

# Babeling About Drugs

By Stephen G. Pauker, M.D.

*And therfor the name therof was clepid Babel, for the langage of al erthe was confoundide there....*

*Genesis 11: 9 (Wycliffe version (1395), Middle English)*

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Medicare Part D, the new Medicare participant prescription drug coverage plan available to everyone eligible for Medicare, came into effect on January 1. It is intended to make prescription drugs more affordable. Unlike Medicare Parts A and B, in order to secure Part D coverage, one must choose from amongst the literal multitude of private insurance plans. Although all of the plans must adhere to government requirements, there are significant differences between individual plans, including their formularies and the pharmacies that may be used. If a plan's network pharmacies (including mail-order services) are used, then discounted prices are guaranteed, even for those who happen to be responsible for 100 percent of the payment. Part D plans all have an annual cap on a participant's share of the drug costs. All of the myriad of Part D plans are voluntary. They cannot be denied for health reasons. If one has both Medicare and Medicaid, then enrollment is automatic. Be aware, however, that if one does not join during the initial enrollment period (ending May 15, 2006), then additional fees may make the monthly premiums significantly higher. Participation in Part D does have a cost, although the government will assume about three-quarters of that figure. However, those in lower income brackets may qualify for reduced or even eliminated premiums and co-pays. As you will read in the following entertainingly informative article, the process to determine what plan, if any, is economically most advantageous may be difficult, confusing and frustrating, even to knowledgeable individuals. In fact, for those who already have a medical plan with existing prescription drug coverage, Medicare D may **not** offer any advantage.

—Stephen Jackson, M.D., Editor

And Congress, not to be outdone by the Lord, created Medicare Part D.

On the Ides of November, senior citizens throughout the country opened their first six month season of grappling with the confusing, perhaps unintelligible, set of choices embodied in Medicare's new drug benefit. Many of our grandparents, parents and friends, some with clouded vision and others with clouded reasoning, will find themselves ill-prepared to work through Part D's complexities alone. Of course, the government, the AARP, and a multitude of insurers stand ready to help.

Armed with a list of almost a dozen drugs and a high speed internet connection, this past weekend I tried to work through the problem choices facing an average Medicare beneficiary, such as my Mom. After all, as a senior physician

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whose specialty is making tough choices with patients, I thought this would be a stroll in the park. I accessed the Medicare and AARP web sites; I built my own spreadsheet model; I had been reading the American College of Physicians' advice for doctors and patients for several months. But all this left me ill-prepared for my frustrating afternoon.

Both the AARP web site and my spreadsheet said that Mom could save a bit by signing up for Part D, despite its famous donut hole. Even though her savings would be modest this year, the likelihood of Mom's needing more drugs in the future and the certainty of avoiding the permanent 12 percent annual penalty for each year of indecision provided a clear message: Do it now! But what is "it"? Mom can't simply sign up for Part D; she has to pick a particular plan—a specific vendor.

Back to the web! A few quick clicks revealed that there are 59 drug plans available in our area. Most of the names sound familiar, or at least similar. Some had a deductible; some had none. That should be easy. If the additional annual premium for a more expensive plan is less than the deductible for a cheaper plan, she should pick the more expensive option—if the plan covers the drugs that she needs. To really understand which plans might work for Mom, the web program asks for her drugs. No problem; we have list in hand. Starting simple, enter HCTZ, right off the bottle. It's a common generic that many people take, but it's not there. Calling the druggist, we enter its full name hydrochlorothiazide. But do we want it alone or with lisinopril? And so it went.

Each Part D vendor must provide options in each major class of drugs. True enough, but how do you know what's in a class? The Medicare Web Site lists drugs by name. If Mom took Lipitor (the most commonly prescribed drug in the country), she would need to know that Mevacor and Lipitor are in the same class, although not interchangeable. Lucky she listens to and remembers all that "direct to consumer" advertising. To compare coverage among vendors, I entered her drug list no less than 10 times, before giving up in disgust.

Yet other problems lurk in Babylon. Plan prices come in two flavors, monthly at a preferred network pharmacy **and**, for a 90-day supply, through the mail. That's OK. Surely Mom can multiply by three. But the total cost for a 90-day supply on the Medicare web calculator is inexplicably labeled the monthly cost. Oh well, no one's perfect, not even the government.

What a way to pass a Sunday afternoon. But I still don't know what advice to provide Mom. Perhaps her PCP can explain it better. Or perhaps the hidden code even now reveals itself—D is for disaster.

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