

Rx Medicare Drug Plans: There May Be More Than Meets the Eye *Encourage consumers to 'plug in their drugs'*

In 2011, seniors will have many changes to sort through in the Medicare Part D prescription drug plans. Many plans have consolidated the number of plans they offer, limited formularies, and/or imposed unprecedented limitations on which pharmacy seniors may use in order to receive the plan's lowest advertised price. These changes could be confusing and complex for some beneficiaries and could result in higher costs to patients who are not taking medications covered by the plan or who continue to use the trusted local pharmacist they have chosen for their medication services.

Help Your Medicare Patients

As a pharmacist, you can be a tremendous resource to your Medicare patients by educating them about the enrollment process and helping them 'plug in their drugs' using Medicare's Plan Finder tool at www.medicare.gov. This tool is the best and most comprehensive source of Medicare plan information.

When using Plan Finder, it's important for patients to plug in the **names and dosages of each medication they take**, as well as to select the name of the pharmacy they use. That's the **best and only** way patients can get an accurate estimate of their total out-of-pocket costs, which is key to making their final enrollment decision.

For instance, some plans advertise a low monthly premium, which on the surface may make the plan appear attractive to some patients. Yet for many beneficiaries, the plan could be adverse to their interests. Below are some important facts about changes to Medicare prescription drug plans:

- ✓ Many Medicare beneficiaries will see smaller formularies for 2011. Some of the largest Part D plans reduced the number of drugs on their formulary by 24 percent, according to a recent report by Avalere Health.
- ✓ More plans will be dividing their formularies into five tiers – enabling plans to charge patients different rates of cost sharing to encourage the use of specific products.
- ✓ With major differences in cost sharing, deductibles, coverage of specific drugs, and tier placement of products, the optimal plan for a patient will depend on which drugs they need within each category.

Limited Access. To get the benefit of the lowest advertised prices, patients must obtain their medications from the drug plan's mail order pharmacy or purchase their medications at the plan's preferred pharmacies, which, for some plans, may make up less than 7% of all the retail pharmacies.

- ✓ Patients who do not live near a preferred pharmacy would be forced to use the plan's mail order pharmacy in order to benefit from any of the "cost savings" touted by the plan.
- ✓ Additionally, patients unable to use a preferred pharmacy or unwilling to give up the personal service and medication counseling provided by their family pharmacist would be subjected to higher co-pays at their local pharmacy, again negating in whole or in part any suggested "cost savings."

As Medicare beneficiaries make their plan selections, they should consider the entire cost, including premium and cost paid at the pharmacy counter, as well as the plan's history of premium increases. Some plans have raised their premiums sharply after initially offering lower upfront premiums.