

Medicare maze, Part D

Oncologists are bracing themselves and patients are frustrated. (You can help: see page 112.)

By Cori Vanchieri

The enrollment period for the new Medicare prescription drug benefit is halfway over, and, if you're like many oncologists, you still have plenty of confused patients who need your help. (See the following page for a patient handout. You can also download a copy by going to www.CommunityOncology.net/Medicare.) Although the new program, called Medicare Part D, went into effect on January 1, 2006, beneficiaries have until May 15, 2006, to choose a plan.

"I don't know anybody who's made a decision already," says Otis W. Brawley, MD. "I have patients who were talking about it 3 months ago. They're still talking about it." Dr. Brawley is a professor at Emory University, who treats cancer patients at the Winship Cancer Institute and the Georgia Cancer Center at Grady Memorial Hospital, where he is the director.

For the first time, Medicare will cover oral and other self-administered prescription drugs for cancer and other diseases. The catastrophic coverage that kicks in after a patient has spent several thousand dollars on his or her prescriptions is welcome especially for cancer patients buying costly drugs.

Confusion reigns

But the array of choices is dizzying. In some parts of the country, 50 or more plans are offered. Each plan has different deductibles, out-of-pocket costs, and levels at which catastrophic coverage begins. The Centers for Medicare and Medicaid Services, which administers the program, provides detailed information about deductibles, co-payments, drugs includ-

ed on the plan formularies, and retail pharmacies that participate.

Add to the complexity the fact that most cancer patients are older and take several medications for health issues apart from their cancer. "We're asking people in their 70s and 80s, who are the least sophisticated about maneuvering through bureaucracy, to weigh all these options and make a decision they're not capable of making," says Dr. Brawley. "Hell, I'm a doctor, and I'm confused."

He says he's getting the most questions from his breast cancer patients who are taking aromatase inhibitors or tamoxifen and are worried that what they're taking now is not necessarily what they'll be taking in July or November. "They want to know if we'll be changing their prescription over the next year or two," he says. "Those crystal ball kinds of questions are really difficult." He advises his patients to go by the list of medications they take now.

What's covered

Digging deeper yields more questions. The line between Part B, which covers infused and IV drugs administered in physician offices and treatment centers, and Part D is fuzzy. Some oral medications for cancer patients will still be covered under Part B, which uses a different coverage formula than Part D.

All of the plans are required to have essentially every US Food and Drug Administration-approved anti-cancer drug on their formularies. However, off-label uses can get tricky, since they will only be covered if listed in one of four compendia. Doctors can appeal through an expedited pro-

cess if coverage is refused, but the system has yet to be tested.

A drug may be covered, but the amount plans pay can vary substantially. Drugs are placed in tiers. Tiers 1 and 2 are generic and preferred brand names, respectively, and are often charged at a lower co-pay than are drugs in tiers 3 and 4, which are considered non-preferred or specialty drugs. The higher cost, newer drugs, such as erlotinib (Tarceva), fit in tiers 3 and 4 and can be charged at 25%, 33%, or higher, leaving the patient to cover a large cost.

Low-income Medicare beneficiaries whose drugs were covered under Medicaid—so-called "dual eligibles"—were automatically switched into a health plan that may or may not cover their medications. They'll need to verify that their drugs are on the plan's formulary and that they can purchase them at a nearby pharmacy.

Brace yourself

Ellen Stovall, president and CEO of the National Coalition for Cancer Survivorship, has concerns about how this will play out. "We don't know yet how patients are going to experience their cancer treatment in this new world," she says, "particularly Medicare patients who face such variability in their plans."

In our next issue, we'll address the way you are reacting to the changes wrought by the 2006 version of Medicare: 81 new G codes, a cumbersome guideline adherence manual, revamping EMRs and Superbills, and a severely underfunded new demonstration project. How will we face these challenges?



Deciding on your Medicare prescription drug coverage

The new Medicare Part D program can help you pay for anticancer and anti-nausea drugs that you can buy at a pharmacy in pill form with your doctor's prescription. This fact sheet offers tips and resources to help you make your choice. Remember, the **enrollment deadline is May 15, 2006**. After that date, you will likely pay higher monthly premiums.

STEP ONE: In some cases, your current coverage may be better than what you can get from Medicare. Contact your current health insurance provider to see if they have changed what they offer in response to the new Medicare drug benefit.

Note: If you have employer or union drug coverage and you drop it, you may not be able to get it back, and you may lose its health coverage as well.

STEP TWO: Make a list of all your prescription drugs, doses, and their monthly costs. Include only the drugs you buy at the pharmacy.

STEP THREE: Review the plans offered in your state. Compare the rates of plans that carry your drugs against your current expenses for these medications. Many plans have a gap in coverage (the "donut hole") that you can avoid by paying higher premiums.

Extra help

If you have limited income and resources, you may qualify to pay no premiums or deductibles and lower co-payments. For more information, contact

the Social Security Administration (see below).

Once-a-year review

Several things can change over the course of a year: drugs may be taken off your plan's

Focus on the three Cs:

Coverage: What drugs are covered by the plan I'm considering?

Cost: Which plan offers the best bottom-line price?

Convenience: Which plans deal with my local pharmacy or offer prescriptions via mail?

formulary (list of drugs) at any time, the cost of a drug can change even though the monthly premium is fixed for the calendar year, a participating pharmacy may choose to drop out. Your drug needs or income may change as well. Medicare offers a once-a-year opportunity to switch plans.

Resources

■ **Medicare** has many fact sheets and tools, including a

prescription drug plan finder and formulary finder: 1-800-MEDICARE (1-800-633-4227); www.medicare.gov

■ **Social Security Administration** offers options for people with limited income and resources: 1-800-772-1213; www.ssa.gov/prescriptionhelp

■ **Kaiser Family Foundation** offers a way to calculate your out-of-pocket expenses under Medicare: www.kff.org/medicare/rxdrugbenefit.cfm

■ **American Cancer Society** has an easy-to-read, comprehensive fact sheet: www.cancer.org/docroot/MIT/MIT_3_1_Medicare_Part_D.asp

■ **Benefits CheckUpRx** is sponsored by the US Department of Health and Human Services and The National Council on the Aging: <https://ssl4.benefitscheckup.org>

■ **My Medicare Matters** is a national education program supported by a grant from AstraZeneca Pharmaceuticals. The Web site takes individuals through a seven-step process to find and compare plans and join a plan: www.mymedicare-matters.org