

Cancer Drugs Pose Challenge in Medicare Part D

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Contributing Writer

WASHINGTON — Physicians treating older cancer patients must actively help them choose Medicare Part D prescription drug plans with formularies that best cover not only current medications but future needs as well, health care consultant Mary Kruczynski said at a conference sponsored by Elsevier Oncology.

"Get online and check their formulary, and if [your patient] hasn't chosen a plan, think outside the box and list all the drugs they'll possibly need in the future," said Ms. Kruczynski, a policy analyst and board member of the Community Oncology Alliance, a Washington-based lobbying group.

Although most physicians do not have time for such legwork, "the current reality is, you can't afford not to. ... If we don't, our patients can't get treated," said Ms. Kruczynski. "If [your patients] go to the drug store and get told 'it's not on the formulary,' they come back to you," she said.

When cancer drugs appear on multiple formularies, pricing variations can be significant—and physicians and staff might even want to help patients navigate such variations, especially as more and more oral drugs for cancer become available.

A recent cost study of seven oral cancer drugs in three markets documented significant variations, she noted. The cost of Arimidex (anastrozole), for instance, was 72% higher in Portland than in Virginia Beach (Commun. Oncol. 2006;3:753-5).

Formularies under Medicare Part D also are increasingly restrictive. Many insurers have added coverage of generic drugs and reduced coverage of brand-name drugs; some also are adopting new techniques to control the use of certain drugs. "They're asking for data, blood counts, medical records ... and checking doses," she said. "Some carriers now require you to get every prescription authorized."

Physicians who care for patients with cancer, in the meantime, have "been bending over backwards to try to get every drug

our patients need for them, even if they have to switch them from Part D to Part B ... even if they get them to their doughnut hole," or coverage gap, "and bring them into the office for an infusible under Part B," Ms. Kruczynski said.

The Medicare Payment Advisory Commission (MedPAC) recognized such actions in its January 2007 report, she said.

The report, which focuses on Medicare payments for Part B drugs and includes some commentary on Part D drugs, notes the word of physicians who work with patients to determine whether it is better to prescribe the drugs under Part D or Part B.

The MedPAC report also relates physician accounts of patients who reach the doughnut hole and either neglect their drug treatment or try to stretch out their drug regimens until coverage starts again.

Concerns about patients "brown bagging" physician-administered drugs so that they can be covered under Part D—as well as observations that some physicians have established in-house pharmacies to reme-

dy the problem—also are mentioned in the MedPAC report, Ms. Kruczynski said.

Insurance companies also are "changing their formularies midstream," she said. That is, although Medicare drug plans are permitted to keep the same name while substantially changing costs and benefits each year, the plans sometimes fail to send out required change notices. The UnitedHealth Group, which serves the largest segment of the Medicare Part D market, has done this.

The issue of formulary changes has been included in at least some of the 42 House and 31 Senate bills addressing problems with Medicare Part D, Ms. Kruczynski noted.

For now, she said, "it's coming down to us again." By helping patients navigate Part D, "we're essentially administering the plans of private insurance carriers for free." But for now, she emphasized, it's essential for the health of patients.

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