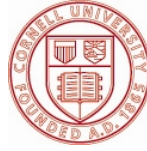


CASE STUDIES IN PART D

Volume 2 Number 4



Cornell University
College of Human Ecology

CURxED

Cornell University Resource Education for Medicare Part D

CUTTING COSTS

THE CASE

Dave is a Pharmacist who has owned the neighborhood drugstore for over 20 years. He has many clientele that he has been serving on a regular basis since he first started the business. Dave prides himself on being able to develop a personal relationship with his customers and being able to provide them with a high level of attention.

One of Dave's long time customers is RT. Four months ago, RT lost his wife of 50 years just after his 71st birthday. Dave has noticed that over the past 2-3 years, RT's health and mobility has been decreasing. He had knee replacement surgery and recently was started on some medications for high cholesterol. RT is now being treated for a severe episode of depression.

RT's current medication regimen includes:

- Celebrex 200 mg twice a day
- Lunesta 2mg at bedtime
- Pravastatin 20mg daily
- Xalatan solution 1 drop in eye daily
- Zetia 10mg daily

RT now presents to the Pharmacy with a prescription for Lexapro 10mg daily. It is a fairly expensive antidepressant and it is not available as a generic formulation.

During his most recent visit to the Pharmacy, RT complained to Dave that the cost of his medications was "killing" him. It is not only the cost of the each new medication that is creating a burden but also the rising costs of his regular medications that are troublesome.

RT has a stand alone Part D prescription drug plan. He has satisfied his initial deductible and is now in the initial coverage zone where he pays a 25% co-payment. Dave estimates that at his current rate of expenditures, RT will probably be reaching the donut hole sometime in September.

Dave feels that he must do something now to help RT avoid future higher medication costs. RT is not eligible to change to any other type of a plan through a special enrollment period or any other extraordinary circumstances.

WHAT WOULD YOU DO?

Part D Trivia Question

Nationally, how many stand alone prescription drug plans are low-income subsidy eligible in 2008?

- A. 411
- B. 483
- C. 495
- D. 1877

THE STUDY

As a Pharmacist, Dave realizes that RT's medication regimen is appropriate for his current conditions. He feels that it would not be appropriate to suggest any changes in the regimen to RT's doctor.

Dave has also investigated the possibility of utilizing generic drugs instead of brand name medications for RT. There is a potential for significant savings with generic medications. Unfortunately, none of the brand name medications which RT takes are available as a generic.

RT is, however, on several medications which are in tablet form and could be split. Dave realizes that if he provided a tablet splitter to RT (often available at a modest cost at most Pharmacies), and provided RT with tablets that are double the strength, it might be possible to save RT some money.

RT's newest medication, Lexapro is available as a scored 20mg tablet. The cost of both strengths, 10mg and 20mg, is about the same. Providing the 20mg tablet and splitting it will save RT almost one-half the cost of this medication and still provide him with the prescribed dosage.

Pravastatin is a tablet that is not scored, but with care it could be split. It is available in a 40mg strength as well as a 20mg strength and both strengths have similar pricing. Again, splitting the higher strength tablet for RT would provide him some savings without sacrificing therapy.

Unfortunately for RT, Celebrex is a capsule. Capsules cannot be broken in half. Lunesta is not available as a 4mg dosage form and so tablet splitting will not provide RT with the dosage that he needs. Lastly, Zetia is available only in the one strength, 10mg.

In some cases, splitting tablets can be an effective way to save beneficiaries money on their medications, but not in all circumstances. Before doing this, carefully research (with the assistance of a Pharmacist) to find out if splitting tablets is feasible for the particular medication. Not all dosage forms are appropriate for splitting, nor will they always break evenly. A patient may already be on the highest dosage strength available for that medication. Lastly, cost savings are realized only if both dosage strengths have a similar price. Consult a Pharmacist to be sure.

Part D Trivia Answer

There are **495** plans available nationally in 2008 that meet the requirements to be eligible for the low-income subsidy. In 2007 there were 483 and in 2006 there were 411. The state with the lowest is Nevada, with 5 plans and the state with the highest is South Carolina with 20 plans. New York has 15 plans that meet low-income eligible subsidy criteria.

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