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Reimbursement and Patient Assistance Programs for Oral Chemotherapy Agents

Kathy Wilkinson, RN, BSN, OCN®

The increased use of oral chemotherapy agents, rising cost of health care, and increasing numbers of under- and uninsured patients have resulted in oncology nurses being asked about reimbursement for these agents. As patient advocates, nurses need to be informed about Medicare reimbursement guidelines and medication assistance programs available to patients. In many small clinic and office settings, case managers and social workers are not available, and oncology nurses must fill this role.

This article reviews information about Medicare reimbursement for oral chemotherapy agents and medication assistance programs for patients who are receiving these drugs. Case studies with questions are presented at the beginning of each section, and the answers are listed at the end.

Medicare Coverage

Case study 1: *B.H. is a 68-year-old man with an anaplastic astrocytoma that has progressed despite chemotherapy and radiation therapy. The oncologist would like to start B.H. on temozolomide. B.H. asks you about the cost of the medication and whether Medicare covers this drug. What is your response?*

Medicare is the federal health insurance program available to people aged 65 and older, some people with disabilities under age 65, and people with end-stage renal disease (ESRD) with permanent kidney failure requiring dialysis or a kidney transplant. Medicare has two components: Part A is hospital insurance, and Part B is medical insurance. Part A coverage does not charge premiums for people who are aged 65 and older and have paid or have a spouse who paid Medicare taxes for at least 10 years. If

Oncology nurses increasingly are being asked about medication insurance coverage for oral chemotherapy agents and other medications. In small clinic and office settings, nurses often are key providers of this information. Nurses need to be informed about Medicare's medication reimbursement guidelines and able to identify resources for patients. Resources may include pharmaceutical manufacturers, patient medication assistance programs, and medication discount programs. This article reviews these resources and provides tips to use them optimally in busy oncology practices.

Key Words: healthcare costs; prescriptions, drug; drug costs

patients or spouses did not pay Medicare taxes, they are still eligible to obtain Part A's free premiums if they have been entitled to disability benefits for 24 months or have ESRD and receive dialysis or have received a kidney transplant. A premium is charged to people who have less than 30 quarters (7.5 years) of Medicare-covered employment. For 2003, the premium is \$316 per month. People with 30–39 quarters (7.5–9.75 years) of Medicare-covered employment pay a premium of \$174 per month (Centers for Medicare & Medicaid Services [CMS], 2003).

Part B Medicare coverage is medical insurance with a monthly premium in 2003 of \$58.70 per month. Enrolling in Part B is optional, and enrollees may sign up anytime in a seven-month period beginning three months prior to their 65th birthday. If they do not enroll during this period, they still may enroll but premiums increase by 10% for every year that they were eligible to enroll but did not. Medicare Part B coverage has a \$100 annual deductible. Medicare Parts A and B cover different costs and areas of health care (CMS, 2003). For instance, Medicare Part A covers the following, with conditions (CMS).

- Inpatient hospital care
- Skilled nursing facility care
- Home health care
- Hospice care
- Blood and blood products

Medicare Part B helps to cover the following, with conditions.

- Medical services and durable medical equipment
- Clinical laboratory services
- Home health care
- Outpatient hospital services
- Blood and blood products

People receiving Medicare benefits are responsible for 20% of their healthcare costs, and Medicare covers the remainder. When a facility or Medicare service provider agrees to take what

is termed "Medicare assignment," they accept the payment that Medicare will reimburse for a particular service or medication.

Choice plans or Medigap plans provide people receiving Medicare benefits with extra purchasable coverage. Some choice plans are managed-care plans and cover extra costs not covered by Medicare, such as prescription drugs, eye examinations, hearing aids, and routine physical examinations. Medicare recipients with a secondary managed-care plan usually must see a physician or specialist associated with the plan. Another type of secondary insurance plan is a private fee-for-service plan. Medicare recipients with this type of secondary coverage generally have a wider choice of healthcare providers and are eligible for additional benefits. However, the cost may be high for this type of supplemental Medicare coverage. Detailed information

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