February 22, 2019

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201


Dear Administrator Verma:

The National Comprehensive Cancer Network® (NCCN®) is pleased to comment on the Centers for Medicare & Medicaid Services (CMS) 2020 Medicare Advantage and Part D Advance Notice Part II and Draft Call Letter as it relates to NCCN’s mission of improving and facilitating, quality, effective, efficient, and accessible cancer care.

NCCN supports CMS’ efforts to address inappropriate opioid use through the allowance of non-opioid pain management strategies as supplemental services within Medicare Advantage. NCCN also thanks CMS for the exemption of patients with cancer from opioid over-utilizers policies but has concerns about how these policies may accommodate cancer survivors with long-term and late effects of treatment.

As an alliance of 28 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 and payers alike. The NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) are a comprehensive set of guidelines detailing the sequential management decisions and interventions that currently apply to 97 percent of cancers affecting patients in the United States.

NCCN Guidelines® and Library of Compendia products help ensure access to appropriate care, clinical decision-making, and assessment of quality improvement initiatives. Since 2008, CMS has recognized the NCCN Drugs & Biologies Compendium (NCCN Compendium®) as a mandated reference for establishment of coverage policy and coverage decisions regarding the use of drugs and biologics in
cancer care. Additional resources include the NCCN Chemotherapy Order Templates (NCCN Templates®) that outline chemotherapy, immunotherapy, supportive care agents, monitoring parameters, and safety instructions based directly on recommendations within the NCCN Guidelines. NCCN continues to expand its library of chemotherapy order templates, as well as collaborate with health information technology (HIT) vendors to incorporate the templates into Electronic Health Record (EHR) as standard cancer treatment protocols for use at the point of care.

In 2016, NCCN was recognized by CMS as a qualified provider-led entity (PLE) for the Medicare Appropriate Use Criteria (AUC) Program. Through this qualification, CMS recognized NCCN as a group qualified to develop AUC and establish policy and decision-making for diagnostic imaging in patients with cancer. NCCN Imaging Appropriate Use Criteria (NCCN Imaging AUC™) are available free of charge to registered users of NCCN.org and can be accessed at NCCN.org/ImagingAUC.

The NCCN Guidelines are transparent, continuously updated, available free of charge online for non-commercial use and through a multitude of HIT vendors, and NCCN Guidelines and Library of Compendia products are utilized by commercial payers that represent more than 85 percent of covered lives in the United States. NCCN works with HIT vendors through permissions and licensing arrangements to utilize the NCCN Guidelines and the NCCN Compendium® when making decisions that impact patient access to appropriate therapy, including eviCore and CVS Health NovoLogix. NCCN is grateful for the opportunity to provide comment on the proposed rule and will focus our comments on provisions that will have the most immediate impact on patient access to evidence-based, high-quality care.

Opioid Provisions
NCCN supports CMS’ proposal to exempt persons with cancer as a tracked group in the 2020 Use of Opioids from Multiple Providers and/or at High Dosage (Part D) display measures. Additionally, NCCN applauds CMS’s proposal to direct Part D Sponsors to continue exempting beneficiaries being treated for active cancer-related pain from the Medicare Part D Opioid Overutilization Policy. 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-naïve 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.

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In addition to consideration of the pain management needs of patients in active cancer treatment, NCCN urges CMS to consider the pain management needs of cancer survivors who are still living with long-term and late term effects of cancer treatment. NCCN has heard from clinical professionals and patient advocates that cancer survivors are frequently left out of exemptions from these policies and, as a result, access to appropriate pain management tools, including opioids, is a common challenge among this population. As such, NCCN encourages CMS to work with Medicare Part D Sponsors to identify cancer survivors as an additional vulnerable patient population for consideration of exclusion from these policies.

CMS also encourages MA organizations to consider Part C benefit designs for supplemental benefits that address medically-approved non-opioid pain management and complementary and integrative treatments. The NCCN Guidelines for Adult Cancer Pain and the NCCN Guidelines for Survivorship endorse the appropriate use of non-pharmacologic therapy and non-opioid pharmacologic therapy. NCCN applauds CMS for working to reduce systemic barriers to non-opioid pain management strategies.

NCCN appreciates the opportunity to respond to the CMS 2020 Medicare Advantage and Part D Advance Notice Part II and Draft Call Letter. We welcome the opportunity to discuss our comments further and look forward to working together to ensure Medicare beneficiaries have timely access to high-quality cancer care.

Sincerely,

[Signature]

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