Eldercare Q&A March, 2017 Getting The Most From Your Drug Plan

**Q: Is there more to using a drug plan than just selecting one?**

**A:** Yes. Many people select a drug plan and then forget about it. But older adults report that medication costs and not understanding their drug benefits are major challenges. Seniors want simple information on cost, coverage and provider networks to get the most out of their drug benefits.

People on Medicare are receiving their new prescription drug plan materials. It may be a Medicare Part D plan, or a Medicare Advantage Plan (Part C), but you can save money and avoid medication mistakes by understanding your benefit.

 According to the National Association of Area Agencies on Aging (n4a), as many as 88% of Medicare recipients have not chosen the lowest possible total plan cost for their Medicare prescription drug coverage. These people could save money by choosing a plan that has a lower premium, and using their plan to get the lowest possible out-of-pocket costs. N4a and Walgreens have teamed up to give consumers the education and programs they need to stay current with their medication regimens.

Proper medication adherence is one of the keys to maintaining good health. Too many older adults may not have enough information about how to take their medications as prescribed, for fear of incurring additional out-of-pocket expenses.

 Here are some tips for getting the most out of your drug benefits, and for lowering your out-of-pocket costs:

* Every prescription drug plan has a list of covered drugs called a “formulary.” That list is divided into “tiers,” which vary by plan. Typically, you will pay less when you fill your prescriptions from the lower tiers and when you choose “preferred” drugs. Ask your doctor or pharmacist if there are lower-cost options, such as lower-cost brands or generic substitutes on your plan’s formulary, or even over-the-counter options that can properly treat your medical condition.
* Many prescription drug plans have a “preferred pharmacy” network. You will likely pay lower prescription copays if you use a preferred pharmacy. Most plans also offer a mail order pharmacy that may offer lower drug prices.
* Whether you are using a generic alternative, or a lower-cost brand alternative—if you are taking maintenance drugs, whenever possible ask if you can get a less expensive 90-day supply instead of 30-day supply.
* At least once a year, ask your doctor or pharmacist to evaluate changes in your health and prescription needs, and about ways you can reduce your medication costs.
* If you take medications for more than one medical condition, ask your doctor if you qualify for medication management therapy (MTM) from a pharmacist or other health professional to ensure that your medications are working well together.
* Ask your doctor or pharmacist to review your prescriptions for falls risk. Some medications can interact or affect you in a way that could increase your risk of falling.
* Talk to your doctor about ALL the medications you take---including over-the-counter (OTC) medications and “nutritional” supplements.
* If your prescription drug copayments are not affordable, ask your doctor if your drug manufacturers have a “patient assistance program” that reduces the cost of your drugs.
* The Prescription Advantage program provides financial assistance, based on income, for people with Medicare drug coverage. It can help pay all or part of your Medicare drug co-payments, and can also provide an out-of-pocket spending limit. Once this limit is reached, Prescription Advantage will cover drug co-payments for the remainder of the plan year. Call 1-800-AGE-INFO and press “2” for details.

 Choosing a drug plan is just the start. Learn more about your plan, and save more.

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