

March 5, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health & Human Services
7500 Security Boulevard
Baltimore, MD 21244

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 Draft 2019 Call Letter (“Medicare Part D Draft 2019 Call Letter”).

Dear Administrator Verma:

On behalf of McKesson Corporation (“McKesson”), I am pleased to submit comments and recommendations on the Medicare Part D Draft 2019 Call Letter.

About McKesson and Health Mart

For over 180 years, McKesson has led the industry in the delivery of medicines and healthcare products. We deliver vital medicines, medical supplies, care management services and health information technology (IT) solutions that touch the lives of over 100 million patients in healthcare settings that include more than 25,000 retail pharmacies, 5,000 hospitals, 200,000 physician offices, nearly 12,000 long-term care facilities and 2,400 home care agencies.

Health Mart, an affiliate of McKesson, is America’s fastest-growing independent pharmacy franchise with more than 4,800 locally owned community pharmacies across all 50 states. Health Mart pharmacists provide personalized care and take the time to help patients understand their prescription-drug coverage, how to safely manage multiple medications, and how to take advantage of lower-cost medication options.

We offer comments and recommendations on the following sections:

- New Measures for 2019 Star Ratings: Statin Use in Persons with Diabetes (SUPD)
- Part D Enhanced Medication Therapy Management (MTM) Model
- Improving Drug Utilization Review Controls in Medicare Part D

New Measures for 2019 Star Ratings: Statin Use in Persons with Diabetes (SUPD)

CMS proposes to add the SUPD measure to the 2019 Star Ratings (based on 2017 data) with a weight of one for the first year and a weight of three for subsequent years. McKesson supports CMS’ proposal to add the SUPD measure to the 2019 Star Ratings. Pharmacists are uniquely positioned to improve patient outcomes by ensuring they properly receive a statin medication. Many pharmacies are already aware of this measure and able to track their performance, and some Direct and Indirect Remuneration (DIR)

programs already include this measure. Progress in this area will require prescriber engagement and commitment from patients.

Part D Enhanced MTM Model

McKesson supports innovative methods to enhance Medicare Part D, including the Center for Medicare and Medicaid Innovation's (CMMI's) ongoing Enhanced MTM Model pilot. As CMS considers various improvements, we strongly recommend that CMS prioritize the role of pharmacists in drug selection, as well as ongoing drug management.

Pharmacists play a critical role in healthcare delivery and are uniquely positioned to have a comprehensive view of a patient's health status. Often, they are privy to critical pieces of information that can explain why certain treatments did not adequately meet a patient's need (e.g., side effects leading to discontinuation), and more importantly, can be a critical decision maker in identifying treatment options most likely to succeed (e.g., reducing side effects due to drug-drug interactions). Pharmacists are also uniquely positioned to identify the true out-of-pocket cost burdens associated not only for a single drug, but the patient's full regimen of treatments.

As CMS considers various changes, we strongly recommend that CMS explore increased utilization of pharmacist-delivered MTM as part of the Enhanced MTM Model, and broadly speaking, test and advance policies that allow pharmacists and other clinicians to be reimbursed for MTM and other services, including opioid care management.

Improving Drug Utilization Review Controls in Medicare Part D

The Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain (CDC Guideline) recommends that clinicians prescribe a three-day or less (and rarely more than seven-day) limit for opioids used for acute pain. We believe broader adherence to the CDC Guideline will contribute to reduced abuse and misuse while also constraining the availability of excess, unused painkillers that could be diverted. Many states have instituted prescribing limits that reflect CDC's clinical best practice guidelines. We recommend that CMS finalize the proposed policy to establish a seven-day supply limit for initial prescriptions for acute pain, with proper exemptions for patients undergoing care for chronic conditions, cancer treatment, palliative care, or end-of-life care.

Conclusion

McKesson appreciates the opportunity to comment on the Medicare Part D Draft 2019 Call Letter. We hope our comments and recommendations contribute to meaningful improvements to the Medicare program. We look forward to continuing our partnership with CMS and working with the Administration to promote a robust, patient-centered healthcare ecosystem that works for patients. If you have questions or need further information, please contact Matt Shiraki, Director of Public Policy, at (415) 866-8654 or Matt.Shiraki@McKesson.com.

Sincerely,



Pete Slone