



IN EVERY ISSUE

# Cancer & Medicare Part D

BY DIANE BLUM, EXECUTIVE DIRECTOR OF CANCERCARE

*What patients need to know about the new prescription drug plan.*

Cancer is an expensive illness. Half of the people who contact CancerCare each year cite financial need as a major source of difficulty. Along with hospital and doctor bills, and costs related to treatment, such as transportation, child care and home care, prescription drug costs can be a major challenge for people with cancer.

The Medicare Modernization Act of 2003 put in place a new benefit known as Medicare Part D, a program that as of Jan. 1, 2006 provides prescription drug coverage for people covered by Medicare. This plan will help senior citizens manage the costs of their prescription drugs, but the plan has also created challenges. Deciding which plan to choose and navigating the system requires a lot of research, and the process can be frustrating.

Everyone's situation is different, so the objective is to pick the plan that is best for you. It will take some time to find the right plan, but patients shouldn't feel pressured to join one just to get it over with. Taking the time to find the right plan for an individual's specific situation is well worth it. And there are organizations such as CancerCare to help patients sort through the information and guide them to the best resources.

When considering prescription drug plans, patients need to know whether their medications are covered in the plan's formulary—a listing of drugs that have been approved for use for certain medical conditions. Though formularies may vary from plan to plan, they all include most oral chemotherapy, immunotherapy and hormonal medications used to treat cancer, as well as drugs that manage treatment side effects, such as low red blood count or nausea. Drugs still being researched in clinical trials are typically not part of the formulary. Plans differ according to types of coverage, co-pays for each medication and pharmacies, all of which factor into a patient's overall decision.

It helps to be organized when a patient begins researching options. Here are some tips for putting together a game plan before the May 15 enrollment deadline:

- > Create a chart with all your relevant prescription drug information. This includes a comprehensive list of all medications you currently take, the prescribing doctor, and individual and yearly costs.
- > Ask your oncologist and oncology nurse what medications you may need in the

future. Also ask if a less expensive brand name or generic drug might be as effective.

- > Get a full list from your internist or primary care doctor of medications you take for non-cancer conditions, such as diabetes, high blood pressure, or heart disease.
- > Ask your pharmacist if you need help determining the price of the medications you currently take. This will help predict how long it will take for you to reach the plan's deductible and the total yearly out-of-pocket expenses.
- > Consult professionals. Medicare has a 24-hour hotline (800-633-4227) and a website ([www.medicare.gov](http://www.medicare.gov)). For a list of resources, see "[Maneuvering the Maze of Medicare Part D.](#)"

Although identifying the right plan for a person's situation can be trying, the new prescription drug plan is a long overdue addition to the Medicare program, especially for cancer patients whose prescription costs can quickly climb. The best advice: Learn the options, and from there, make the best decision for you.

*CancerCare ([www.cancer.org](http://www.cancer.org)) provides a free fact sheet called "Medicare Part D Coverage: What People with Cancer Need to Know" that can be ordered by calling 800-813-4673. Through its free telephone workshops, the public can hear discussions from national experts on the latest information about all aspects of cancer. CancerCare provides both financial assistance and free, professional counseling to help people with cancer.*