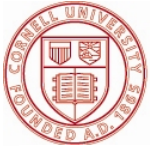


MEDICARE PART D RESEARCH FACTS

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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 ?

If a prescriber writes for a medication that is not covered on a Part D plan formulary, the Pharmacist will automatically provide a substitute.

FORMULARY UNCERTAINTY

Uncertainty about formulary coverage can lead prescribers to inadvertently write for medications that are not covered by an insurance plan or that require high co-payments. This can lead to increased patient financial burden and decreased medication compliance.

In one survey of clinicians, 59% reported that they usually do not check the formulary status of a drug before prescribing it. This is most likely because the process is not straight forward and can become time consuming. The burden encountered extends not only to the prescriber and the patient but also involves pharmacies, office staff, and others. The financial impact remains immeasurable.

Difficulty navigating Part D formularies exists because there is a great amount of variability among the plans. Many states have more than 50 different plans, each with their own individual formulary, adding to the complexity. Clinicians find it cumbersome to sort through this tangle in order to ascertain coverage for each individual patient.

While the medicare.gov website provides a portal to the plan formularies, each plan must still be investigated individually. Utilizing the plan finder tool to search potential options for each patient becomes unwieldy for a busy medical practice.

A survey of Part D enrollees showed that 12% of beneficiaries left the pharmacy without having a prescription filled, either because it wasn't covered or

because it was not affordable. Three-quarters of prescribers have been asked by pharmacies or patients to change a prescription to a preferred formulary alternative while the majority of clinicians will admit to not having familiarity with Part D plan formularies.

Undoubtedly, substantial variability exists among Part D plan formularies, causing difficulty in navigating them. This small idiosyncrasy is perceived by many to be a flaw in the system yet others feel it also allows for the expression of free enterprise. From either perspective, it remains a source of frustration for beneficiaries and clinicians alike, and is viewed by many as an area of Part D legislation which could be changed.

Current policy debates regarding price negotiations of medications may lessen the effect of formulary variations but will not eliminate it. Other approaches might include limiting the number of Part D plans, requiring plans to expand coverage to include more drugs, or forcing greater standardization among plan formularies.



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