



CUR_xED

Cornell University Resource Education for Medicare Part D

COUNTER HOOP

THE CASE

Paul is an adult caregiver for his elderly parents, both of whom are still at home and have Part D stand alone prescription drug plans. Paul's mom, DH has struggled with depression for most of her adult life. She has needed to take antidepressant medications for many years and continues to do so.

As she has struggled with the aging process, DH has developed Alzheimer's disease. In addition to the progression of the functional debilitation that has accompanied the disease, there have been changes in DH's behavior and interactions with others.

Over the past several months, DH's physicians have prescribed trials of various medications to try to help control her outbursts and disruptions. Included in the medication regimens have been various medications to treat the dementia, as well as antipsychotics, agents for anxiety, and various sleep medications. There have also been changes made to her antidepressant medications.

Keeping track of all of his mother's medications is a task which requires significant organizational effort for Paul, in addition to his responsibilities of providing routine adult care. Paul accompanies his parents to all of their medical appointments and goes to the pharmacy himself to have their prescriptions filled. This way, he can consult directly with the pharmacist.

On his last several visits to the drug store, Paul has had to wait extraordinarily long times for his mother's prescriptions to be filled. Occasionally, he has been asked to return at a later time. The explanation given is that prior authorization must first be obtained prior to dispensing the prescription.

Paul is frustrated with the repetitive delays but does understand that many drugs, while on a plan's formulary, are still subject to certain restrictions. These restrictions are most commonly in the form of prior authorization, quantity limits, and step therapy. He cannot understand why, in the case of prior authorization, the insurance plan is questioning the physician's prescribing judgment, and what can be done to expedite the process.

Part D Trivia Question

Which therapeutic class of prescription medications has accounted for the highest percentage of prescriptions dispensed under Part D?

- A. Antidepressants
- B. Alzheimer's agents
- C. Lipid (Cholesterol) lowering agents
- D. Antihypertensives (for blood pressure)

WHAT WOULD YOU DO?

THE STUDY

Paul is experiencing what is not an uncommon problem. Obtaining prior authorization is equally cumbersome and frustrating to pharmacists as it is to consumers, adding unwanted and unneeded stress, and puts pharmacists in the middle between physicians and health plans. It is estimated that about 8% of all drugs on Part D formularies require prior authorization.

In a recent survey of pharmacists, 61% indicated that they feel that the requirement for prior authorization adversely affected patient care and often resulted in treatment failure. The average time spent by a pharmacist on prior authorization is 4.6 hours per week. More than two thirds of the Pharmacists surveyed spend greater than 2 hours each week on prior authorization and nearly four in five (77%) feel that this process is becoming increasingly time consuming. Eighty percent feel that Part D has made it worse.

In spite of these additional requirements, pharmacists have little faith that their efforts are helpful. Only 20% feel that prior authorization is effective in controlling costs. Many feel that the process is purposely and unnecessarily complicated and question the rationale for prior authorization decisions. They cite a lack of adequate information and feel that better explanations are needed.

Most commonly, the drugs that require prior authorization are brand name medications that have generic versions available. This is followed by specialty drugs, lifestyle drugs, and the off-label use of medications. For DH, using generic medications when available might be helpful.

In an effort to try to improve the prior authorization process, CMS will require Part D plans to post prior authorization criteria to their web sites. This will become effective November 15, 2008. Unfortunately, 72% of pharmacists surveyed feel that this will not improve the situation. An alternative solution being considered is e-prescribing, but this is met with similar skepticism.

A recent development in nursing home practice may offer a potential solution. Five Part D plans have agreed to process prior authorization forms for nursing home residents submitted by pharmacists on behalf of the physician. Outcomes of this effort may influence future direction in the retail setting.

Unfortunately, there is limited resolution for Paul. Most importantly, of course, is to continue to stay involved and advocate on his mother's behalf. Paul should obtain a copy of his mother's plan formulary and bring it with him to her physician visits. This will serve as a resource to identify medications which might be less problematic.

Part D Trivia Answer

Drugs used to treat hypertension, or high blood pressure, account for 25% of all Part D prescriptions dispensed in 2006, followed by lipid regulators at 7.4% and antidepressants at 5.1%. These 3 classes of drugs account for over on-third of all Part D prescriptions dispensed.

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