

Cost-Sharing: Medicare Part D

*A cancer patient's perspective:
The Chronically Ill Beneficiary
Experience*

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Medicare Part D & Cancer

- Substantially all cancer drugs are covered
- Tiers are not new—but use of tiers in Part D lead to higher cost-sharing, especially for chronically ill
- Part D plans are more likely to use co-insurance for their higher tiers
- “Specialty” tiers having 25% co-insurance or even higher (up to 33%)
- Finding the “right” plan can be difficult
- Beneficiary confusion with distinction between Part B & Part D

Impact of 4 and 5 Tier Formularies

- Concern with 2007 formulary guidelines that permit PDPs to eliminate the exceptions process for specialty tiers
- Many cancer drugs are on these specialty tiers and there are few options for cancer patients – no generic equivalent for newer drugs
- Concern that PDPs are using the tier structure to discourage cancer patients from signing up for their plans
- Underlying problem is the escalation of health care costs, particularly for drugs

Beneficiary Options

- Patient Assistance Programs—some PAPs no longer allow beneficiaries to participate
- ACS Part D Primer at www.cancer.org
- ACS is conducting research to assess impact of beneficiaries with cancer who have Part D—and impact of the “donut hole”
- ACS Call Center calls from cancer patients—monitor Part D issues