



June 23,2009

Medicare Access for Patients-Rx (MAPRx) is a coalition of patient, family caregiver and health professional organizations committed to safeguarding the well-being of patients with chronic diseases and disabilities under Medicare Prescription Drug Coverage. On behalf of the millions of beneficiaries represented by the MAPRx coalition, we appreciate the opportunity to comment on the draft CMS Medicare Model Part D Transition Letter: Draft CY 2010. We commend CMS for their efforts to clearly inform beneficiaries of the transition process and their transition rights when the prescription medications prescribed by their physician are not covered by their plan.

COMMENTS: Some of the terminology in the draft transition letter does not appear to be the same as that proposed in the recent draft of the ANOC/EOC documents. For example, the transition letter uses "formulary" instead of "drug list" and uses "step therapy" whereas the ANOC/EOC draft proposed use of a simplified definition. MAPRx recommends that simple language be used, as in the ANOC/EOC document, rather than "formulary" or "step therapy" language.

CMS should clarify that this kind of a transition letter is also appropriate for transitions across contract years (e.g. advance notice to beneficiaries taking a drug when a formulary drug is being eliminated or restricted for the following year). We do not believe that the change made in the recent ANOC letter is sufficient in this case. Each enrollee who is on a drug that is being adversely affected by their plan's formulary should receive specific notification, in advance, about the change(s) and all of the options a beneficiary has to continue their drug coverage.

The discussion of transition coverage when there are quantity limits for safety reasons is not clear. "Safety reasons" should be defined in the transition letter. Additionally, not all quantity limits are for safety reasons; some are for cost reasons. It should be made clear to each individual beneficiary specifically why a limit is being placed on their prescription. Ideally, the required transition supply should override the plan's quantity limits in transition situations.

The section that is entitled "How do I change my prescription" seems to be worded broadly. Specifically, "if we cover another drug for your condition." This implies that there is a broad therapeutic substitution standard for inclusion on a formulary, yet there is no regulatory basis for this statement. Likewise, the section notes that the patient has the right to request an exception if the plan has placed a prior authorization, quantity limit, or other limit on the drug. "Other limit" seems very broad; what other limit is there besides step therapy? (The same terminology is used in the next section also)

The transition letter should also make very clear to the patient that: If the exception is granted, it is good for the whole contract year and they will not have to keep filing exception requests. If the

exception is denied, the plan will let them know in time for them to select another plan for the subsequent contract year, and unless and until the transition is actually made (either through switch to another drug or granting of exception request), continuation of drug coverage is necessary, so there are situations where the transition period may need to be extended.

Please contact Maureen Mitchell, Convener, MAPRx, if you have any questions about this document: Mitchell@lupus.org or 202-349-1170.

Thank you for the opportunity to comment on the Model Part D Transition Letter.

Sincerely,

American Autoimmune Related Diseases Association (AARDA)

Epilepsy Foundation

Lupus Foundation of America

National Alliance on Mental Illness

National Council for Community Behavioral Healthcare

National Kidney Foundation

National Spinal Cord Injury Association

United Spinal Association