



National
Comprehensive
Cancer
Network®

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Robert W. Carlson, MD
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March 2, 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-2017-0163 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

Dear Administrator Verma:

The National Comprehensive Cancer Network® (NCCN®) is pleased to comment on the Centers for Medicare & Medicaid Services (CMS) 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 as it relates 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®) 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 and can be accessed at NCCN.org/ImagingAUC.

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

**Opioid Exemptions for Cancer Patients 2019 Star Ratings and Future
Measurement Concepts and Drug Utilization Review Controls in Medicare Part D**

NCCN applauds CMS' proposal to exempt patients with cancer as a tracked group in the 2019 display measures related to opioid use as well as in the Drug Utilization Review Program 90 Morphine Milligram Equivalents (MME) per day edits. 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.¹ 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. As such, NCCN believes the proposal by CMS to exempt patients with cancer from the proposed policies related to opioid use is clinically appropriate.

In the proposed rule, CMS references 2013 policy that exempted patients with cancer from the Drug Utilization Review Program and directs Part D Plan Sponsors to continue to apply exemptions for patients with cancer. NCCN applauds this proposal which is in line with clinically appropriate care outlined in NCCN Guidelines and current opioid policy exemptions for cancer patients. The unique needs of patients with cancer have been recognized in previous opiate restriction policies by both private and public entities. These policies spanning the public and private sectors set an important precedent for the exemption of patients with cancer, which would otherwise create barriers to needed supportive care.

NCCN appreciates the opportunity to respond to the 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 and look forward to working together to ensure access to high quality, high value care for patients with cancer.

Sincerely,



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¹ National Comprehensive Cancer Network. Adult Cancer Pain Guidelines (Version 2.2017). 2017 Nov https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf