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Case Studies

The Impact of Medicare Drug Plan Restrictions on Seniors

A new report released by Rep. Henry A. Waxman finds that many Medicare drug plans use prior authorization requirements, step-therapy requirements, and volume limits to restrict the ability of seniors and disabled beneficiaries to obtain prescription drugs on plan formularies.¹ These hidden restrictions have real impacts on real people. The American Psychiatric Association recently testified before Congress that it has received hundreds of calls from doctors and individuals reporting the denial of essential medications.² Other medical experts have also testified that the limits put in place by the Medicare drug plans are keeping beneficiaries from obtaining medically appropriate prescriptions.³

In the course of preparing the report for Rep. Waxman, the Special Investigations Division heard numerous accounts of specific individuals who were denied prescription drugs due to plan restrictions. These accounts included the following case studies:

- A 69-year-old Medicare beneficiary in Virginia who has cancer and also suffers from osteoarthritis is unable to obtain her medications because of volume limits utilized by her Medicare drug plan, Unicare. She has been taking prescription painkillers, as prescribed by her doctor, and presently takes a large dose of Oxycontin (two 80 mg pills, 5 times per day). She thus needs 300 pills per month. However, her Medicare plan has restricted her to only 180 pills per month. Despite the fact that she and her doctor have both applied for exceptions, she has been turned down. She is unable to control her pain without her medications, has resorted to taking sleeping pills as substitutes, and is in severe distress.
- A 53-year-old Medicare beneficiary in Tennessee who has attention deficit disorder, high blood pressure, and several other problems was unable to obtain his medications because of prior authorization requirements utilized by his original Medicare drug plan, Amerihealth. He has been taking Lotrel, Adderall, and depo-testosterone (a testosterone replacement medication). When he went to fill his prescriptions in January he was told that they all had prior authorization requirements and that the plan would not provide him with the drugs. He was forced to go to the hospital to get his depo-testosterone, and he went without his other medications or paid for them out of pocket. Despite help from his doctor and pharmacist, he was never able to obtain these medications through this plan.

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- A Medicare beneficiary in Washington, D.C., who suffers from high blood pressure and heart disease is unable to obtain her medications because of volume limits utilized by her Medicare drug plan, Amerihealth. She is on two blood pressure medicines, Zestril and Norvasc, requiring a daily dose of 80 mg of Zestril and 10 mg of Norvasc. However, her Medicare drug plan will not approve a daily Zestril dose above 40 mg or a daily Norvasc dose above 2.5 mg. She is thus unable to obtain these drugs at her medically necessary dose
- A Medicare beneficiary from Washington, D.C., who has high blood pressure and chronic kidney disease is unable to obtain his medications because of volume limits utilized by his Medicare drug plan, AARP. His nephrologist prescribed a Norvasc dose of 10 mg twice daily. However, his Medicare drug plan has placed a quantity limit on this drug and will not make an exception for him to obtain the prescribed quantity of Norvasc.
- A 52-year-old Medicare beneficiary in Massachusetts who has bipolar disorder and a history of suicide attempts is unable to obtain his medications because of volume limits utilized by his Medicare drug plan, Humana. He takes Seroquel, Trileptal, Clonazepam, and Escitalopram. However, his Medicare drug plan places a quantity limit on Seroquel and will not approve his medically necessary dose. According to his doctor, “it is not possible to be treated under Humana with anywhere near the recommended maximum dose, and hardly even at a therapeutic dose.”
- A 61-year-old Medicare beneficiary in Massachusetts who has depression, hypertension, arthritis, chronic pain, and several other health problems is unable to obtain her medications because of volume limits utilized by her Medicare drug plan, Humana. Her history includes several suicide attempts and she has been taking Remeron, Paxil, and Ambien to address her health problems, requiring a daily dose of 15 mg of Ambien. However, her Medicare drug plan will not approve her medically necessary dose of 15 mg daily. Despite assistance from her doctor, she has been unable to obtain this medication through the plan.

¹ House Committee on Government Reform, Democratic Staff, *Medicare Drug Plans: Restrictions on Access to Formulary Drugs* (Mar. 22, 2006).

² Statement of the American Psychiatric Association for the Committee on Energy and Commerce, Subcommittee on Health, Implementation of the New Medicare Drug Benefit (Mar. 1, 2006) (available online at <http://www.democrats.reform.house.gov/apastatement.pdf>).

³ Testimony of Dr. Maurice Wright, House Committee on Government Reform, Democratic Staff Briefing, *Implementation of the New Medicare Drug Benefit* (Jan. 20, 2006).