

Kidney Medicare Drugs Awareness and Education Initiative Review of Common Drugs on Prescription Drug Plans

Why did you review coverage of drugs in plans?

We wanted to show how to assess plans for drugs those with kidney disease might take. We do not recommend any specific plan. If you are comparing plans, start with a list of your drugs, dosages, and quantity. Consider other drugs you might need with changes in health or treatment.

How did you choose the drugs you reviewed?

We sought advice from Wendy St. Peter, PharmD, Associate Professor, University of Minnesota College of Pharmacy, member of the ESRD Network 8 Outpatient Medications Project technical advisory panel, and member of the initiative's technical workgroup. She reviewed the Part D drug usage for people with kidney disease. She recommended the 25 most commonly used and costly drugs. The drugs we searched for may or may not be the most important drugs for you.

What plans did you review and when?

We began reviewing plans that are available nationally annually in November of 2005. We believe national plans should be typical of all plans. We will continue to update this analysis annually to show changes in formulary status for the drugs as they appear on the national plans.

How did you review the chosen drugs on national plans?

We used the Medicare Formulary Finder at www.medicare.gov for the zip code of the National Kidney Foundation office (10016). We did a general search, entered the names of the drugs, and chose the common dosage and quantity used by those with kidney disease. Our chart includes:

- Which of the drugs the plan covers (“on formulary”). Plans can add or remove drugs from formularies with Medicare approval. It is important to check plans often for changes.
- If the plan uses tiers, what the drug tier is (affects co-payment or coinsurance amounts). Generally, the higher tier number, the more you will pay for that drug. *NOTE:* Tier status does not affect co-pays for those with limited income and assets who get extra help. Those with extra help pay more for name brands than generics. Plans can change drug tiers with Medicare approval. Again, check plans often for changes.
- Whether prior authorization (medical justification) is required for coverage (“P”).

- Whether there the amount of a drug that can be dispensed at a time is limited (“Q”).
- Whether step therapy (try less costly drugs first) is required to get coverage (“S”).

What should be done if other drugs are required or additional information is needed about plan and drug costs and participating pharmacies?

Use the Medicare Prescription Drug Plan Finder at www.medicare.gov or call the Medicare Helpline at 1-800-MEDICARE. Answer 5 personal questions to learn options for plans and costs. We searched for Prescription Drug Plans, but people on Medicare who have a Medicare Advantage plan now should look at Medicare Advantage Prescription Drug Plans (MA-PDs). *NOTE:* Those who have Medicare Advantage plans and are on dialysis should look at MA-PDs sold by the same company that administers their MA plan. Enter drugs, dosages, and quantities per month to compare costs. A search can be limited by premiums, deductibles, and pharmacies. Search for plans in your area. Compare up to three plans at a time. Those who travel might want to choose a national plan or one that offers mail order. Otherwise, compare costs, coverage, and convenience of either national or local plans that cover the drugs needed now or in the future. Visit other pages on our website at www.kidneyhealthcarecoverage.org.