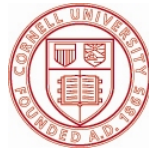


CASE STUDIES IN PART D

Volume 2 Number 1



Cornell University
College of Human Ecology

CUR_xED

Cornell University Resource Education for Medicare Part D

BREAKING UP THE COMBINATION

THE CASE

CY is a 69 year old female from Middletown, New York who has a Medicare Part D plan. She is very budget conscience and requests that her physicians prescribe generic medications for her whenever possible.

When reviewing her Part D plan options each year, CY looks for the plan which will give her the lowest total annual cost and provides a pricing preference to generic medications. She currently has a plan which provides coverage of many generic medications at no cost in the initial coverage zone.

Unfortunately, CY has a variety of ailments, including hypertension, heart disease, diabetes, and osteoporosis. Her list of medications follows:

- Atenolol 50mg, 1 tablet daily
- Evista 60mg, 1 tablet daily
- Furosemide 40mg, 1 tablet daily
- Metformin 500mg, 1 tablet three times a day
- Naproxen 375mg, 1 tablet twice a day
- Sertraline 50mg, 1 tablet daily
- Zolpidem 10mg, 1 tablet at bedtime

Because her cardiac issues have gotten worse, CY's physician would like to start her on a new medication, Lotrel 10/20mg, one tablet daily. Lotrel is a brand name combination medication which contains 10mg of amlodipine and 20mg of benazepril.

When CY goes to the pharmacy, she learns that Lotrel is not a generic medication and, with her current plan, it is not on the formulary. The cost for a month's supply of Lotrel will be well over \$100. Her projected annual costs will increase from about \$736 to about \$2108.

CY, obviously, is very upset over this turn of events and is looking for a less expensive alternative.

WHAT WOULD YOU DO?

Part D Trivia Question

In 2008, 529 of the 1824 plans being offered nationally will provide coverage in the gap for generic medications. How many plans are offering **gap coverage** of **brand name** medications?

- A. 1
- B. 27
- C. 127
- D. 529

THE STUDY

There are a few options for CY to explore. Unfortunately, the annual open enrollment period has passed. She therefore, cannot change plans.

CY should give more careful consideration to her use of generic medications. One of the medications in her regimen, Evista, is a brand name medication. This medication however is not available as a generic.

The new medication, Lotrel, is available as a generic, formulated as a combination of both active ingredients, amlodipine and benazepril. The combination generic medication is available on the formulary of CY's plan as a Tier 1 generic at no cost in the initial coverage zone. But, because this medication is expensive, at about \$72 per month, her total drug costs put her coverage into the donut hole before the end of the year. Her total annual out of pocket costs are now calculated to be about \$1220.

Taking this a step further, CY can get the new medication as two separate generic medications. In other words, instead of getting Lotrel or a generic version of Lotrel, she can get each of the amlodipine and the benazepril as separate generic prescriptions. Each of the generic medications are relatively inexpensive at less than \$20 each.

Both generic medications are Tier 1 medications initially covered by her plan at no cost and her total drug expenditures will no longer drive her into the donut hole. CY can add these new medications to her regimen, each as separate generics and incur no additional costs. Her total annual out of pocket expenses should remain at the initial projected estimate of about \$736.

<i>(MONTHLY COST OF MEDICATIONS) AND <ANNUAL COST OF REGIMEN></i>		
<u>Brand name combination</u>	<u>Generic combination</u>	<u>Separate generic medications</u>
Lotrel (\$114)	amlodipine + benazepril (\$72)	amlodipine (\$16) benazepril (\$9)
<\$2108>	<\$1220>	<\$736>

Part D Trivia Answer

In 2008 there is only **one plan** that will be offering **coverage of brand name drugs in the coverage gap**. Citrus Health, a new Medicare Part D plan being offered in Florida will be paying for brands in the donut hole. The number of plans offering generic coverage in the gap for 2008 has increased, however, when compared to 2007.

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This material is based upon work supported by a grant from the Dean of the College of Human Ecology and Smith Lever funds from the Cooperative State Research, Education, and Extension Service, U.S. Department of Agriculture. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Agriculture.