

**CMS-4130-P-1 Medicare Program: Policy and Technical Changes to the Medicare Prescription Drug Benefit**

**Submitter :** DAWN RIVERA-SMITH

**Date & Time:** 06/08/2007

**Organization :** MOBTS

**Category :** Academic

**Issue Areas/Comments**

**Data Match**

Data Match

I have had an extremely difficult time getting my prescription medications covered, in fact I was denied on many occasions. As it is I only receive 3 tablets of anti-nausea medication while I am taking 5 doses of chemotherapy. I would strongly suggest that something be done about this!

**Gross Covered Prescription**

**Drug Costs**

Gross Covered Prescription Drug Costs

I have had an extremely difficult time getting my prescription medications covered, in fact I was denied on many occasions. As it is I only receive 3 tablets of anti-nausea medication while I am taking 5 doses of chemotherapy. I would strongly suggest that something be done about this!

**Submitter :** Mr. raymond matthews

**Date:** 06/17/2007

**Organization :** matthews pharmacy

**Category :** Pharmacist

**Issue Areas/Comments**

**Adequate Access to Home Infusion Pharmacies**

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would love to be able to negotiate a pbm contract and i feel for the continued success of pharmacy, which is 149 years old. is a must.

**GENERAL**

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for 20 years, i, a third generation pharmacist practicing in our independent that is 149 years old, found it enjoyable to come to work and truly work with people and help them manage their health care. there are now so much inconsistency in medicare part d plans that the enjoyable experience is quickly fading. the difficulty is the inconsistency and variations on how data is entered and transmitted for the 100's of plans. pharmacy has lobbied for a universal rx card. each to contain the same info and the same data. the second issue is that some plans really have it together. when submitting a claim at point of service, if a drug is not covered they will return useful info such as what med would be covered if submitted drug is not, what tel number to call if a pa is needed, this is ideal because one could then pickup the telephone and communicate with a doctor and resolve the issue. the majority of plans do not return this data and just say that this drug is not covered, this delays any assistance a pharmacist can give to a patient. delays mean patients give up on taking medicine for suffer while they call their plan to find out why then cannot get the medicine their doctor ordered. each plan should be mandated to return useful info if a claim is rejected. with the 100's of plans out there today not once has sent a pharmacy a written formulary to refer to. pharmacists are experts on drug use and medication management. as we all know pharmacist saved this program when it first began in jan 06. but are not reimbursed for managing insurance issues but are expected to. the pbm could make the process of helping easier by returning useful data to resolve a claim they are rejecting. the patient and the govt pay for this pharmaceutical service from the pbm's but are being shortchanged. this should not happen in healthcare in the united states.