

# Enhancing Medicare Part D to Keep Pace with Medical Science

Patients can now take treatments for serious conditions in the comfort of their home. Many of these specialty medications weren't imagined when **Medicare Part D** became law.



## To keep pace with these advancements, we need to modernize Medicare Part D.

- **Out-of-pocket costs are on the rise for beneficiaries**<sup>1</sup>  
– especially for the small subset of patients taking specialty tier medicines.<sup>2</sup>
- For example, **41 percent of oncology treatments** in Part D have cost-sharing greater than **\$250 per prescription**.<sup>3</sup>
- This often leads to reduced treatment adherence.<sup>4</sup>



## Let's improve Part D to help seniors in need.



Allow seniors to pay drug costs over time.



Lower cost-sharing for effective treatments.



Pass manufacturer rebates directly to patients.



Set annual limits on **Part D** out-of-pocket costs.



## And avoid practices that simply don't work for patients.

- Proposals to **increase utilization management tools** (step therapy, prior authorization, etc.) for high-risk patients create inappropriate delays and restrictions that can impact patient care.
- Not counting a manufacturer's contribution in the **Medicare Part D** coverage gap when calculating patients' out-of-pocket costs makes it difficult for patients to reach catastrophic coverage. Research has shown **affected seniors would have to pay \$880-\$1,080 more per year** as a result.<sup>5</sup>

**Let's enhance Part D so that we can directly address out-of-pocket costs and ensure that this benefit is a bedrock of seniors' health care well into the future.**

1. Trish E, Xu J, Joyce G. Medicare Beneficiaries Face Growing Out-Of-Pocket Burden For Specialty Drugs While In Catastrophic Coverage Phase. September 2016. [https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2016.0418?url\\_ver=Z39.88-2003&rft\\_id=ori:rid:crossref.org&rft\\_dat=cr\\_pub%3dpubmed](https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2016.0418?url_ver=Z39.88-2003&rft_id=ori:rid:crossref.org&rft_dat=cr_pub%3dpubmed)

2. Centers for Medicare & Medicaid Services, Medicare Part D Specialty Tier, April 7, 2015 <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/Downloads/CY-2016-Specialty-Tier-Methodology.pdf>

3. Amundsen Consulting. Medicare Part D Abandonment: Deep Dive into Branded Product Abandonment. November 2017.

4. IQVIA, Patient Affordability Part Two: Implications for patient behavior & therapy Consumption, [https://www.iqvia.com/-/media/iqvia/pdfs/us-location-site/market-access/patient-affordability-part-two---implications-for-patient-behavior-and-therapy-consumption.pdf?\\_af=1537453466878](https://www.iqvia.com/-/media/iqvia/pdfs/us-location-site/market-access/patient-affordability-part-two---implications-for-patient-behavior-and-therapy-consumption.pdf?_af=1537453466878); Accessed Sept. 20, 2018

5. Avalere Health, Proposed Changes to Part D Would Increase Beneficiary Costs, <http://avalere.com/expertise/managed-care/insights/proposed-changes-to-part-d-would-increase-beneficiary-costs>; Accessed Sept. 20, 2018