December 12, 2024

Vanessa Duran
Director, Medicare Drug Benefit and C & D Data Group
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Ms. Duran:

We are writing to underscore the importance of the Centers for Medicare & Medicaid Services (CMS) taking action to protect Medicare beneficiaries' access to needed therapies as reforms to the Part D program take effect for the upcoming Calendar Year (CY) 2025 and future plan years. The undersigned organizations remain concerned that absent further action by CMS, the forthcoming changes could have unintended consequences for the patients we represent.

As the Part D benefit design changes are implemented, plans will see a significant increase in their liability for drug expenditures in the catastrophic phase of coverage. Plans will now be responsible for 60% of costs in the catastrophic phase beginning next year, up from 15% in 2023. The higher level of cost sharing for prescription drug plan (PDP) creates incentives for plans to expand their use of utilization management (UM) tools such as step therapy, prior authorizations, refill limits, and changes in formularies. While these tools are intended to limit expenditures, the increased use of UM threatens to restrict patient access to therapies and increase out-of-pocket costs for beneficiaries. Step therapy, for example, requires a patient to "fail first" on a less expensive treatment before being allowed to proceed to higher-cost therapies. Unfortunately, step therapy can lead to decreased access to the most appropriate therapies for a patient's medical needs, as well as delays in care that can lead to worse health outcomes and disease progression as an individual works through the "steps." Moreover, step therapy protocols may differ from clinical quidelines and decisions made between patients and their doctors. However, step therapy is but one example of a UM tool that may be utilized even more by plans going forward as the Part D benefit redesign goes into effect.

We appreciate that CMS has indicated it will monitor changes in formulary design and acknowledged that plans, for most classes, may implement tools such as step therapy, prior authorization, and drug quantity limits; however, we believe more action is needed to protect beneficiaries' access to medically necessary therapies in 2025 and beyond. We urge the agency to take additional steps to support patients by increasing the transparency regarding the use of UM by PDPs, enhancing efforts to educate beneficiaries

about potential changes to their plans related to UM, and providing additional details about what actions CMS is taking to ensure there is no inappropriate UM activity.

Thank you for your attention to this important issue; we look forward to working with CMS to support the Part D program and safeguard beneficiaries' access to care.

Sincerely,

Alliance for Aging Research Alliance for Patient Access Alpha-1 Foundation ALS Association

American Association on Health and Disability American Society of Consultant Pharmacists

Barth Syndrome Foundation

Cancer Support Community

CaringKind, the Heart of Alzheimer's Caregiving

CLL Society

Color of Gastrointestinal Illnesses

COPD Foundation

Crohn's & Colitis Foundation

Diabetes Leadership Council

Diabetes Patient Advocacy Coalition

EveryLife Foundation for Rare Diseases

FORCE: Facing Our Risk of Cancer Empowered

Genetic Alliance Haystack Project HealthyWomen

HIV+Hepatitis Policy Institute

International Pemphigus & Pemphigoid Foundation

Lakeshore Foundation

Lupus and Allied Diseases Association, Inc.

National Association For Continence

National Eczema Association

National Organization for Rare Disorders

National Patient Advocate Foundation

Neuropathy Action Foundation (NAF)

Nevada Chronic Care Collaborative

PAN Foundation

Partnership to Fight Chronic Disease

Prevent Blindness

Second Wind Dreams

StopAfib.org Triage Cancer TSC Alliance

cc: Cheri Rice, Deputy Director, Center for Medicare