National Comprehensive Cancer Network®

March 2, 2018

The Honorable Seema Verma Administrator

275 Commerce Drive, Suite 300 Fort Washington, PA 19034 215.690.0300

Fax: 215.690.0280

For Clinicia ns: NCCN.o rg

For Patients: NCCN.org/1x1tients

Rober t W. C'lrlson, MD *Chief Ext'cutive Officer* ca [rlson@nccn.org](mailto:rlson@nccn.org)

Fred & Pamela Buffett Cancer Center

Case Comprehensive Cancer Center/University Hospitals Seidman Cancer Center and Clevela nd 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 Institut e

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 Com pendium ®) 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 C1iteria (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.

Fox Chase Cancer Center

Huntsman Cancer Institute at the University of Utah

Fred H utchinson 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 Kett ering Cancer Center

Moffitt Cancer Center The Ohio State University

Comp rehensive Cancer Center - James Cancer Hospit al and Solove Research Institute

Roswell Park Cancer Institute Siteman Cancer Center

at Barnes-Jewish Hospital

and Washing ton University School of Medicine

St. Jude Children's Resea rch Hospital/

The University o f Tennessee Health Science Center

Stanford Cancer Institute

University of Alabama at Birmingham Comprehensive Cancer Center

UC San Diego

Moores Cancer Center

UCSF Helen DIiier Family Comp rehensive Cancer Center

University of Co lorad o Cancer Center

University of Mic hi gan

Co mpr eh ensive Cancer Center

The University of Texas

MD Anderson Cancer Center

University of Wisconsin Carbo ne Cancer Center

Vanderbilt -Ingram Cancer Cent er

Yale Cancer Center / Smilow Cancer Hospi tal

**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-na'ive 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 c01mnents further and look forward to working together to ensure access to high quality, high value care for patients with cancer.

Sincerely,



Robert W. Carlson, MD Chief Executive Officer

National Comprehensive Cancer Network [carlson@nccn.org](mailto:carlson@nccn.org) 215.690.0300

1 National Comprehensive Cancer Netw o rk. Adult Cancer Pain Guidelines (Ve rsion 2.2017). 2017 Nov htt ps:/ / www .nccn.org/ profess ionals/ physician\_gls/ pdf/ pain .pdf

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