specific information about the exceptions process from the drug plan organization.

The Alzheimer’s Association is the leading voluntary health organization in Alzheimer care, support and research.

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