

Medicare Replacement Drug Demonstration

Who benefits from this demonstration?

A new law lets up to 50,000 people with Medicare who have certain life-threatening diseases get significant savings on certain drugs for these conditions. Lower income beneficiaries who qualify will save even more.

What drugs are covered in the demonstration?

The list of conditions and drugs that are covered for these conditions is attached. The demonstration includes certain drugs for specified conditions that you can take yourself at home. The drug you take yourself at home “replaces” a drug you could receive for the same condition in the doctor’s office that would be covered under Medicare Part B.

Who can qualify for the Medicare Replacement Drug Demonstration?

To qualify for this demonstration, you must meet the following requirements:

- You must have Medicare Part A and Part B
- Medicare must pay first for your health care services (called the primary payer)
- You must have a signed document from your doctor stating that you need one of the drugs covered under this program for the specific covered condition
- You don’t have comprehensive outpatient prescription drug coverage from any other insurance, including Medicaid, TRICARE, or an employer or union group health plan. (Beneficiaries with limited drug coverage under a Medicare Advantage or Medigap supplement policy are eligible.)
- You live in one of the 50 states or the District of Columbia

When did this demonstration begin?

Applications were accepted starting July 6, 2004. The first group of beneficiaries was enrolled in August and started receiving coverage for their medications September 1, 2004. A second group of beneficiaries was enrolled at the end of September 2004 for coverage starting in October. Applications will continue to be accepted and eligible beneficiaries enrolled on a “rolling” basis until we reach our funding or enrollment limits.

When will this demonstration end?

This demonstration will end on December 31, 2005. If you want to continue to take these drugs at home after this date, you will have to join a Medicare Prescription Drug Plan. Medicare Prescription Drug Plans will be available beginning January 1, 2006 and you will be able to enroll in one of these plans beginning in November 2005.

How do I get an application for the program?

To get an application, you can visit www.medicare.gov on the web. Or, call 1-866-563-5386. TTY users should call 1-866-563-5387. Customer Service Representatives are available between 8:00 a.m. and 7:30 p.m. Eastern Time Monday through Friday.

Medicare has contracted with TrailBlazer Health Enterprises. “TrailBlazer” will have trained staff ready to answer your questions and give you information about applying for this demonstration. Call to see if you qualify for this demonstration.

For general information about this demonstration and answers to other Medicare questions, you can also call 1-800-MEDICARE (1-800-633-4227).

**DRUGS COVERED UNDER THE
MEDICARE REPLACEMENT DRUG DEMONSTRATION**
(updated August 30, 2004)

Demonstration Covered Indication	Drug/Biological—Compound Name (Brand Name)
Rheumatoid Arthritis	Adalimumab (Humira)
	Anakinra (Kineret)
	Etanercept (Enbrel)
Multiple Sclerosis	Glatiramer acetate (Copaxone)
	Interferon beta –1a (Rebif, Avonex)
	Interferon beta –1b (Betaseron)
Post Menopausal Osteoporosis (patient must be homebound)	Calcitonin – nasal (Miacalcin – nasal)
	Risedronate (Actonel)
Pulmonary Hypertension	Bosentan (Tracleer)
Secondary Hyperparathyroidism	Doxercalciferol (Hectoral)
Paget's Disease	Alendronate (Fosamax)
	Risedronate (Actonel)
Hepatitis C	Pegylated interferon alfa-2a (Pegasys)
	Pegylated interferon alfa-2b (PEG-Intron)
CMV Retinitis	Valcyte (Valganciclovir)
Acromegaly	Pegvisomant (Somavert)
Anti-Cancer	
Cutaneous T-cell Lymphoma	Bexarotene (Targretin)
Non-small cell lung cancer	Gefitinib (Iressa)
Epithelial ovarian cancer	Altretamine (Hexalen)
Chronic Myelogenous Leukemia	Imatinib Mesylate (Gleevec)
GI Stromal Tumor	Imatinib Mesylate (Gleevec)
Multiple Myeloma	Thalidomide (Thalomid)
Breast Cancer	Hormonal therapy
Stage 2-4 only	Anastrozole (Arimidex)
	Exemestane (Aromasin)
	Letrozole (Femara)
	Tamoxifen (Nolvadex)
	Toremifene (Fareston)
Prophylactic agent to reduce ifosfamide-induced hemorrhagic cystitis	Mesna (Mesnex)