

Prepare Now for Medicare Part D Launch in 2006

SAN DIEGO — Physicians will face many questions in the coming months about the new Medicare Part D voluntary prescription drug program, Elizabeth Carder-Thompson said at the annual meeting of the American Health Lawyers Association.

The Centers for Medicare and Medicaid Services posts informational resources on its Web site, and additional materials will become available over the next few months. The best resource at this time is the "Outreach Toolkit," available by down-

load or on CD-ROM, said Ms. Carder-Thompson, a lawyer with Reed Smith LLP.

The new coverage goes into effect Jan. 1, 2006, and the interim discount drug card program ends at that time, leaving Medicare beneficiaries to make fairly complicated choices within a short time.

There will be at least two Part D prescription drug plans available in each geographic area, and plans may include several subplans.

In October 2005, Part D plans will start to send marketing materials. CMS will dis-

tribute its "Medicare and You" handbook to all beneficiaries via mail, with a description of the new benefit. A "Plan Comparison Web Tool" and "Medicare Personal Plan Finder" will be posted at www.medicare.gov.

Once Part D becomes effective, doctors will face a different set of concerns, she said. When a plan doesn't cover a prescribed drug, MDs must provide supporting statements to get an exception, but many details are not clear at this time.

—Elaine Zablocki

Life After Diagnosis Is Topic of Brochure

The Agency for Healthcare Research and Quality has released a brochure to help patients following the diagnosis of an illness. "Next Steps After Your Diagnosis: Finding Information and Support" includes 10 questions that patients should ask their physicians. The brochure is available by visiting www.ahrq.gov/consumer/diaginfo.htm.

Waking after a night with less pain.
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severe, sudden, or were not part of the patient's presentation. If discontinuing treatment, taper the medication.

Cymbalta should not be administered to patients with any hepatic insufficiency or patients with end-stage renal disease (requiring dialysis) or severe renal impairment (CrCl <30 mL/min).

Postmarketing, severe elevations of liver enzymes or liver injury with a cholestatic or mixed pattern have been reported.

Cymbalta should generally not be prescribed to patients with substantial alcohol use or evidence of chronic liver disease.

Most common adverse events (≥5% and at least twice placebo) in MDD premarketing clinical trials were: nausea, dry mouth, constipation, fatigue, decreased appetite, somnolence, and increased sweating. Most common adverse events in diabetic peripheral neuropathic pain (DPNP) premarketing clinical trials were: nausea, somnolence, dizziness, constipation, dry mouth, increased sweating, decreased appetite, and asthenia.

See Brief Summary of full Prescribing Information, including Boxed Warning, on adjacent page.