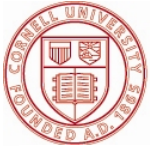


# MEDICARE PART D RESEARCH FACTS

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Cornell University  
College of Human Ecology

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Cornell University Resource Education  
for Medicare Part D

## FACT OR FALLACY?

Medicare Part D Plans may not make any changes in the coverage of any drug at any time during the plan year.

## A CHANGE IN PLANS

Prescription drug usage is constantly evolving, even for those people who may be stabilized on a maintenance regimen. Likewise, the market factors which affect the availability of medications is persistently evolving. These alterations are influenced by people's changing conditions, new drug availability, market price fluctuations, safety and quality considerations, and more.

For those with a prescription drug insurance plan, formulary stability is extremely important to maintain benefit access at a dependable level throughout the plan year. Unexpected developments occurring over the course of a year, however, may necessitate formulary changes.

No Medicare Part D beneficiary will be subject to a discontinuation or reduction in coverage of current medications except when scientific and cost information from FDA demonstrates clear clinical reason. Under CMS rules, all proposed formulary changes must be submitted to CMS for review and approval, except when there is an expansion of coverage.

Generally, positive consideration for a formulary change will be given by CMS to a plan that involves

- placement of a newly available, less expensive generic into a lower cost tier,
- a drug excluded from Part D coverage that was inadvertently included on the formulary,
- a drug with a new black box warning, or one that has been removed from the market,

- new clinical guidelines or information becoming available about a drug, or
- the addition of a utilization management tool because of another formulary change.

Other types of formulary changes should be minimized by plans in the interests of both beneficiaries and the best practices for the industry. These changes are considered maintenance changes and may be made, with CMS approval, after March 1<sup>st</sup> of the plan year. Examples of maintenance changes include changing preferred or non-preferred formulary drugs, adding utilization management tools, increasing cost sharing on preferred drugs, or removing dosage forms.

Enrollees currently taking a medication affected by a maintenance formulary change are exempt from the change for the remainder of the plan year. Except in the case of the market withdrawal of a drug, a 60 day advance notice of any formulary change must be provided by the plan to CMS, SPAP's, prescribers, network pharmacies, and affected enrollees. This notice may be as simple as a note on the plan's web site.



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[www.CURxED.human.cornell.edu/](http://www.CURxED.human.cornell.edu/)

email: CURxED @cornell.edu

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