



## What Physicians Need to Know to Ensure Their Medicare Patients Get the Drugs They Need

Medicare's drug benefit (Part D) is outpatient prescription drug coverage available only through private companies. To get this coverage, anyone who has Medicare Part A and/or Part B can enroll in a Medicare private drug plan. **Each Medicare drug plan will cover different drugs at different costs.**

**Plans must cover** at least two drugs in each drug class. Plans must cover **substantially all** drugs in six drug classes: antidepressants, anticonvulsants, antipsychotics, antiretrovirals, anticancer and immunosuppressants. Plans **do not have to cover** drugs that were excluded from Medicare coverage by law. These include drugs for anorexia, weight loss or gain, fertility, cosmetic purposes, hair growth, or relief of the symptoms of colds, like a cough and stuffy nose; prescription vitamins and minerals (except prenatal vitamins and fluoride preparations); **over-the-counter drugs**; barbiturates; and benzodiazepines.

### If your patient is trying to pick a Medicare private drug plan:

- **Identify which of his or her medications cannot be substituted, which can, and list possible alternatives.** That information can help your patient find a lower cost plan that covers needed drugs.

### If you are prescribing a new drug:

- **Prescribe generics whenever possible** to avoid formulary conflicts.
- **Find out if the desired drug is on the plan's formulary and if the plan requires prior-authorization or step therapy before it will cover the drug.** You can either call the patient's plan (the phone number should be on their membership card) or use the internet. This free web site allows doctors to see if a particular drug is covered by a plan and what alternative medicines within a drug class are covered by that plan: <https://rxonline.epocrates.com>. You can also search the formulary finder on [www.medicare.gov](http://www.medicare.gov).
- **If it is not covered**, decide whether you want to prescribe a different drug that is covered.
- **If it requires prior-authorization or step-therapy**, decide whether you want to prescribe a different drug or call the plan to request authorization.
- **If the plan will not cover the only drug that will work for your patient YOU must file an exception request with the patient's drug plan.** (*See below for details.*)

### If the drug your patient needs is not covered:

**Only you can help your patient get the medicine he or she needs!**

- **Only the patient's physician can get an "exception" to the plan's formulary.** The exception can be to cover a drug that is not on the plan's formulary at all or to get a lower copay for a drug that is on the formulary but in a high cost-tier.
- **To request an exception**, you must certify that the prescribed drug is the only one that will work for your patient and/or that any of the drugs in that drug class covered by the plan may be harmful to your patient. You cannot request an exception for a drug that is excluded from Medicare coverage by law. (*See sample exception request letter on the reverse.*)
- **You can request an expedited exception**, if your patient's life would be endangered by waiting to get the drug. The plan has to respond to regular exception requests within 72 hours of receiving your request. It has to respond within 24 hours of getting your expedited request.

### If your patient has both Medicare and Medicaid:

People with both Medicare and Medicaid now have to get their drugs through Medicare. In some states, Medicaid will continue to cover drugs excluded from Medicare coverage by law.

→ **Learn more about Medicare drug coverage at [www.medicarerights.org/drughelp.html](http://www.medicarerights.org/drughelp.html)**

## Sample Exception to Formulary Request Letter:

- Must be submitted to the Medicare private drug plan by the patient's physician.
- Call the patient's plan to find out where to send the exception request. You can download an Excel spreadsheet with the appropriate contact information for each Medicare private drug plan from: [www.cms.hhs.gov/PrescriptionDrugCovGenIn/04\\_Formulary.asp](http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/04_Formulary.asp).
- The more details about why the medication is medically necessary you can include in the letter, the more likely it is your client will be able to get the medicine covered. (Get an MSWord™ version of this letter from [www.medicarerights.org/exceptionrequest\\_template.doc](http://www.medicarerights.org/exceptionrequest_template.doc).)

[Date]

**Re:** [Patient's Full Name]  
[Patient's Address]  
[Patient's Social Security Number]

[Name of patient] has been under my care for [number] of years. [His/Her] diagnoses are [diagnoses]. In order to appropriately treat [Name of patient]'s medical condition, I have prescribed [Name of medication, dosage and amount].

[Name of medication] is medically necessary for [Name of patient] because [state reasons]. If [he/she] cannot take this medication [consequences of not taking the medication at issue].

No other medications in this class and category on the [Name of plan] formulary would be as effective in treating [Name of patient] because [reasons]. Moreover, [alternative medications in class and category] would cause [Name of patient] to experience [list of serious adverse consequences].

### [IF REQUESTING AN EXCEPTION FOR A LOWER COPAY]

[Name of patient] cannot afford the cost-sharing amount the plan has set for this medication. Since not taking [name of medication] will seriously jeopardize [Name of patient]'s [life or health or ability to regain maximum function] for the reasons stated above, I request that you cover [Name of medication] for [Name of patient] at a lower cost-sharing tier.

### [IF REQUESTING AN EXPEDITED EXCEPTION]

In my professional opinion, [Name of Patient] must receive an expedited decision in order to obtain [Name of Medication] immediately. Failure to get this medication quickly will seriously jeopardize [Name of patient]'s [life or health or ability to regain maximum function] because [reasons].

Please contact me should you require any additional information. I can be reached at [phone number].

[Signature]