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## Medicare drug rule is eased

Patients can stay on the same medicine even if an insurer stops covering it.

By John Sullivan  
Inquirer Staff Writer

Bewildered seniors sorting through Medicare's confusing new drug plan got some relief yesterday when federal officials said insurance companies must allow patients to continue their medications even if the company stops covering the drugs.

Under the new policy, set to go into effect as early as today, Medicare drug plans can remove a drug from their preferred list, known as a formulary, only if the drug is deemed unsafe or if the medication will be offered in an equivalent generic form. The policy will be in effect only until the end of the year.

"We looked at what would be in the best interest of beneficiaries and that is allowing them to have continued access to drugs," said Peter Ashkenaz, spokesman for the Centers for Medicare and Medicaid Services.

The move comes as seniors must sort through dozens of complicated plans and choose one by the May 15 deadline or face a penalty. Concern has mounted that seniors might sign up for a drug plan only to see their preferred drugs dropped.

Before the new policy, Medicare allowed insurance plans to add or remove drugs from their offerings as often as they liked as long as CMS approved the changes. Beneficiaries, however, could switch drug plans only once a year. Some people may have fewer side effects or respond better to one drug over another, even if the drug treats the same condition.

That meant, for example, that a senior could select a plan because it offered the cholesterol-lowering drug Lipitor only to discover the plan swapped it for Zocor. The senior would lose the very drug that had driven the decision to pick the plan.

Under the changes, a plan could still swap Zocor for Lipitor, but would have to offer Lipitor through the end of this year.

Some health experts, while lauding the new policy, questioned whether it was driven more by politics than by medicine.

"This is probably more of a political move, because CMS is gearing up for the final push before the deadline," said Richard G. Stefanacci, executive director of the Health Policy Institute at University of the Sciences in Philadelphia.

"It's more to say, 'Look what we are doing to safeguard beneficiaries.' "

With the policy in effect only until the end of the year, it was unclear how drug changes would be handled in 2007 and thereafter.

"This is certainly good news," said Pam Walz, director of the Elderly Law Project at Community Legal Services in Philadelphia. "It'll be a relief to Medicare beneficiaries."

On April 5, The Inquirer reported that insurance plans had started to remove drugs from their lists and that CMS officials had declined repeated requests for the names of those companies or the drugs they were dropping.

Shortly afterward, Michael Leavitt, secretary of Health and Human Services, said he was looking into the practice.

"Those changes have to be approved, and we will be very reluctant to allow them to change in most cases unless it will benefit the recipient," he said in an interview earlier this month.

This week several advocacy groups also pressed CMS officials for more information about how insurance plans are seeking to alter their drug lists.

"It is impossible for Part D to work for beneficiaries without full disclosure by plans of all relevant information," Judith Stein, executive director of the Center for Medicare Advocacy, said in a statement.

A handful of Democratic senators are also pushing a bill that would require plans to cover the same drugs for the calendar year in which someone enrolled.

Some Medicare Part D providers seemed to welcome the change.

"Our members will be supportive of the principle of continuity of care," said Mohit Ghose of America's Health Insurance Plans, an organization that represents Medicare Part D insurance providers.

## ONLINE EXTRA

To ask an expert about the Medicare Part D

drug plan, visit [http:// go.philly.com/medplan](http://go.philly.com/medplan)

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