Two Part D Plans Relax Rules on AD Drugs

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Two major Medicare Part D drug plans have stopped requiring prior authorization for coverage of Alzheimer's medications, according to officials at the Alzheimer's Association.

RxAmerica and Medco no longer will require physicians to go through the prior authorization process before they prescribe Aricept (donepezil), Exelon (rivastigmine), Razadyne (galantamine), and Namenda (memantine) for Medicare Part D beneficiaries over age 65.

With these announcements, SilverScript, a subsidiary of Caremark, becomes the only one of the nine national or near-national Part D drug plan sponsors that still requires prior authorization, according to the Alzheimer's Association. Caremark spokesman Dale Thomas said the company is in contact with officials at the Centers for Medicare and Medicaid Services and the Alzheimer's Association but had no further comment at press time.

Earlier this year, officials with the Alzheimer's Association wrote to CMS citing problems that beneficiaries had getting access to Alzheimer's drugs after the end of the initial Medicare Part D transition period. The group also noted in its letter that it was "unrealistic and unreasonable" for prior authorization denials to be addressed through the appeals process.

"Neither frail patients nor their physicians can be expected to navigate the plan system and file additional documentation in order to obtain these medications that are on the plan's formulary," Stephen McConnell, vice president of advocacy and public policy at the Alzheimer's Association, said in the letter.

Officials at the Alzheimer's Association sent copies of the letter to the three Part D drug plans and received quick responses from RxAmerica and Medco about plans to change their policies, according to Leslie B. Fried, director of the Medicare Advocacy Project of the Alzheimer's Association.

Removing prior authorization is vital, according to Dr. Marc Nuwer, professor of neurology at the University of California in Los Angeles. For every prior authorization request, the physician has to go back over the patient records looking for dates and other treatment information. "It's a hassle," he said. ■

Agency in U.K. Keeps Limits on Alzheimer's Rx

The clinical and cost effectiveness agency for England and Wales has affirmed its decision to allow the three drugs donepezil, galantamine, and rivastigmine to be prescribed only to those Alzheimer's patients with moderate disease.

In affirming its May final guidance on the three drugs, the National Institute for Health and Clinical Excellence on Oct. 11 rejected appeals from 10 organizations and companies. The NICE decision, which will be sent to the National Health Service in November, will limit the use of all three drugs for newly diagnosed Alzheimer's patients.

NICE's final decision was based on cost effectiveness. The drugs cost £890.60 to £1,248.30 per year but do not avert enough costs to justify that expenditure—for example, delaying by less than 2 months the need for full-time care, according to analyses prepared for the NICE committee drafting the guidance.

"Alzheimer's is a cruel and devastating illness, and we realize that today's announcement will be disappointing to people with Alzheimer's and those who treat and care for them," NICE Chief Executive Andrew Dillon said in a written statement. "But … based on all the evidence, including data presented by the drug companies themselves, our experts have concluded that these drugs do not make enough of a difference for us to recommend their use for treating all stages of Alzheimer's disease.

The Alzheimer's Society criticized the decision. "This blatant cost cutting will rob people of priceless time early in the disease, and later clinicians will have no choice but to use dangerous sedatives that increase the risk of heart disease and stroke," Neil Hunt, chief executive of the Alzheimer's Society, said in a written statement.

—Jonathan Gardner