Wolters Kluwer

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Comments of Wolters Kluwer Health on the Proposed Rule Containing Policy and Technical Changes to Medicare Advantage and Part D (CMS-4182-P)

Below are comments from Wolters Kluwer Health on the Centers for Medicare and Medicaid Services' (CMS) recently issued proposed rule containing policy and technical changes to the Medicare Advantage and Prescription Drug Benefit programs (CMS-4182-P). We appreciate the opportunity to comment.

As way of background, Wolters Kluwer (WK) is a leading global provider of information, business intelligence and point-of-care solutions for the healthcare industry. Key product lines include Medi-Span®, Lexicomp®, and Facts & Comparisons.® Wolters Kluwer drug information solutions are used in 25 of the 27 top-scoring hospitals achieving honor roll status in *U.S. News and World Report*'s **Best Hospitals and Best Children's Hospitals 2015-2016** rankings. Wolters Kluwer had annual revenues in 2016 of $4.6 billion.

Our comments address several issues contained in the proposed rule, including the treatment of biosimilars in Part D, expanded use of medication therapy management programs, updating the e-Prescribing standard, changes to the definition of 'Any Willing Pharmacy' and the use of so-called 'lock-in' provisions to curb the abuse of controlled substances by Medicare beneficiaries.

Medicare currently treats **biosimilars** as brand drugs for purposes of calculating Part D beneficiary cost-sharing and when the catastrophic portion of their benefit kicks in. In the proposed rule, CMS is proposing to treat biosimilars like generics for purposes of this calculation, which will give beneficiaries greater incentive to choose biosimilars because their co-pays will be lower. Such a change will also mean fewer beneficiaries will reach the catastrophic portion of their benefit, thus lowering overall costs for Medicare. We support this proposed change.

Part D plan sponsors must adhere to a medical loss ratio (MLR) of at least 85%, but up until now, costs related to operating a **medication therapy management program** (MTMP) could not be included in the MLR. As such, plans have designed their MTMPs narrowly to avoid high administrative costs. In the draft rule, CMS is now proposing to allow plans to count MTMP costs as part of their medical loss ratio to encourage greater investment in MTMPs and expand access to more beneficiaries who may benefit from participation. Wolters Kluwer Health strongly supports this change.

In the draft rule, CMS is proposing to revise the **NCPDP SCRIPT standard for e-Prescribing** to Version 2017071 from the current Version 10.6. We support this revision. On a related topic, we would also recommend Part D program adoption of the NCPDP electronic prior authorization standard, which would make the prior authorization process more efficient and improve the member experience at the point of sale.

The Comprehensive Addiction and Recovery Act (CARA) passed in 2016 requires CMS to create a framework whereby Part D plan sponsors can establish drug management programs for beneficiaries at-risk for prescription drug abuse. As part of these programs, **plans may limit beneficiary access to certain**

frequently abused controlled substances (i.e. opioids) to certain prescribers or pharmacies (via point of sale claim edits). In the draft rule, CMS is proposing to implement a new framework that enables use of these so-called 'lock-in' provisions by Part D plan sponsors. Under the proposed framework, at-risk beneficiaries are defined as those who are receiving at least 90mg of opioids per day, and drawing prescriptions from multiple providers and/or pharmacies. Cancer and hospice patients are exempt from these restrictions. Wolters Kluwer Health supports this proposed framework.

Finally, with the evolution of the pharmacy business model (i.e. retail, mail order), and because some pharmacies now have alternative lines of business (e.g. home infusion), CMS is proposing to update and expand **the "Any Willing Pharmacy" definition** to include the variety of business models, and prevent Part D plans from excluding certain pharmacies from Part D networks solely because their model does not fit squarely in the current definition. Wolters Kluwer Health supports the updated definition.

Thank you for the opportunity to comment. Please contact Bob Hussey at bob@bobhussey.com or (612) 281-8741 if you have questions or would like to arrange a time to discuss these issues further with Wolters Kluwer staff.