

Empowering APPE Students to Address High Cost Medications in Medicare Part D Selection Process

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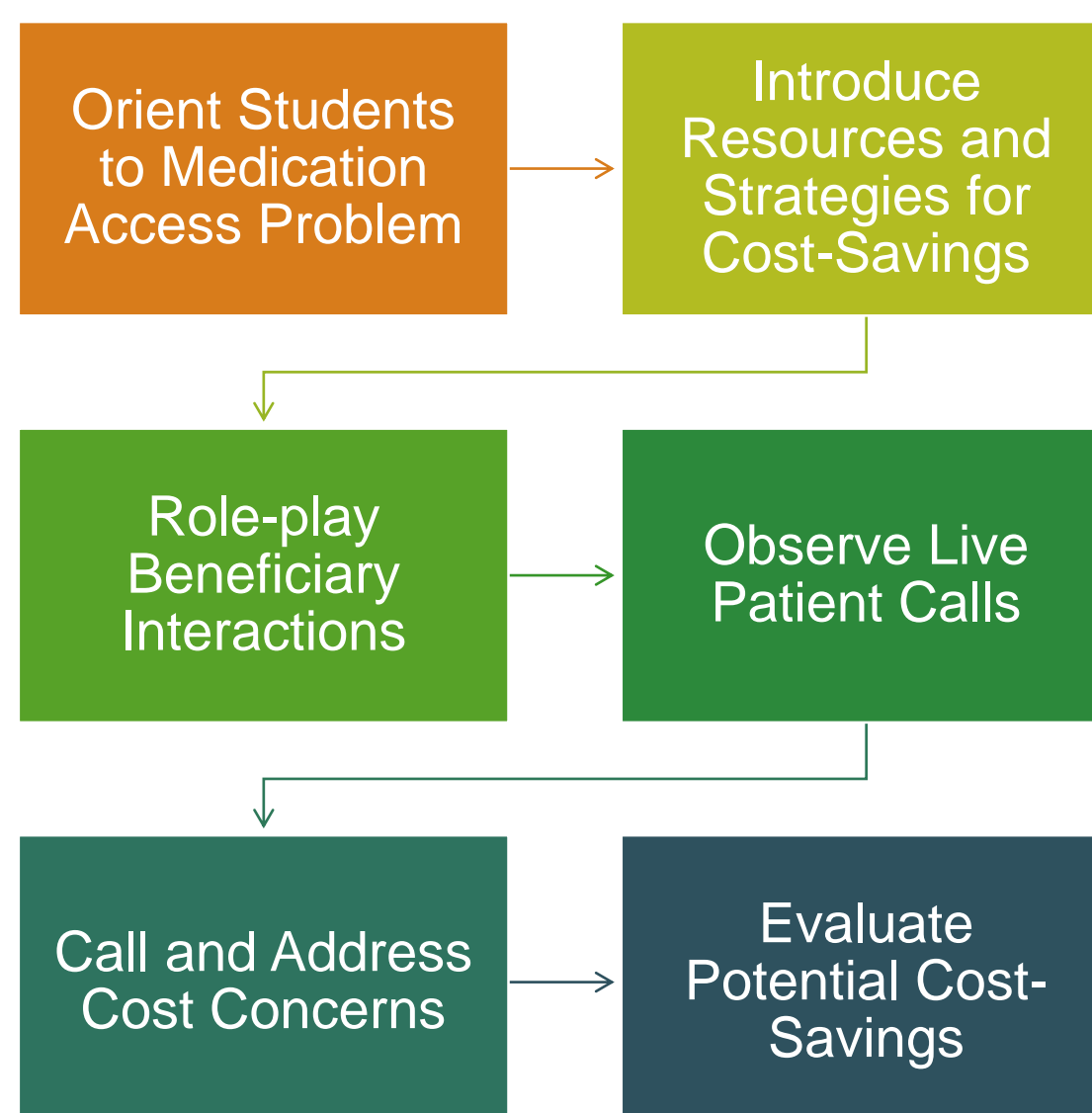
BACKGROUND

Accessing affordable medication is an issue that affects all social classes in the US. Geriatric patients on Medicare plans, with fixed incomes, are especially vulnerable to the skyrocketing costs associated with commonly prescribed medications. Reviewing Medicare spending data, it is evident that two drug classes, direct oral anticoagulants (DOACs) like Eliquis and glucagon-like peptide 1 agonists (GLP-1 agonists) like Ozempic, are both high cost medication classes^{1,2}. Coupled with the fact that these medications are commonly prescribed makes it difficult to afford for the average Medicare beneficiary³. Over 3 million Medicare Part D enrollees were prescribed Eliquis in 2022 with an estimated cost of over 16 billion dollars covered by Medicare⁴. This growing need to find cost savings for these medications is addressed by the MCPHS Pharmacy Outreach Program. This service reviewed hundreds of Medicare Part D plans during open enrollment (10/15/23-12/7/2023) with the assistance of trained advanced pharmacy practice experience (APPE) students to find plans and medication cost savings.

OBJECTIVE

To determine if educating APPE students about Medicare, programs that help with medication costs, and insurance plan formularies leads to their ability to effectively address the cost concerns of a Medicare population.

METHODS



TRAINING TOPICS

State and Federal Programs

- Medicare
- Medicare Savings Programs
- Medicaid
- Extra Help
- State Pharmaceutical Assistance Program

Private Programs

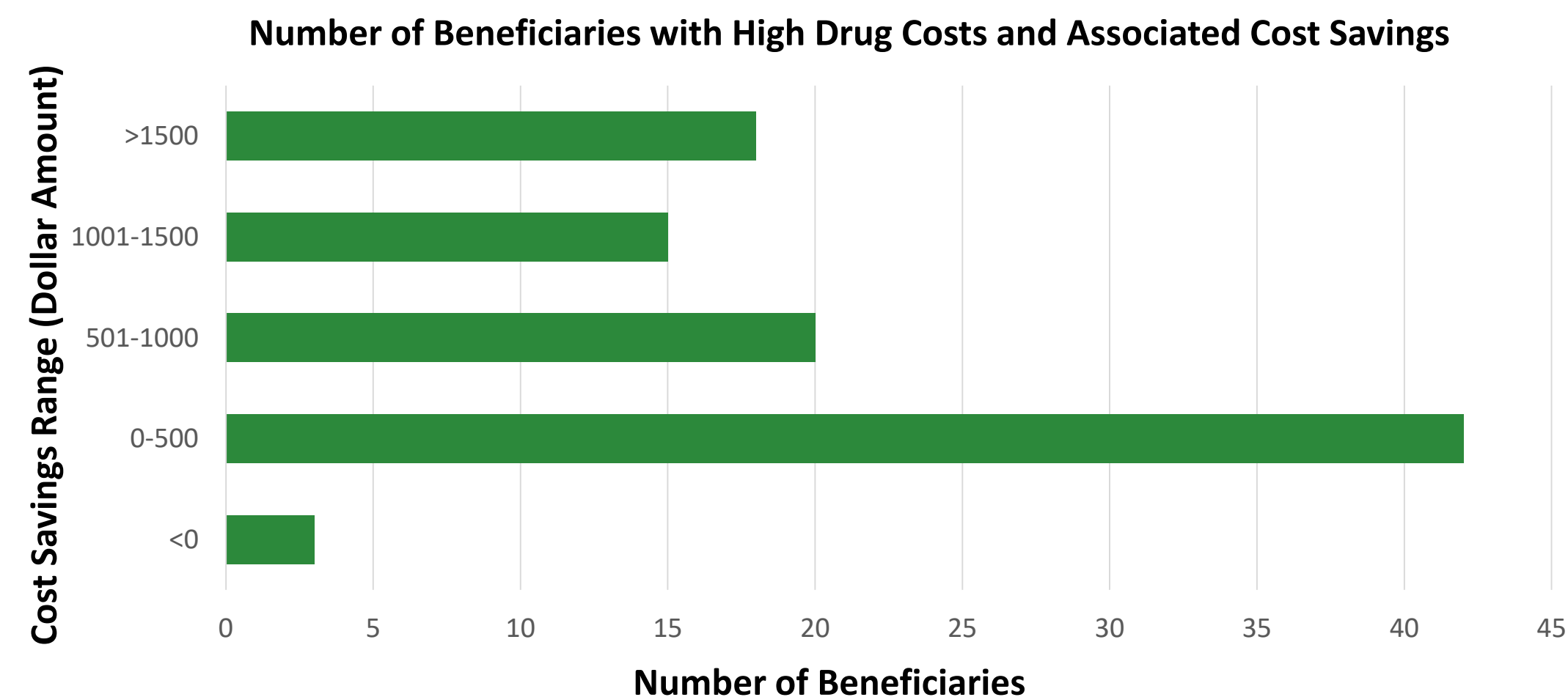
- Pharmaceutical Patient Assistance Programs
- Coupons
- Copayment Foundations
- Low-cost Purchasing Programs

Other Topics

- Formularies
- Alternative Medications in Drug Classes
- Prior Authorizations, Step Therapy, and Quantity Limits
- Health Literacy
- Beers Criteria

RESULTS

- Seven APPE students completed a total of 175 Medicare Part D Plan reviews.
- 99 beneficiaries had either a DOAC or GLP-1 agonist as part of their complete medication regimen.
- Total cost savings was found to be \$195,229.61 and the mean number of medications was 11.
- The mean cost savings was found to be \$2,012.68 and the median cost savings was found to be \$649.72.



DISCUSSION

- Students/Beneficiary interactions are limited due to the rotation length, making follow up with the beneficiary difficult.
- It cannot be assumed that every patient will take the suggestions made, thus the cost savings are only estimates.
- Beneficiaries with more medications are likely to have higher medication costs. The potential cost savings realized is not solely savings related to the DOAC or GLP-1 agonist medications. Savings is related to the beneficiary's entire medication regimen.
- Students did receive health literacy training which included how to present information in an easy to follow method and verify that the beneficiary understands the information provided; despite this, some beneficiaries may still struggle with the complex insurance information and fail to take action to switch plans.
- Future training modules will include Medicare changes like the 2025 implementation of lower out of pocket spending limits, price negotiation for the high cost medications identified by Medicare, and changes to the State Pharmaceutical Assistance Program in future training modules is important to helping older adults with their cost concerns.

CONCLUSION

Educating APPE students on Medicare and other topics led to their ability to address cost concerns by finding plans with a lower overall cost as compared to their current plan. All seven APPE students were able to utilize the Medicare plan finder and compare beneficiaries current plan to potential cost saving alternative plans.

REFERENCES

- 1) Salam T, Desai U, Lefebvre P, et al. Unintended Consequences of Increased Out-of-Pocket Costs During Medicare Coverage Gap on Anticoagulant Discontinuation and Stroke. *Adv Ther.* 2023;40(10):4523-4544. doi:10.1007/s12325-023-02620-z
- 2) Eberly LA, Yang L, Essien UR, et al. Racial, Ethnic, and Socioeconomic Inequities in Glucagon-Like Peptide-1 Receptor Agonist Use Among Patients With Diabetes in the US. *JAMA Health Forum.* 2021;2(12):e214182. Published 2021 Dec 17. doi:10.1001/jamahealthforum.2021.4182
- 3) Troy A, Anderson TS. National Trends in Use of and Spending on Oral Anticoagulants Among US Medicare Beneficiaries From 2011 to 2019. *JAMA Health Forum.* 2021;2(7):e211693. Published 2021 Jul 23. doi:10.1001/jamahealthforum.2021.1693
- 4) Medicare Drug Price Negotiation | CMS. [www.cms.gov](https://www.cms.gov/inflation-reduction-act-and-medicare/medicare-drug-price-negotiation). Published January 5, 2024. <https://www.cms.gov/inflation-reduction-act-and-medicare/medicare-drug-price-negotiation>