Alzheimer’s disease: special considerations when choosing a Medicare drug plan

Q. Will the Medicare drug plans cover Alzheimer drugs?
   A. Yes. Through the Alzheimer’s Association’s advocacy efforts, all Medicare drug plans are required to cover and have at least two cholinesterase inhibitors and Memantine on their formularies (list of drugs the plan covers). Each plan will decide what the co-payment amount is for each drug. Plans are allowed to charge different amounts for different drugs. Consumers will need to check with each plan to find out the specific amount of the co-payment for specific drugs.

Q. Is it true that Medicare will not pay for Xanax, Valium, Ativan and other benzodiazepines?
   A. Yes. Standard or basic Medicare drug plans are forbidden by law from paying for benzodiazepines, such as Xanax, Valium and Ativan. In addition, Medicare will not pay for barbiturates (such as Phenobarbital or Nembutal), which are often used for sedation or to control seizures. State Medicaid programs and state pharmacy assistance programs may still pay for them. In addition, Medicare drug plans can offer supplemental or additional benefits beyond the standard Medicare package for an additional premium. These “enhanced” plans can cover benzodiazepines, barbiturates or other medications not covered by Medicare.

Q. Will Medicare drug plans cover anti-depressants and anti-anxiety drugs which are often prescribed to Alzheimer beneficiaries?
   A. Yes. Medicare plans MUST cover “all or substantially all” anti-depressants (such as Celexa and Zoloft), anti-psychotics (such as Abilify, Zyprexa, Seroquel and Risperdal), and anti-convulsants (such as Tegretol and Depakote), which many Medicare beneficiaries with Alzheimer’s disease need.

Q. Can a Medicare drug plan put restrictions on access to drugs even if the drugs are on the formulary?
   A. Yes. The Medicare drug plans can require that individuals get prior approval from the plan for specific drugs before the plan will pay for it. This is called “prior authorization.” In addition, plans can require that an individual try a different, less-expensive drug before agreeing to pay for the one originally prescribed by the doctor. This is often called “step therapy” or “fail first.” However, an individual can request that step therapy or fail first not be required if the individual or the treating doctor can prove that there would be adverse effects or the prescribed drug would be more effective.

Q. If my mother has Alzheimer’s disease and does not have the capacity to sign up for a plan, who can do it for her?
   A. Medicare rules allow an individual who has legal authority under state law to act on behalf of the beneficiary (your mother) to enroll or disenroll her from a Medicare drug plan. Depending on the state law where your mother lives, this may include attorneys-in-fact or agents who have authority under a durable power of attorney document and guardians appointed by the court.

Q. My father has Alzheimer’s disease, takes several medications and is stable. If one or more of his current drugs are not on his drug plan’s formulary, is there anything he can do to get the drugs paid for by his plan?
   A. Yes. Your father, his authorized representative or his treating physician can ask the plan to cover the non-formulary drug for him. This request is called an “exception” and generally requires a physician’s statement in support of the request. You can get specific information about the exceptions process from the drug plan organization.

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