

# Access for Dual Eligibles

## Top Brands Lose Ground

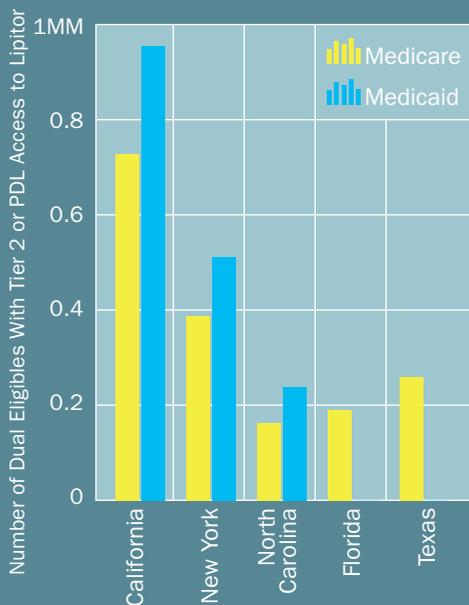
### No Windfall for Pharma

Dual eligibles have less access to the top brands prescribed for seniors than they did prior to being auto-enrolled in a Part D plan.



### Lipitor: A State View

Overall, dual eligibles have slightly higher (0.6%) access to Lipitor. But access is largely determined by where a beneficiary lives.



SOURCE: CMS, Fingertipformulary.com, The Amundsen Group

A PharmExec Graphic

ONE YEAR AGO, pharmaceutical brand and managed care managers were frantically responding to requests for proposals from potential Part D plan sponsors. They expected that the new Medicare prescription drug benefit would improve access to their brands, particularly for the dual-eligible population—Medicaid beneficiaries who also qualify for Part D—which historically faced severely restrictive Preferred Drug Lists (PDLs) in several states’ Medicaid programs.

However, an analysis of the 25 pharmaceutical brands most commonly prescribed to patients 65 years of age and

older shows that much of the dual-eligible population now has *less* access than they did prior to being auto-enrolled in a Part D plan.

Certainly, what’s remarkable is the degree to which access varies, both from product to product, and from state to state. For some drugs, like Cozaar (losartan) and Lexapro (escitalopram), the reduction in access is substantial. On the other hand, a few brands, like Evista (raloxifene) and Lipitor (atorvastatin), are expected to gain share, now that many dual eligibles can fill scripts without the restrictions or prior authorizations that were required in their Medicaid coverage.

But national numbers don’t tell the whole story, especially for companies interested in reorganizing their sales efforts for the best return. For example, the number of dual eligibles with unrestricted access to Lipitor in the Part D plans (and formularies) in which they

were automatically enrolled has improved in some Medicare Part D regions, like Florida and Texas, and declined in others (see “Lipitor: A State View,” above). Other drugs, like the proton pump inhibitors Protonix (pantoprazole) and Aciphex (rabeprazole)—which are restricted by Medicaid in California—have substantially better access under Medicare Part D in that state, representing a targeted opportunity for both products, even though the improvement does not occur everywhere.

These results may not be what executives negotiating for Part D access anticipated when they signed 2006 contracts with plan sponsors. Now, with Medicare enrollment, benefit design, and formulary information for each Part D plan coming to light, companies need to understand the value of formulary access, and where it will represent an opportunity—or threat—for each brand. ■



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