



National  
Comprehensive  
Cancer  
Network®

275 Commerce Drive, Suite 300  
Fort Washington, PA 19034  
215.690.0300  
Fax: 215.690.0280  
For Clinicians: [NCCN.org](http://NCCN.org)  
For Patients: [NCCN.org/patients](http://NCCN.org/patients)

Robert W. Carlson, MD  
Chief Executive Officer  
[carlson@nccn.org](mailto:carlson@nccn.org)

January 10, 2018

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 445-G  
200 Independence Avenue SW  
Washington, DC 20201

RE: CMS-4182-P, Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program

Dear Administrator Verma:

The National Comprehensive Cancer Network® ([NCCN®](http://NCCN.org)) is pleased to comment on the Centers for Medicare & Medicaid Services (CMS) proposal for CY 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program as they relate to NCCN's mission of improving the quality, effectiveness, and efficiency of cancer care so that patients can live better lives.

As an alliance of 27 leading academic cancer centers in the United States that treat hundreds of thousands of patients with cancer annually, NCCN is a developer of authoritative information regarding cancer prevention, screening, diagnosis, treatment, and supportive care that is widely used by clinical professionals. The NCCN Guidelines® and their derivatives help ensure access to appropriate care, clinical decision-making, and assessment of quality improvement initiatives. NCCN Guidelines are the recognized standard for clinical policy in cancer care and are the most thorough and frequently updated clinical practice guidelines available in any area of medicine.

Additionally, since 2008, CMS has recognized the NCCN Drugs & Biologics Compendium ([NCCN Compendium®](http://NCCN.org)) as a mandated reference for establishment of coverage policy and coverage decisions regarding the use of drugs and biologics in cancer care and in 2016, NCCN was recognized by CMS as a qualified provider-led entity (PLE) for the Medicare Appropriate Use Criteria (AUC) Program. Through this qualification, CMS recognizes NCCN as a group qualified to develop AUC and establish policy and decision-making for diagnostic imaging in patients with cancer. NCCN Imaging AUC™ are available free of charge to registered users of [NCCN.org](http://NCCN.org).

Fred & Pamela Buffett  
Cancer Center

Case Comprehensive Cancer  
Center/University Hospitals  
Seidman Cancer Center and  
Cleveland Clinic Taussig  
Cancer Institute

City of Hope Comprehensive  
Cancer Center

Dana-Farber/Brigham and  
Women's Cancer Center  
Massachusetts General Hospital  
Cancer Center

Duke Cancer Institute

Fox Chase Cancer Center

Huntsman Cancer Institute  
at the University of Utah

Fred Hutchinson Cancer  
Research Center/  
Seattle Cancer Care Alliance

The Sidney Kimmel  
Comprehensive Cancer  
Center at Johns Hopkins

Robert H. Lurie Comprehensive  
Cancer Center of Northwestern  
University

Mayo Clinic Cancer Center

Memorial Sloan Kettering  
Cancer Center

Moffitt Cancer Center

The Ohio State University  
Comprehensive Cancer Center -  
James Cancer Hospital and  
Solove Research Institute

Roswell Park Cancer Institute

Siteman Cancer Center  
at Barnes-Jewish Hospital  
and Washington University  
School of Medicine

St. Jude Children's  
Research Hospital/  
The University of Tennessee  
Health Science Center

Stanford Cancer Institute

University of Alabama at  
Birmingham Comprehensive  
Cancer Center

UC San Diego  
Moore's Cancer Center

UCSF Helen Diller Family  
Comprehensive Cancer Center

University of Colorado  
Cancer Center

University of Michigan  
Comprehensive Cancer Center

The University of Texas  
MD Anderson Cancer Center

University of Wisconsin  
Carbone Cancer Center

Vanderbilt-Ingram  
Cancer Center

Yale Cancer Center/  
Smilow Cancer Hospital

## **Proposal to Implement Comprehensive Addiction and Recovery Act of 2016**

**NCCN applauds CMS' proposal to include patients with cancer as an exempted beneficiary under the proposed drug management program.** There is increasing evidence in oncology that survival is linked to symptom control and that pain management contributes to broad quality-of-life improvement for patients with cancer.<sup>1</sup> The NCCN Guidelines for Adult Cancer Pain recommend prescribing patients the lowest possible dose to minimize pain and maximize functioning, while differentiating recommended prescribing between opioid-naïve and opioid-tolerant patients. Opioid-tolerant patients, including patients at end of life, may require opioid dosing that is a hundred-fold or even thousand-fold higher than dosing for an opioid-naïve patient in order to appropriately manage their pain. For these patients, opioids, which may be considered high-dose to some, are actually a therapeutic and appropriate dose. As such, NCCN believes the proposal by CMS to exempt patients with cancer from the proposed drug management program is clinically appropriate.

In the proposed rule, CMS notes that exempting beneficiaries with a cancer diagnosis would be consistent with current policy. NCCN agrees that the unique needs of patients with cancer have been recognized in previous opioid restriction policies by both private and public entities. A recent policy to restrict opioid access implemented by CVS Caremark, CVS' pharmaceutical benefit manager, creates an exemption for patients with cancer, in hospice, or palliative care. Additionally, the Center for Disease Control (CDC) recently published Guidelines for Prescribing Opioids for Chronic Pain and specifically exempted patients in active cancer treatment, palliative care, or end-of-life care from their guidelines. These policies spanning the public and private sectors set an important precedent for the exemption of patients with cancer or those receiving palliative or hospice care from policies which would otherwise create barriers to needed supportive care.

NCCN supports efforts to reduce the risk of opioid addiction while also protecting access to appropriate pain management tools for cancer patients. NCCN believes the proposal to implement the Comprehensive Addiction and Recovery Act (CARA) provisions while allowing exemptions for patients in active cancer treatment, palliative care, or end-of-life care is clinically appropriate and sound public policy.

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<sup>1</sup> National Comprehensive Cancer Network. Adult Cancer Pain Guidelines (Version 2.2017). 2017 Nov [https://www.nccn.org/professionals/physician\\_gls/pdf/pain.pdf](https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf)

NCCN appreciates the opportunity to respond to the proposed CY 2019 Policy and Technical Changes to the Medicare Advantage, Medicare Cost Plan, Medicare Fee-for-Service, the Medicare Prescription Drug Benefit Programs, and the PACE Program. If you have any questions, we would welcome the opportunity to discuss our comments further on how we may work together to ensure access to high quality, high value care for patients with cancer.

Sincerely,

A handwritten signature in blue ink, appearing to read 'R. Carlson', is positioned above the printed name.

Robert W. Carlson, MD  
Chief Executive Officer  
National Comprehensive Cancer Network  
[carlson@nccn.org](mailto:carlson@nccn.org) 215.690.0300