



Academy of
Managed Care
Pharmacy®

March 5, 2018

Demetrios Kouzoukas
Principal Deputy Administrator and Director
Center for Medicare

Jennifer Wuggazer Lazio, F.S.A., M.A.A.A.
Director, Parts C & D Actuarial Group
Office of the Actuary

Centers for Medicare and Medicaid Services
United States Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2019 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2019 Draft Call Letter [CMS-2017-0163]

Dear Director Kouzoukas and Director Lazio:

The Academy of Managed Care Pharmacy (AMCP) thanks the Department of Health and Human Services (HHS) and the Centers for Medicare and Medicaid Services (CMS) for the opportunity to provide comments in response to the notice titled “*Advance Summary of Methodological Changes for Calendar Year (CY) 2018 for Medicare Advantage (MA) Capitation Rates, Part C and Part D Payment Policies and 2018 Call Letter*” released on February 1, 2018. AMCP comments focus on the sections of the notice related to opioids.

AMCP is the nation’s leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes and ensuring the wise use of health care dollars. Through evidence- and value-based strategies and practices, the Academy’s 8,000 pharmacists, physicians, nurses and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models and government.

A. Opioids

CMS Proposal: To address the opioid epidemic, CMS proposes several new strategies for identifying potential opioid abuse including the implementation of hard formulary-level cumulative opioid safety edits at point-of-sale (POS) at the pharmacy at 90 morphine milligram-equivalent, with a 7-day supply allowance and implementation of a supply limit for initial fills of prescription opioids (e.g. 7 days) for the treatment of acute pain with or without a daily dose maximum.

AMCP Comments: AMCP supports a holistic, comprehensive, and multi-stakeholder approach among health care providers, managed care organizations, and patients to more effectively address the opioid epidemic.

AMCP is committed to resolving issues associated with the opioid epidemic and has established an Addiction Treatment Advisory Group which evaluates current gaps and barriers to addiction treatment services and recently developed initial recommendations to improve access to addiction treatment.^{1 2}

AMCP appreciates CMS's efforts to address the opioid epidemic and align the Part D Opioid Overutilization Policy with the *CDC Guideline for Prescribing Opioids for Chronic Pain*.³ However, AMCP is concerned with the stringent, rigid, and very prescriptive approach CMS is proposing. AMCP believes it is critical for plan sponsors to innovate using evidence-based approaches and identify best practices as a single approach to addressing the opioid epidemic has not been identified. AMCP recommends that CMS reconsider its proposal for hard formulary-level cumulative opioid safety edits to allow plan sponsors the opportunity to assess at-risk patients with opioid prescriptions that exceed 90 morphine milligram-equivalent to determine the best mechanism for addressing the concern and getting a patient access to the appropriate help. AMCP believes that there should be appropriate flexibility to allow plan sponsors to assess the situation and make a recommendation for the best course of treatment for a patient as simply denying a patient an opioid prescription does not provide a patient with the access to care that they need to truly address the situation and mitigate the potential for opioid overutilization.

In addition, AMCP is concerned that several of the proposals contained in the draft Call Letter appear to be inconsistent with the proposals contained in the proposed rule "*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 [CMS-4182-P]*" published in the Federal Register on November 28, 2017. AMCP seeks clarification from CMS on how the areas of conflict will be resolved and when the proposed rule might be finalized, as plan sponsors will need sufficient lead time to implement the multitude of proposed changes for CY 2019.

B. Conclusion

AMCP appreciates your consideration of the concerns outlined above and looks forward to continuing work on these issues with CMS. If you have any questions regarding AMCP's comments or would like further information, please contact me at 703-683-8416 or scantrell@amcp.org.

Sincerely,



Susan A. Cantrell, RPh, CAE
Chief Executive Officer

¹ The Role of Managed Care Pharmacy in Improving Access to Naloxone: A Viewpoint Article and Findings from the Addiction Treatment Advisory Group. Journal of Managed Care & Specialty Pharmacy. December 2016. Available at:

<http://www.jmcp.org/pbassets/Outserts/The%20Role%20of%20Managed%20Care%20Pharmacy%20%20-%20Dec%202016.pdf>

² Findings and Considerations for the Evidence-Based Use of Medications Used in the Treatment of Substance Use Disorder: A Viewpoint Article and Findings from the Addiction Treatment Advisory Group. Journal of Managed Care & Specialty Pharmacy. December 2016. Available at:

<http://www.jmcp.org/pbassets/Outserts/The%20Role%20of%20Managed%20Care%20Pharmacy%20%20-%20Dec%202016.pdf>

³ CDC Guideline for Prescribing Opioids for Chronic Pain. <http://www.cdc.gov/drugoverdose/prescribing/guideline.htm>