

## Helping clients afford prescription drug costs

If your client is having trouble affording their Medicare prescription drug costs, there are some strategies you can use to help lower their drug costs.

### 1. See if your client is eligible for Extra Help, also known as the Medicare Low-Income Subsidy (LIS).

Extra Help is a federal assistance program that helps pay for Medicare prescription drug costs. With Extra Help, a beneficiary has low or no premiums for their Part D plan, a low or no deductible, and low copayments.

A beneficiary is eligible for Extra Help if they meet these income and asset limits.

#### Extra Help 2018 income limits

| Single              | Couple              |
|---------------------|---------------------|
| Up to \$1,538/month | Up to \$2,078/month |

#### Extra Help 2018 asset limits

| Single         | Couple         |
|----------------|----------------|
| Up to \$14,100 | Up to \$28,150 |

You can help a client apply for Extra Help online at [www.ssa.gov](http://www.ssa.gov) or by calling the Social Security Administration at 800-772-1213.

### 2. Help your client explore available State Pharmaceutical Assistance Programs (SPAPs) and Patient Assistance Programs (PAPs).

SPAPs are state-based programs that may help pay the cost of a beneficiary's drugs if they meet the program eligibility requirements. Not all states have an SPAP. Visit [www.medicare.gov](http://www.medicare.gov) to learn if your client's state has an SPAP.

PAPs are pharmaceutical assistance programs that provide discounts on certain drugs for beneficiaries who meet the program eligibility requirements. Visit [www.needymeds.org](http://www.needymeds.org) or [www.rxassist.org](http://www.rxassist.org) to search for PAPs and help clients apply.

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### 3. Suggest to your client that they consider formulary alternatives.

If a beneficiary's prescription drug is too expensive, they should contact their plan to learn if there are other drugs on the plan's formulary that they could take. For example, if a beneficiary is taking a brand-name drug, they can speak with their doctor about the possibility of taking a generic version of the drug. This may not be an option for all beneficiaries, but taking a generic drug could save money since generics are usually less expensive than their brand-name equivalents.



The beneficiary can also ask their plan if there are less expensive brand-name drugs on the formulary, but should speak with their doctor before changing their prescription.

### 4. Learn if your client can use a mail-order pharmacy.

Some plans offer the option to get drugs through a mail-order pharmacy, rather than going to a retail pharmacy. Beneficiaries can contact their plan to learn if it offers mail-order, and if this option would be less expensive.



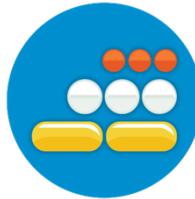
### 5. Have your client ask their doctor for samples.

A beneficiary can ask their doctor if the doctor can provide them with drug samples. Although this is a short-term solution, samples can provide temporary assistance while the beneficiary seeks other alternatives to aid with their drug costs.



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### 6. Assist your client with a tiering exception request to their Part D plan.



#### Tiering exception request

Drug plans use tiering systems to price their drugs. Drugs on higher tiers are usually more expensive. If a beneficiary's drug is on a higher tier, they can formally ask their plan to place the drug on a lower tier, thus lowering its price.

A beneficiary's doctor should contact the plan to learn how to request a tiering exception. They may have to fill out a Coverage Determination Request Form or other paperwork. The doctor should also write a letter than explains that drugs on lower tiers are ineffective or harmful to the beneficiary.

**Standard timeline:** Plan gives decision within 72 hours of receiving request

**Expedited timeline:** Plan gives decision within 24 hours of receiving request



Beneficiary can ask doctor to request an expedited appeal if they or their doctor feel that their health could be seriously harmed by waiting the standard timeline for decision.

If the plan denies the tiering or formulary exception, the beneficiary can appeal the decision by following instructions on the denial notice they receive. They should appeal within **60 days** of the date on the denial notice.



Approved tiering exception requests normally last until the end of the current calendar year.

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### 7. Assist your client with a formulary exception request to their Part D plan.



#### Formulary exception request

A beneficiary's drug may be expensive because it is not on their plan's formulary, or list of covered drugs. In this case, a beneficiary's doctor can contact the plan to request a formulary exception.

The plan will send the doctor the needed paperwork, which the doctor should complete and return. They should also include a letter of support that explains that other drugs on the plan's formulary would not be as effective as the prescribed drug, or that other drugs on the formulary would be harmful to the beneficiary's health. The doctor generally must demonstrate that the beneficiary has tried drugs on the formulary and has had a negative reaction to them.

**Standard timeline:** Plan gives decision within 72 hours of receiving request

**Expedited timeline:** Plan gives decision within 24 hours of receiving request



Beneficiary can ask doctor to request an expedited appeal if they or their doctor feel that their health could be seriously harmed by waiting the standard timeline for decision.

If the plan denies the tiering or formulary exception, the beneficiary can appeal the decision by following instructions on the denial notice they receive. They should appeal within **60 days** of the date on the denial notice.



Approved formulary exception requests normally last until the end of the current calendar year.