

What Every Practicing Psychiatrist Should Know About Medicare Part D for 2007

1. The open enrollment season for Part D runs from November 15 to December 31, 2006, but CMS has recommended that new plans be selected by December 8 to ensure everything is in order for the new plan year by January 1. A patient's status may complicate the enrollment process, so it's best to begin it as soon as possible.
2. The stipulation that Part D drug plans (PDPs) provide access to "all or substantially all" antidepressants, antipsychotics, and anticonvulsants continues through the 2007 plan year. These drugs are in what is referred to by CMS as the "six classes of clinical concern." *All or substantially all* means that all the drugs must be on the plan formulary in some form. It does not mean that all doses and forms of these drugs must be included. Drugs used for the treatment of substance use disorders are not a protected class.
3. CMS has a transition policy that presumes patient stability if the patient presents for a refill on or after January 1, 2007. PDPs are permitted to use prior authorization, step therapy, and other utilization management protocols, and are permitted to require documentation for off-label use for new starts. The 2007 Medicare Part D Transition Guidance from CMS states that no patient should be denied a transition refill of a prescription at the pharmacy in 2007, even if there is lack of clarity as to whether the prescription is a refill or a new start. When this is the case, the drug plan is to assume the prescription is a refill.
4. Drugs cannot be denied by PDPs as not covered on the basis of being used off-label no matter what quantity or dose is requested as long as they are prescribed for an indicated diagnosis. Off-label only refers to diagnoses, not to quantities or dosage. Dosages beyond FDA recommendations may require prior authorization.
5. Exceptions to Part D formularies that were granted in the 2006 plan year will, in all likelihood, expire at the end of 2006, even though the patient's need for the medication hasn't changed. Have your patients check with their drug plan to see if this is the case for them. The exceptions process can begin before January 1, 2007.
6. CMS has upgraded and refined its online Prescription Drug Plan Finder for 2007. Patients can compare plans available to them and find out what their drugs will cost under each plan by going to <http://www.medicare.gov/MPDPF>.
7. Benzodiazepines and barbiturates remain excluded from the Medicare prescription drug benefit. State Medicaid programs will continue to cover these drugs for dually eligible beneficiaries if they provide other drugs not covered by Medicare.
8. Physicians may request a coverage decision from a patient's PDP for a non-formulary drug or non-preferred drug at a preferred price. An expedited determination may be requested for a decision within 24 hours if the standard timeframe would be harmful to the patient's medical condition, otherwise the PDP has 72 hours within which to respond. If the coverage determination is unfavorable, an expedited redetermination can be requested (and there is a stipulated appeals process in place that continues to the federal district court level). Please contact the APA at 866-882-6227 or partd@psych.org if you need assistance with appeals.
9. Psychiatrists can learn more about Part D and how it will affect their patients at www.mentalhealthpartd.org. This website, devoted to Part D, is sponsored by the APA and other mental health groups and will have the latest information about the drug benefit, especially geared to psychiatric drugs.

For additional, updated information go to

www.mentalhealthpartd.org