March 29, 2006

Dear Prescriber:

This letter contains important information about the Medicare Part D Prescription Drug Program, Medicaid, and its impact on your patients with both Medicaid and Medicare (dual eligibles). As you are aware, the responsibility for providing pharmacy benefits for this group was transferred from Medicaid to Medicare Part D, as required by federal law, on January 1, 2006.

Due to problems encountered with the implementation of Part D, Governor George Pataki re-instated temporary Medicaid coverage for this population on January 13, 2006. We are in continuing contact with the federal administrators of the Medicare Part D program to measure progress with resolving key implementation problems. As improvements continue, the special Medicaid coverage will be ended, and Medicare Part D, not Medicaid, will again be responsible for covering prescription drugs used by your dual eligible patients. I am writing to request your assistance in serving a critical role assuring that dual eligibles are able to continue to access their medication through their Part D plans.

All Part D plans have some limits on prescription coverage, but they also are required to have exception and appeal procedures which assure access to medically necessary medications, even if they are not on the formulary, or subject to some restrictions such as step therapy. When your patient is unable to get a necessary medication covered under their Part D plan, the prescriber has several choices, including changing the prescription to drugs covered under the plan, assisting the patient to change plans, or pursuing an exception request.

I would like to personally request your assistance in undertaking the efforts necessary to make sure that, when appropriate, exception requests are pursued by your office. It is of utmost importance that prescribers take these actions, and follow the Part D plans’ procedures, in order to assure that their patients receive the appropriate medication. We understand the additional burden these actions place on you and your staff, however, without your intervention, pharmacies are unable to process prescriptions for your patients when the drug is non-formulary, or requires prior authorization.
We also recognize the initial difficulties encountered with trying to complete these procedures. However, Part D plans are showing improvement in the ability to respond and process exception requests. Enclosed is a list of the special contact numbers now established for prescribers to request exceptions and appeals from each of the benchmark plans to which NYS duals have been assigned. Note: these numbers are designed specifically for exceptions and appeals; general plan inquiries should still be directed to the standard contact numbers for each plan.

Also enclosed is a recent publication from the Centers for Medicare and Medicaid which provides general assistance for prescribers with the new Part D benefit.

Thank you for your assistance and special efforts on behalf of your patients during this difficult and sometimes confusing transition period. Your continued assistance is sincerely appreciated.

Sincerely,

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner of Health

Enclosures