



# Part D Plans Generally Include Drugs Commonly Used By Dual-Eligible Enrollees: 2024

### What **OIG** Found

**Dual-eligible enrollees have access to the majority of commonly used drugs in 2024 via Part D plans. This is consistent with **OIG's** annual findings since 2011.**

Dual-eligible enrollees have several options if their plans do not cover specific drugs; however, these options may be burdensome and do not guarantee access to the drugs.

### Why **OIG** Did This Review

For dual-eligible enrollees—that is, people enrolled in both Medicare and Medicaid—access to prescription drugs is particularly important. Overall, they have very low incomes and—because they are more likely to be in poorer health than other people enrolled in Medicare—tend to use more Medicare services.<sup>1</sup> Because Medicare prescription drug coverage is an important tool for ensuring access to prescription drugs, Congress mandated that **OIG** study whether Part D formularies cover prescription drugs commonly used by dual-eligible enrollees.<sup>2</sup>

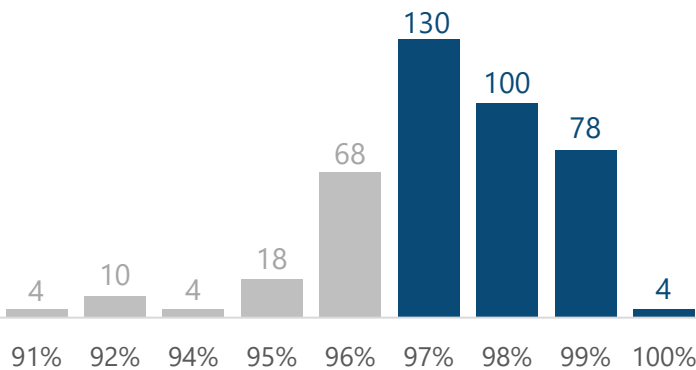
For this report, we determined whether the 416 unique formularies used by the 5,517 Part D plans operating in 2024 cover 194 of the 200 drugs most commonly used by dual-eligible enrollees. See the methodology for more information about how we determined the most commonly used drugs.

## Results

**A majority of the 416 Part D plan formularies covered almost all (at least 97 percent) of the drugs most commonly used by dual-eligible enrollees.**

Regardless of the plan in which they are enrolled, dual-eligible enrollees can expect to have access to most drugs.

Number of formularies including percentage of commonly used drugs.



Source: **OIG** analysis of formulary data, 2024.

**Part D plans with premiums below the regional benchmark also covered almost all commonly used drugs.**

Similarly, among Part D plans with premiums below the regional benchmark, a majority of formularies (95 of 130) covered at least 97 percent of the drugs commonly used by dual-eligible enrollees.





Each year, the Centers for Medicare & Medicaid Services (CMS) establishes a premium benchmark for Part D plans that varies by region.<sup>3</sup> **It is particularly important that plans with premiums below the regional benchmark include the most commonly used drugs** because:

- Dual-eligible enrollees do not need to pay additional amounts in premiums for these plans.<sup>4</sup>
- When CMS randomly assigns dual-eligible enrollees to Part D plans, it assigns them to plans with premiums below the regional benchmark without considering their specific prescription drug needs.<sup>5</sup>

## Results (cont'd)

### A small number of drugs were covered by fewer than 75 percent of formularies.

Although formularies frequently omitted eight commonly used drugs in 2024, they all covered alternative drugs in the same respective therapeutic classes, as CMS requires.<sup>6</sup> The table on page 3 lists these and the other top 200 most commonly used drugs by formulary coverage.

Primary Indication	Number of Frequently Omitted Drugs
Diabetes	
Asthma	
Chronic Obstructive Pulmonary Disease	
Gastroesophageal Reflux Disease	

Source: OIG analysis of formulary data, 2024.

While dual-eligible enrollees have **several options** if their formularies do not cover specific drugs, these options require them to take administrative actions and do not guarantee that they can get the drugs.



Dual-eligible enrollees have up to three chances during the first 9 months of the year to **switch to plans** that cover the prescription drugs they require.<sup>7</sup>



Dual-eligible enrollees can use an **exceptions and appeals process** to request coverage of nonformulary drugs by their plans.<sup>8</sup>



Dual-eligible enrollees can work with their prescribers to find an **alternative drug** covered by their plans.



Dual-eligible enrollees can **pay out of pocket** for the noncovered drugs.

## Conclusion

When establishing formularies, Part D plans are permitted to balance Medicare enrollees' needs for adequate prescription drug coverage against the need to contain costs for plan sponsors and for the Part D program. Part D plans may omit certain drugs from prescription coverage in order to control costs. However, omitting drugs from coverage can also limit the ability of enrollees to access the prescription drugs they need.

In general, dual-eligible enrollees have access to nearly all of the most commonly used drugs via their Part D plan formularies in 2024. A majority of these formularies covered almost all commonly used drugs, and only a small number of commonly used drugs were not covered by most formularies. These findings are largely unchanged from OIG's findings reported from 2011 through 2023. Dual-eligible enrollees have several options if their formularies do not cover specific drugs, but these options may be burdensome and do not guarantee access to the drugs.

## Top 200 Commonly Used Drugs\*

Generic Name	Percentage of Formularies Including Drug	Generic Name	Percentage of Formularies Including Drug	Generic Name	Percentage of Formularies Including Drug
Dexlansoprazole	22%	Nifedipine	100%	Pravastatin Sodium	100%
Insulin Detemir	38%	Apixaban	100%	Escitalopram Oxalate	100%
Liraglutide	49%	Lovastatin	100%	Diclofenac Sodium	100%
Insulin Aspart	56%	Mirabegron	100%	Citalopram Hydrobromide	100%
Umeclidinium Bromide	61%	Benazepril Hcl	100%	Fluoxetine Hcl	100%
Insulin Degludec	62%	Valsartan/Hydrochlorothiazide	100%	Divalproex Sodium	100%
Budesonide/Formoterol Fumarate	72%	Atorvastatin Calcium	100%	Meloxicam	100%
Insulin Lispro	74%	Metformin Hcl	100%	Baclofen	100%
Tiotropium Bromide	77%	Amlodipine Besylate	100%	Prednisone	100%
Hydroxyzine Pamoate	83%	Lisinopril	100%	Mirtazapine	100%
Sitagliptin Phos/Metformin Hcl	86%	Levothyroxine Sodium	100%	Allopurinol	100%
Linagliptin	86%	Gabapentin	100%	Latanoprost	100%
Sitagliptin Phosphate	87%	Omeprazole	100%	Bupropion Hcl	100%
Dapagliflozin Propanediol	88%	Losartan Potassium	100%	Tramadol Hcl	100%
Umeclidinium Brm/Vilanterol Tr	89%	Furosemide	100%	Alendronate Sodium	100%
Esomeprazole Magnesium	92%	Pantoprazole Sodium	100%	Donepezil Hcl	100%
Temazepam	93%	Metoprolol Succinate	100%	Levetiracetam	100%
Alprazolam	94%	Albuterol Sulfate	100%	Atenolol	100%
Semaglutide	94%	Hydrochlorothiazide	100%	Ibuprofen	100%
Omega-3 Acid Ethyl Esters	95%	Metoprolol Tartrate	100%	Oxybutynin Chloride	100%
Brimonidine Tartrate/Timolol	95%	Carvedilol	100%	Spirolactone	100%
Bimatoprost	96%	Rosuvastatin Calcium	100%	Pregabalin	100%
Fluticasone/Vilanterol	96%	Simvastatin	100%	Risperidone	100%
Fluticasone/Umeclidin/Vilanter	97%	Nystatin	100%	Buspirone Hcl	100%
Clobetasol Propionate	97%	Trazodone Hcl	100%	Cyclobenzaprine Hcl	100%
Insulin Glargine,hum.Rec.Anlog	98%	Fluticasone Propionate	100%	Lamotrigine	100%
Fenofibrate Nanocrystallized	98%	Sertraline Hcl	100%	Hydralazine Hcl	100%
Olmesartan Medoxomil	99%	Potassium Chloride	100%	Ezetimibe	100%
Hydromorphone Hcl	99%	Famotidine	100%	Propranolol Hcl	100%
Hydrocodone/Acetaminophen	99%	Clopidogrel Bisulfate	100%	Isosorbide Mononitrate	100%
Empagliflozin	99%	Tamsulosin Hcl	100%	Aripiprazole	100%
Oxycodone Hcl/Acetaminophen	99%	Montelukast Sodium	100%	Fluticasone Propion/Salmeterol	100%
Dulaglutide	99%	Quetiapine Fumarate	100%	Clonazepam	100%
Oxycodone Hcl	99%	Duloxetine Hcl	100%	Hydroxyzine Hcl	100%
Celecoxib	99%	Glipizide	100%	Glimepiride	100%

## Top 200 Commonly Used Drugs (cont'd)\*

Generic Name	Percentage of Formularies Including Drug	Generic Name	Percentage of Formularies Including Drug	Generic Name	Percentage of Formularies Including Drug
Diltiazem Hcl	100%	Ciprofloxacin Hcl	100%	Ipratropium/Albuterol Sulfate	100%
Benzotropine Mesylate	100%	Ondansetron	100%	Cyclosporine	100%
Topiramate	100%	Prednisolone Acetate	100%	Acetaminophen With Codeine	100%
Carbamazepine	100%	Lacosamide	100%	Metronidazole	100%
Tizanidine Hcl	100%	Nitroglycerin	100%	Morphine Sulfate	100%
Olanzapine	100%	Amoxicillin	100%	Methylprednisolone	100%
Lorazepam	100%	Promethazine Hcl	100%	Nitrofurantoin Monohyd/M-Cryst	100%
Ropinirole Hcl	100%	Dorzolamide Hcl/Timolol Maleat	100%	Levocetirizine Dihydrochloride	100%
Lisinopril/ Hydrochlorothiazide	100%	Valsartan	100%	Ipratropium Bromide	100%
Warfarin Sodium	100%	Estradiol	100%	Prazosin Hcl	100%
Memantine Hcl	100%	Clozapine	100%	Icosapent Ethyl	100%
Rivaroxaban	100%	Sucralfate	100%	Dorzolamide Hcl	100%
Paroxetine Hcl	100%	Meclizine Hcl	100%	Labetalol Hcl	100%
Venlafaxine Hcl	100%	Hydrocortisone	100%	Doxepin Hcl	100%
Clonidine Hcl	100%	Amiodarone Hcl	100%	Calcitriol	100%
Finasteride	100%	Dicyclomine Hcl	100%	Hydroxychloroquine Sulfate	100%
Amitriptyline Hcl	100%	Lactulose	100%	Phenytoin Sodium Extended	100%
Chlorthalidone	100%	Doxycycline Hyclate	100%	Valacyclovir Hcl	100%
Naproxen	100%	Brimonidine Tartrate	100%	Pramipexole Di-Hcl	100%
Pioglitazone Hcl	100%	Diazepam	100%	Colchicine	100%
Triamcinolone Acetonide	100%	Carbidopa/Levodopa	100%	Mupirocin	100%
Losartan/ Hydrochlorothiazide	100%	Irbesartan	100%	Bumetanide	100%
Azithromycin	100%	Oxcarbazepine	100%	Roflumilast	100%
Enalapril Maleate	100%	Isosorbide Dinitrate	100%	Potassium Citrate	100%
Ondansetron Hcl	100%	Timolol Maleate	100%	Primidone	100%
Ketoconazole	100%	Torsemide	100%	Rivastigmine**	Excluded
Sulfamethoxazole/ Trimethoprim	100%	Acyclovir	100%	0.9 % Sodium Chloride**	Excluded
Fluconazole	100%	Verapamil Hcl	100%	Alcohol Antiseptic Pads***	Excluded
Amoxicillin/Potassium Clav	100%	Triamterene/Hydrochlorothiazid	100%	Ergocalciferol (Vitamin D2) ***	Excluded
Linacotide	100%	Clotrimazole/Betamethasone Dip	100%	Cholecalciferol (Vitamin D3) ***	Excluded
Zolpidem Tartrate	100%	Sacubitril/Valsartan	100%	Folic Acid***	Excluded
Cephalexin	100%	Digoxin	100%		

Source: OIG analysis of drugs commonly used by dual-eligible enrollees, 2024.

\*Of the top 200 drugs, we analyzed 194 drugs for this review.

\*\*Drugs excluded from our analysis because we were unable to confidently project their use to the entire dual-eligible population.

\*\*\*Drugs excluded from our analysis because they are not covered by Part D.

## Methodology

We determined whether the unique formularies used by Part D plans operating in 2024 cover the prescription drugs most commonly used by dual-eligible enrollees.

- We used the 2021 Medicare Current Beneficiary Survey (MCBS) Cost and Use data to create a list of drugs with the highest utilization by dual-eligible enrollees.
- We used the February 2024 First DataBank National Drug Data File to identify the drug product information for the drugs with the highest utilization by dual-eligible enrollees.
- To determine the drugs most commonly used by dual-eligible enrollees, we took the following steps:
  - We created a list of all drugs reported by dual-eligible enrollees surveyed in the 2021 MCBS, excluding territories.
  - We collapsed this list to a list of drugs based on their active ingredients.
  - We ranked the drugs by frequency of utilization, weighting the drug-event information from MCBS by sample weight.
  - We selected the 200 drugs with the highest utilization by dual-eligible enrollees.
- Of the top 200 drugs, we analyzed 194 drugs for this review. We removed four drugs not covered under Part D and two drugs for which we were unable to confidently project use to the entire dual-eligible enrollee population.
- We collected from CMS the formulary data and the plan data for Part D plans operating in 2024. The formulary data include Part D plans' formularies for plans operating in 2024.
- We then analyzed the unique Part D plan formularies to determine their rates of inclusion of the drugs commonly used by dual-eligible enrollees. We counted a drug as included in a Part D plan's formulary if the formulary included the active ingredient.

## Standards

We conducted this study in accordance with the Quality Standards for Inspection and Evaluation issued by the Council of the Inspectors General on Integrity and Efficiency.

## Acknowledgments

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## Sources

<sup>1</sup> Kaiser Family Foundation, "What is the role of Medicare for dual-eligible beneficiaries?" *A Primer on Medicare: Key Facts About the Medicare Program and the People it Covers*. Accessed at <https://www.kff.org/report-section/a-primer-on-medicare-what-is-the-role-of-medicare-for-dual-eligible-beneficiaries/> on April 6, 2022.

<sup>2</sup> For the mandate, see the Patient Protection and Affordable Care Act, P.L. No. 111-148 (enacted Mar. 23, 2010), § 3313(a). For each study, OIG has reviewed drug coverage under Medicare Part D for all dual-eligible enrollees, rather than only for full-benefit dual-eligible enrollees as specified by the mandate. (Under Social Security Act § 1935(c)(6), full-benefit dual-eligible enrollees are individuals who are eligible for both Medicare and full Medicaid benefits.) With the data available for these studies, we could not confidently identify and separate full-benefit dual-eligible enrollees—and thus the drugs they used—from the total population of dual-eligible enrollees.

<sup>3</sup> Social Security Act § 1860D-14(b); 42 CFR § 423.780(b)(2)(i).

<sup>4</sup> Medicare subsidizes dual-eligible enrollees' premiums, deductibles, and other cost-sharing obligations up to a determined premium benchmark that varies by region. Medicare Prescription Drug, Improvement, and Modernization Act of 2003, P.L. No. 108-173 (enacted Dec. 8, 2003), § 101, Social Security Act § 1860D-14.

## Sources (cont'd)

<sup>5</sup> CMS randomly assigns dual-eligible enrollees to a Part D plan with premiums below the regional benchmark when (1) they become eligible for both Medicare and Medicaid but have not elected a Part D plan; (2) their current Part D plan will have a premium above the regional benchmark for the following year; or (3) the plan to which they were assigned is terminated. CMS, Prescription Drug Benefit Manual (PDBM), ch. 3, §§ 40.1.45. As an additional protection, Section 3305 of the Patient Protection and Affordable Care Act also requires that dual-eligible enrollees who are reassigned to a different plan receive a letter outlining the formulary coverage in their new plan for the drugs they are taking. The Patient Protection and Affordable Care Act, P.L. No. 111-148, § 3305.

<sup>6</sup> Plan formularies do not generally have to include every available drug. Rather, to meet CMS's formulary requirements, they must include at least two drugs in each therapeutic category or class. CMS, PDBM, ch. 6, § 30.2.1.

<sup>7</sup> 42 CFR § 423.38(c)(4).

<sup>8</sup> CMS, Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance, §§ 40-60.