

## Rheumatologists Remain Wary

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Committee on Rheumatologic Care.

For example, physicians must submit written orders for drugs to the CAP vendor, notify the vendor when a CAP drug is not administered or the full supply was not administered, and maintain a separate electronic or paper inventory for each CAP drug. "That's added cost to the practice that you will not be reimbursed for," he said.

While the ACR has not taken an official position on CAP, Dr. Denio said that he be-

lieves the administrative burden will be difficult for the office-based physician and that he suspects that few will sign up for the program.

CAP is likely to be a plus for Medicare because it will allow the agency to reduce costs, but there are still not enough details available about the program to ensure that there won't be adverse consequences for physicians, said Dr. Richard Hellman, president-elect of American Association of Clinical Endocrinologists.

Once physicians sign up, they must obtain all drugs on the CAP drug list from their drug vendor, except in certain cases such as emergency administration, according to CMS.

In 2006 there are about 180 drugs on the CAP drug list ([www.cms.hhs.gov/CompetitiveAcquisforBios/Downloads/CAP\\_Drugs\\_List.pdf](http://www.cms.hhs.gov/CompetitiveAcquisforBios/Downloads/CAP_Drugs_List.pdf)).

It may make sense to obtain some medicines through the CAP vendor, Dr. Hellman said, but physicians will not be able to pick and choose among drugs on the CAP list.

Dr. Hellman said he is also concerned that CAP will affect access to medications

if it makes it unprofitable for physicians to deliver these services in their offices. "[CMS officials] need to be careful that they do not restrict access in their zeal to cut costs."

This year CAP will run from July 1 to Dec. 31. Starting in 2007, the program will run year-round, a 45-day physician election period each fall. Physicians can opt into the CAP program each year and will be required to stay in the program for a full calendar year.

More information on the CAP program is available online at [www.cms.hhs.gov/CompetitiveAcquisforBios/02\\_infophys.asp](http://www.cms.hhs.gov/CompetitiveAcquisforBios/02_infophys.asp). ■

## Feds Approve One Drug Assistance Program Redesign

The Health and Human Services Office of Inspector General recently gave the green light to a redesigned patient assistance program from the drug maker Schering-Plough Corp.

Late last year, the Inspector General issued a special advisory bulletin cautioning drug makers that continuing their patient assistance programs for people enrolled in the Medicare Part D prescription drug benefit could put them at risk for violating the federal antikickback statute. But the bulletin outlined some designs that would allow Medicare beneficiaries to continue to receive drug assistance from the companies outside of the Part D benefit.

The new advisory opinion (no. 06-03) states that the OIG will not impose administrative sanctions on Schering-Plough based on the specific design of the program's two patient assistance plans, which offer free drugs to financially needy patients taking hepatitis or cancer drugs, and to such patients taking other outpatient prescription drugs. The advisory opinion does not apply to any other arrangements.

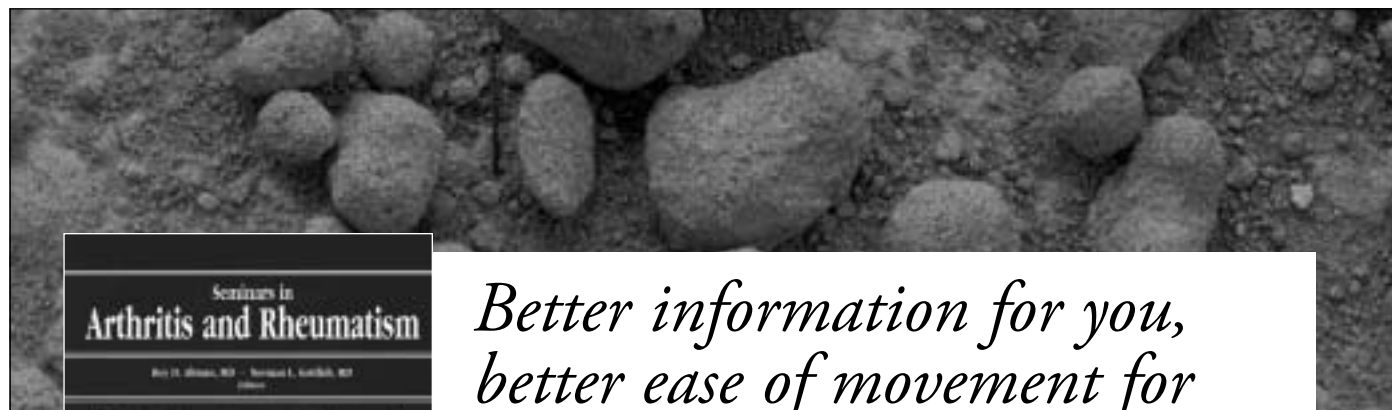
Under Schering-Plough's design, Medicare Part D beneficiaries are still eligible for free drugs if they meet the income eligibility requirements for the patient assistance plans and have already spent at least 3% of their household income on outpatient prescription drugs that coverage year. The free drugs do not count toward the beneficiary's true out-of-pocket costs and will not be billed to either the Part D plan or Medicare.

Schering-Plough is working with officials at the Centers for Medicare and Medicaid Services on a data-sharing agreement to notify Part D plans about beneficiary participation in the program.

"Having reviewed the arrangement, we conclude that the arrangement contains safeguards sufficient to ensure that the [patient assistance plans] operate entirely outside the Part D benefit, and, therefore, there is minimal risk of fraud and abuse under the Part D program," Lewis Morris, chief counsel to the Inspector General, wrote in the advisory opinion.

—Mary Ellen Schneider

The OIG advisory opinion is available online at [oig.hhs.gov/fraud/advisoryopinions.html](http://oig.hhs.gov/fraud/advisoryopinions.html).



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