

This letter is directed to you as a member of the Senate Finance Committee and is done in the hopes that you can right a wrong that currently exists.

Let me explain: Under the “least costly alternative” (LCA) policy, Medicare’s contractors may deny payment for the additional cost of a more expensive service if a comparable service costs less. LCA first appeared in context of durable medical equipment such as wheelchairs. Somehow this provision was adopted by the vast majority of local Medicare carriers for application to one and only one class of drugs—the LHRH class of prostate cancer treatments.

This treatment of the provision makes a number of false assumptions, when in actuality:

1. The FDA has not determined these six products to be therapeutically equivalent nor are they proven interchangeable.
2. There are differences in the route of administration among the six unique therapies. They can be administered intramuscular in the hip, subcutaneous in the abdominal wall or surgically implanted.
3. Patients and physicians may have a preference or medical reason for dosing frequently due to physical impairment, emotional well-being or travel burdens and yet the 6 products do not have equal dosage frequencies which under the LCA provision takes the choice away.
4. In spite of recent payment reforms, CMS continues to apply LCA policies that result in rationing medicines based on cost which takes away the patient-physician relationship of trust and communication.
5. CMS’s increased focus on using LCA as a way to achieve savings in Medicare could eventually lead to the ultimate cost containment measure--Orchiectomy—a traumatic and irreversible surgery.
6. Why should one class of drugs be placed in the position of choice on the basis of cost (LCA)?

As a prostate cancer survivor, I take this matter very personally. For 16 years I’ve dedicated a significant amount of time from my life to helping other men who are battling this insidious disease. Be assured, the last concern a prostate cancer patient who’s in the fight of their life should be concerned with is a bureaucratic hurdle preventing them from receiving the medicine that their doctor knows is the best treatment option. Senator, the hard plain truth is that if a patient is using an LHRH their days are numbered. Its not a cure, it does however make their condition a little more bearable.

In order to ensure consistency with statutory provisions constructed under the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA), I urge you to direct CMS to cease the application of the LCA policy to prostate cancer drug therapy. Men with prostate cancer and their families are counting on you-and men who will be stricken with the cancer will thank you.

Respectfully submitted,  
Lewis C. Musgrove, Chairman  
NV. Governors Prostate Cancer Task Force