

## **Information on Prescription Drug Coverage for Dual Eligibles (Individuals Receiving Both Medicare and Medicaid Benefits)**

All dual eligibles were auto-enrolled in a Medicare Part D prescription drug plan as of 1/1/06. Such enrollment was mandatory for dual eligibles to retain prescription drug coverage. Previously dual eligibles had prescription drug coverage under Medicaid with no co-pays required. In the state of New Jersey wrap-around funding for the fiscal year ending 6/30/06 was approved for dual eligibles enabling NJ Medicaid to pay for Medicare Rx plan co-pays and medications not covered on the formularies (approved drug lists) of Medicare Rx plans.

Every Medicare Rx plan has its own formulary (list of approved drugs) and participating pharmacy network. Information on available plans in your area including each plan's formulary and pharmacy network can be found at [www.medicare.gov/pdphome.asp](http://www.medicare.gov/pdphome.asp).

Dual eligibles may elect to change Medicare Rx plans at any time; however, changes will not be effective until the first day of the following month. Dual eligibles were auto-assigned to one of the specified Rx plans for which they were eligible to for a no-cost premium and should take care to check premium costs before changing plans.

A dual eligible who is denied payment by the Medicare Rx plan on a non-formulary drug is entitled to receive a temporary 6-day supply to be paid for by the NJ Medicaid wrap-around. The dual eligible's physician must request an exception from the Medicare Rx plan. If the Medicare Rx plan denies the exception request, NJ Medicaid's wrap-around will cover the cost in most cases. Alternatively, a patient may choose to consult with his/her doctor regarding the feasibility of being switched to a formulary drug.

Benzodiazepines and barbiturates are excluded from the formularies of all Medicare Rx plans. NJ Medicaid will cover specified drugs in those categories for dual eligibles.

Medicare Rx plans may require doctors to obtain prior authorization from the plan before prescribing some formulary drugs.

Medicare Rx plans may require that step therapy be used before some formulary drugs are prescribed. In general this means less expensive drugs must be tried first.

Medicare Rx plans may impose quantity limits on some formulary drugs.

Medicare Rx plans may require prior authorization or impose other limitations on off-label medications (drugs which are prescribed for a medical use other than the FDA approved use.)

### **Telephone numbers for dual eligibles having problems obtaining their prescription drugs:**

Beverly Roberts, Arc of NJ, would like to be contacted regarding any problems experienced by dual eligibles with their prescription coverage: 732-246-2525, ext. 34 or [broberts@arcnj.org](mailto:broberts@arcnj.org)

Medicaid hotline: 1-800-356-1561; Antonietta Balci, Medicare Part D Specialist who works for NJ Medicaid: 609-588-2732; Medicare hotline: 1-800-MEDICARE (1-800-633-4227)

For questions on this fact sheet call The Arc of Monmouth Social Services Department at 732-493-1919.