



January 31, 2023

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013

Submitted electronically via regulations.gov

Re: Essential Health Benefits Request for Information, CMS-9898-NC

Dear Administrator Brooks-LaSure:

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 Essential Health Benefits ("EHB") request for information CMS-9898-NC, published in the Federal Register on December 2, 2022.

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.

Coverage of Prescription Drugs as EHB

AMCP encourages CMS not to switch to an alternative prescription drug classification standard, such as the USP DC or others, for defining EHB prescription drug categories. CMS' reasoning for initially adopting the USP Model Guidelines Version 5.0 ("USP Guidelines")¹ remains just as valid as ever – issuers and pharmacy benefit managers ("PBMs") alike are not only familiar with the USP Guidelines but now have their EHB designed around them. AMCP is concerned primarily about the potential administrative burden and challenges of switching drug classification systems. Issuers would need to undertake potentially significant IT work and expense to remap their data warehouses to include the new drug categories.

¹ "We chose the current version USP Model Guidelines (version 5) because it is publicly available and many pharmacy benefit managers are familiar with it." 78 FR 12833, 12845-12846.

More importantly, changing to a new classification standard could have negative consequences for patients. Issuers could be required to cover drugs with weak or poor evidence of clinical benefit where other drugs are clinically superior. Issuers could be required to cover high-cost drugs with low clinical value, increasing the total cost of care and potentially increasing premiums for members.

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.

Sincerely,

A handwritten signature in cursive script, appearing to read "S. Cantrell".

Susan A. Cantrell, MHL, RPh, CAE
Chief Executive Officer