

Choosing a Medicare drug plan for individuals living with Alzheimer's disease

Anyone who has Medicare hospital insurance (Part A) or medical insurance (Part B) is eligible for prescription drug coverage (Part D). Joining the Medicare prescription drug plan is voluntary, and you pay an extra monthly premium for the coverage. Some beneficiaries with higher incomes will pay a higher monthly Part D premium. You can enroll during your initial enrollment period, the first time you are eligible for Medicare. You can also enroll during the annual Medicare open enrollment period from Oct. 15-Dec. 7 each year. The effective date for enrollment is Jan. 1 of the upcoming year.

If you (or a family member) are living with Alzheimer's disease, you should consider the following important factors before making a decision about which drug plan is right for you. If you currently have drug coverage through an employer, union, government agency or other organization that is "as good as" the Medicare benefit, you may not want to sign up for a Medicare drug plan. You will need to decide whether you are satisfied with your current plan or if you want to get your drug coverage through Medicare.

Please note that the following refers to drugs covered under Medicare Part D, such as prescriptions you might pick up at your pharmacy. Anti-amyloid antibody therapies, which are delivered via infusion, are covered under Medicare Part B. More information about Part B can be found [medicare.gov/what-medicare-covers/what-part-b-covers](https://www.medicare.gov/what-medicare-covers/what-part-b-covers).

Important change to Medicare drug coverage

Beginning in 2015, all Part D plans used tiered cost sharing for the first time. Drugs in each tier have a different cost. A drug in a lower tier will generally cost less than a drug in a higher tier. In some cases, a flat co-payment may be replaced with co-insurance (a percentage of the drug's cost). If your drug is on a higher tier and your prescriber thinks you need that drug instead of a similar drug on a lower tier, you or your prescriber can ask your plan for an exception to get a lower co-payment.

You do not have to pay all of the costs of your drugs while you are in the coverage gap. In 2024, you will pay no more than 25% of the price for brand name prescription drugs on your plan's formulary while you are in the coverage gap. You will get this discount at the time you buy the drugs. You will pay 25% of the price for generic drugs on the plan's formulary during the coverage gap. These changes do not apply if you already receive extra help.

Key things to consider

All plans are not the same. Here are important factors to consider when choosing a plan:

1. Will the drug plan pay for all or most of the drugs you take now?

- Each plan has a list of drugs for which it will pay. This is called a formulary. Are your current drugs on the plan's formulary? Are your Alzheimer's drugs on the formulary?
- Does the plan cover the doses of the drugs that you take? Check the plan formulary to make sure it covers the actual doses that you take.
- Do the plan's rules or policies limit coverage of your Alzheimer's drugs and/or your more costly drugs by requiring "prior approval" or by requiring you to try a less expensive, similar drug ("step therapy") before the plan will pay for your drug(s)? Are there limits on the number of pills that a prescription may cover ("quantity limits") over a specific period of time?

2. What will the plan cost you?

- Compare the monthly premiums for each plan, the annual deductible and cost sharing for each drug you currently take that is covered by the plan. For an additional premium, some plans will provide some additional drug coverage in the coverage gap ("donut hole"). Remember, if one or more of your drugs is not on the plan's formulary, you may have to pay the entire cost of the drug(s) yourself. This is especially important because the cost sharing for Medicare beneficiaries has increased significantly in many drug plans.
- Be sure to compare all of the costs for each plan, including the deductible, co-payments or co-insurance, not just the amount of the monthly premiums.

3. Is my local pharmacy in the plan's pharmacy network?

- For each plan, find out if your pharmacy is in the plan's network. If it is in the network, find out if it is a "preferred" pharmacy. For some plans, your co-payments or co-insurance may be less if you buy your drugs from a "preferred" pharmacy.
- If you prefer to use mail order for your drugs, does the plan offer it as an option?

Review your current plan, compare it to other plans and make a decision

Take your time and consider the information about the drug plans and evaluate your choices. Call the provider to confirm all the information you have about the plan before you make a decision. If you are staying with your current plan, you don't have to do anything. If you decide to change plans, you need to complete the enrollment form by phone, online or mail.

Where to find plan information

Get the information necessary to make your decision from several sources:

- Medicare's website at [medicare.gov](https://www.medicare.gov). It has information about which plans are available in each state and which drugs each plan will cover. It also has several tools to help individuals decide which plan is best for them.
- Medicare's toll-free number at 1.800.MEDICARE. Call for information about the plans available in each state.
- Each plan's website or customer service telephone number. You can get this information from [medicare.gov](https://www.medicare.gov) or 1.800.MEDICARE.
- The Alzheimer's Association website has fact sheets on the Medicare drug benefit and Alzheimer's disease at [alz.org](https://www.alz.org).
- Medicare Access for Patients Rx (MAPRx): Download information on Medicare Part D at [maprx.info](https://www.maprx.info).

Questions and answers

Medicare beneficiaries who have Alzheimer's disease will have some special considerations before choosing a drug plan.

Q. Will the Medicare drug plans cover Alzheimer's drugs?

A. Yes. Part D formularies must include drug categories and classes that cover all disease states. Each category or class must include at least two drugs (unless only one drug is available for a particular category or class, or only two drugs are available but one drug is clinically superior to the other for a particular category or class). This means all Medicare Part D drug plans should have at least two cholinesterase inhibitors and memantine (Namenda) on their formularies.

Q. Is it true that Medicare will not pay for Xanax®, Valium®, Ativan® and other benzodiazapines?

A. No. As of Jan. 1, 2013, Medicare drug plans must provide coverage for barbiturates (such as phenobarbital or nembital) if used to treat epilepsy, cancer or a chronic mental health condition and benzodiazepines.

Q. Will Medicare drug plans cover antidepressants and anti-anxiety drugs that are often prescribed to Alzheimer's beneficiaries?

A. Yes. Medicare plans MUST cover "all or substantially all" antidepressants (such as Celexa® and Zoloft®), antipsychotics (such as Abilify®, Zyprexa®, Seroquel® and Risperdal®) and anticonvulsants (such as Tegretol® and Depakote®), which many Medicare beneficiaries with Alzheimer's disease need.

Q. Can a Medicare drug plan put restrictions on access to drugs even if the drugs are on the formulary?

A. Yes. The Medicare drug plans can require that individuals get prior approval from the plan for specific drugs before the plan will pay for it. This is called "prior authorization." In addition, plans can require that an individual try a different, less-expensive drug before agreeing to pay for the one originally prescribed by the doctor. This is often called "step therapy" or "fail first." However, an individual can request that step therapy or fail first not be required if the individual or the treating doctor can prove that there would be adverse

effects or the prescribed drug would be more effective. Some health plans have specific policies on how much of a drug is covered by limiting the number of pills or number of days a prescription may cover. This is called “quantity limits.” Learn more at [alz.org/help-support/caregiving/financial-legal-planning/medicare-part-d-benefits](https://www.alz.org/help-support/caregiving/financial-legal-planning/medicare-part-d-benefits).

Q. If my mother has Alzheimer’s disease and does not have the capacity to sign up for a plan, who can do it for her?

A. Medicare rules allow an individual who has legal authority under state law to act on behalf of the beneficiary (your mom) to enroll or disenroll her from a Medicare drug plan. Depending on the state law where your mom lives, this may include attorneys-in-fact or agents who have authority under a durable power of attorney document, guardians appointed by the court or individuals authorized to make health care decisions under state health care consent laws.

Q. My father is living with Alzheimer’s disease. He takes several medications and is stable. If one or more of his current drugs is not on his drug plan’s formulary, is there anything he can do to get the drugs paid for by his plan?

A. Yes. Your father, his authorized representative or his treating physician can ask the plan to cover the non-formulary drug for him. This request is called an “exception” and generally requires a physician’s statement in support of the request. You can get specific information about the exceptions process from the drug plan organization.