



November 4, 2022

Submitted electronically via https://cms.gov.secure.force.com/forms/request_info_make_your_voice_heard

Re: *Make Your Voice Heard* Request for Information

Accessing healthcare and related challenges

The Academy of Managed Care Pharmacy (AMCP) thanks the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide comments in response to the *Make Your Voice Heard* Request for Information.

AMCP is the nation's leading professional association dedicated to increasing patient access to affordable medicines, improving health outcomes, and ensuring the wise use of healthcare dollars. Through evidence and value-based strategies and practices, AMCP's nearly 8,000 pharmacists, physicians, nurses, and other practitioners manage medication therapies for the 270 million Americans served by health plans, pharmacy benefit management firms, emerging care models, and government health programs.

Because of AMCP's focus on managed care pharmacy, it is uniquely situated to offer insights into challenges related to access to medication.

A predominant barrier to access to medications is cost.¹ The rising list prices of prescription drugs is a serious challenge in the American health system. Prescription drug list prices have increased twice as fast as all other goods and services since 2014,² while median prices for new drugs rose from \$2,115 in 2008 to more than \$180,000 in 2021.³

In addition to the high list prices, certain populations may face barriers in the form of cost-sharing. Chronic diseases such as heart disease, cancer, chronic lung disease, stroke, Alzheimer's disease, diabetes, and chronic kidney disease account for 90% of the nation's \$4.1 trillion annual health care costs.^{4,5} The most frequent high-cost claims for medications for chronic disease are typically indicated for diseases that disproportionately affect people of color.⁶

1. "AMCP Partnership Forum: Racial health disparities—a closer look at benefit design," *J Manag Care Spec Pharm*. 2022;28(1):125-31. January 2022. Available at: <https://www.jmcp.org/doi/pdf/10.18553/jmcp.2021.21217>.

2 Li D. List Price Increases for Medications Lead to Higher Costs for Consumers. *Good Rx Health*. December 21, 2020. Available at: <https://www.goodrx.com/healthcare-access/drug-cost-and-savings/drug-list-price-increases-lead-to-higher-consumer-costs>

3 Rome BN, Egilman AC, Kesselheim AS. Trends in Prescription Drug Launch Prices, 2008-2021. *JAMA*. 2022;327(21):2145–2147. Available at: <https://pubmed.ncbi.nlm.nih.gov/35670795/>

4. Talley, T. "Pharmaco-equity: A New Opportunity for Managed Care Pharmacy." March 1, 2022. Available at: <https://www.amcp.org/Resource-Center/blog/pharmaco-equity-new-opportunity-managed-care-pharmacy>.

5. Chronic Diseases in America. Accessed on October 25, 2022. <https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm>

6. Kogut, S.J. "Racial disparities in medication use: imperatives for managed care pharmacy," J Manag Care Spec Pharm, 2020 Nov;26(11):1468-1474. November 2020. Available at: <https://doi.org/10.18553/jmcp.2020.26.11.1468>.

Accessing healthcare and related challenges - Recommendations:

AMCP encourages CMS to continue to focus on education and training for all stakeholders on topics such as equity-related terminology, systemic racism, implicit bias, and cultural competency. The greater the awareness of these issues, the greater the progress that can be made toward more equitable access to health care.

AMCP opposes increased government regulation of prescription drug prices because that would counteract an MCO's ability to design an evidence-based, clinically sound, and cost-effective benefit. Regulated prices can cause cost-shifting to other consumers and may inadvertently discourage appropriate drug prescribing, dispensing, and utilization.

AMCP encourages CMS to promote competition by removing barriers to entry for generic and biosimilar products. One analysis by RAND Corporation found that wider adoption of biosimilars could reduce total US spending on biologic drugs by up to \$124 billion by 2025.¹ In therapeutic classes with multiple acceptable treatment alternatives, MCOs are also able to use formulary placement to move market share, giving the MCO leverage when negotiating price discounts with manufacturers.

AMCP recognizes that patient's cost-sharing may be a source of health disparities, for example where certain populations may be disproportionately affected by certain disease states and therefore subject to greater out-of-pocket costs. For this reason, AMCP urges CMS to consider strategies to encourage more equitable benefit design in CMS' programs.^{2,3} Strategies to consider include:

- Variable cost-sharing, such as sliding scale premiums based on income.
- Reduced cost-sharing models for disease states where minority or other at-risk populations are disproportionately affected.
- Reduced cost-sharing for essential medications.

1. Mulcahy A. Biosimilar Drugs Could Generate \$38.4 Billion in Savings over Five Years. Rand Corporation. January 10, 2022. Available at: <https://www.rand.org/news/press/2022/01/10.html>

2. "AMCP Partnership Forum: Racial health disparities—a closer look at benefit design," J Manag Care Spec Pharm. 2022;28(1):125-31. Available at: <https://www.jmcp.org/doi/pdf/10.18553/jmcp.2021.21217>.

3. Talley, T. "Pharmaco-equity: A New Opportunity for Managed Care Pharmacy." March 1, 2022. Available at: <https://www.amcp.org/Resource-Center/blog/pharmaco-equity-new-opportunity-managed-care-pharmacy>.

Advancing health equity - Recommendations

Data Collection. AMCP believes that expanding the collection, reporting, and analysis of standardized data will help to identify health disparities and gaps in access to care. CMS should adopt policies that incentivize the collection of health equity data and expand the use of data collection tools within all of CMS programs. Gathering data is central to identifying gaps in access to care and analyzing the causes of such gaps. However, current data collection efforts are incomplete, raising concerns about accurately identifying and measuring disparities in care.¹

Greater use of "z-codes," a set of ICD-10 diagnosis codes related to SDOH, should also be incentivized. Further, CMS should define a consistent set of data elements to ensure that stakeholders are collecting the same type of data. CMS should also encourage the sharing of health equity data among social service agencies, health plans, and community-based providers to allow for more accurate identification and management of disparities.

Formulary Development. Formulary development is another area where health equity should be explored to ensure that gaps in access to prescription drugs are addressed. A pharmacy and therapeutics committee (P&T committee) is responsible for developing, managing, updating, and administering a health plan's formulary. The P&T committee also designs and implements formulary system policies on utilization and access to medications. It is important to recognize that biases may be unintentionally built into current algorithms and artificial intelligence platforms.² AMCP recommends that CMS consider policies to address health disparities within the formulary process, including incentivizing:

- incorporation of robust diversity data into drug monograph tools used in formulary development;
- annual equity training for P&T committee members;
- committee representation by a member with expertise in equity;
- subcommittee to evaluate equity in the formulary decision process; and
- reduced cost-sharing models for disease states where minority or other at-risk populations are disproportionately affected.

AMCP appreciates your consideration of the concerns outlined above and looks forward to continuing work on these issues with CMS. If you have any questions regarding AMCP's comments or would like further information, please contact Geni Tunstall at etunstall@amcp.org or (703) 705-9358.

¹ NCQA Issue Brief, "Health Equity and Social Determinants of Health in HEDIS: Data for Measurement," June 2021. https://www.ncqa.org/wp-content/uploads/2021/06/20210622_NCQA_Health_Equity_Social_Determinants_of_Health_in_HEDIS.pdf.

2. "AMCP Partnership Forum: Racial health disparities—a closer look at benefit design," J Manag Care Spec Pharm. 2022;28(1):125-31. Available at: <https://www.jmcp.org/doi/pdf/10.18553/jmcp.2021.21217>.