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March 5, 2018

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

Subject: 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 American Association of Neurological Surgeons (AANS) and Congress of Neurological Surgeons (CNS) appreciate the opportunity to review the opioid prescribing provisions of the above-referenced Medicare CY 2019 MA and Part D Advance Notice and Draft Call Letter. We share the agency's interest in finding effective proposals to help address the opioid overuse and abuse problem in America.

One of the concerns raised in the Draft Call Letter is the notion of multiple prescribers providing opioid prescriptions for a single patient. We support the tracking of this phenomenon where possible but wish to explain a circumstance that arises in the treatment of our patients for which this scenario is medically-necessary. Typically, chronic pain patients obtain their maintenance opioid prescriptions from either a pain physician or primary care prescriber. When patients undergo surgery, however, they receive a short-term opioid prescription from their surgeon for their postoperative pain, which is distinctly different than the chronic pain for which they are being treated with maintenance opioids. While one could argue that the postoperative pain medication could be provided by the pain or primary care prescriber, only the surgeon has sufficient knowledge of the invasiveness of the surgical procedure to assess the postoperative pain medication requirements accurately. It would be unduly burdensome to both patients and prescribers if providing a crucial opioid prescription for acute postoperative pain triggers an alert and subsequent denial of either the postoperative or chronic maintenance opioid prescription. There should be a system in place to allow for the immediate approval of postoperative opioid prescriptions as needed at the time of dispensing.

Similarly, we have concerns with the 90 morphine milligram equivalent (MME) limit to opioid prescribing during the acute postoperative period. Consider the chronic pain patient whose daily opioid maintenance therapy approaches the 90 MME daily limit, which then undergoes a surgical procedure. Since the patient's baseline opioid maintenance therapy treats the baseline pain condition, and not the acute postoperative pain, they will need additional opioids to treat the postoperative pain. If this new opioid prescription pushes them over the 90 MME daily limit, our concern is that this will trigger an alert at the time of dispensing that could deny the provision of the medically-necessary postoperative pain medication or even their baseline opioid maintenance medications. There should be a system in place to allow for the immediate approval of postoperative opioid prescriptions as needed at the time of dispensing.

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We wish to reaffirm our desire to provide our patients with sufficient postoperative pain medication after complex neurosurgical procedures. The pain experienced after long-segment spinal fusions and head injuries with concurrent polytrauma can cause significant pain that requires far more than seven days of opioid treatment. Forcing such patients to interrupt their recuperation and visit their surgeon in person to obtain medically-necessary postoperative pain medication is not just burdensome, it may be physically impossible given the condition of the patient. Thus, the provision of postoperative opioids should not be subject to the seven-day prescribing limit as for other acute pain conditions, but instead be subject to the 30-day limit as for chronic pain prescriptions.

The opioid crisis is upon us with enormous impact, and America's neurosurgeons greatly appreciate the opportunity to work with CMS and stand ready to partner with others stakeholders to curb the opioid crisis while preserving patient access to medically-necessary opioids.

Thank you for considering our comments.

Sincerely,

Alex B. Valadka, MD, President
American Association of Neurological Surgeons

Ashwini D. Sharan, MD, President
Congress of Neurological Surgeons

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