January 27, 2025

Jeff Wu
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd
Baltimore, MD 212441

Submitted via https://www.regulations.gov/

RE: Medicare and Medicaid Programs; Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly

Dear Acting Administrator Wu,

The MAPRx Coalition (MAPRx) appreciates the opportunity to provide the Centers for Medicare & Medicaid Services (CMS) with comments regarding the agency's proposed rule for contract year (CY) 2026 policy and technical changes to Medicare Advantage (MA) and Part D that was published December 10, 2024.[1]

Our group, MAPRx, is a national coalition of beneficiary, caregiver, and healthcare professional organizations committed to improving access to prescription medications and safeguarding the well-being of Medicare beneficiaries with chronic diseases and disabilities.

We appreciate the opportunity to comment on specific provisions in the CY 2026 policy and technical changes to MA and Part D, including the following below.

1. **Permit coverage under Part D and Medicaid of anti-obesity medications (AOMs) to treat obesity for select indications**
2. **Require Part D sponsors, PBMs, or other entities acting on behalf of Part D plans to allow pharmacies to terminate their network contracts without cause after the same notice period the sponsor is allowed**
3. **Clarify that plan formularies must provide beneficiaries with broad access to generics, biosimilars, and other lower-cost drugs**
4. **Institute an automatic election renewal process that extends a Part D enrollee's participation in the Medicare Prescription Payment Plan program for the next calendar year, unless the enrollee opts out**

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[1] CMS. Contract Year 2026 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly. December 10, 2024. Accessed December 19, 2024. https://www.federalregister.gov/d/2024-27939

5. **For Medicare Therapy Management programs, expand "Alzheimer's disease" on the list of core chronic diseases to include other dementias**
6. **Codify the requirements related to $0 cost-sharing for adult vaccines recommended by ACIP under Part D for 2026 and subsequent years**
7. **Require MA organizations to make provider directory data available to CMS to populate Medicare Plan Finder**

Please find our specific comments below.

Coverage of AOMs under Part D for select indications

MAPRx strongly supports this proposal to permit coverage of AOMs to treat obesity for appropriate indications. Our coalition is a strong proponent of this policy, given how obesity can have incredibly adverse impacts on the overall health of and exacerbate other diseases. In addition, AOMs are a critical component of the clinical standard of care. With obesity rates tripling over the past 50 years, obesity has become an epidemic in the United States.[2] Importantly for the Medicare population, obesity is a risk factor for number of other chronic diseases including diabetes, hypertension, cardiovascular disease, Alzheimer's disease and related dementias, osteoarthritis, and several cancers.[3] Finally, patients enrolled in other forms of insurance such as other federal health programs and the employer market generally have access to these products, and it is past time for Medicare Part D to align with the broader healthcare market. To that end, MAPRx strongly supports CMS' proposal and urges the agency to finalize the proposal in the final rule. We encourage the agency to thoughtfully review MAPRx's companion comment letter specifically focused on this provision.

Termination of pharmacy contracts with CMS

Under the proposed rule, Part D sponsors, PBMs, or other entities acting on behalf of Part D plans must allow pharmacies to terminate their network contracts without cause after the same notice period the sponsor is allowed. MAPRx supports this proposal to ensure pharmacies have the same exit strategies from contracts as Part D sponsors, PBMs, and similar entities. The proposed protections would help prevent pharmacies from entering contracts with counterparties possessing financial and organizational scale benefits disadvantaging pharmacies. Such onerous network contracts may lead to financial adversity for pharmacies which provide an important access point for Medicare beneficiaries and have seen their ranks dwindle in recent years.

Ultimately, placing pharmacies on a more equal footing with plans and PBMs may better financially bolster pharmacies, thus ensuring beneficiaries have a wide array of options to obtain their prescription drugs.

Broad access to generics, biosimilars, and other lower-cost drugs

In the proposed rule, CMS clarified that Part D plan formularies must provide beneficiaries with broad access to generics, biosimilars, and other lower-cost drugs. MAPRx supports this

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[2] Fryar CD, Carroll MD, Afful J. Prevalence of overweight, obesity, and severe obesity among adults aged 20 and over: United States, 1960–1962 through 2017–2018. NCHS Health E-Stats. Updated January 29, 2021. Accessed December 20, 2024. https://www.cdc.gov/nchs/data/hestat/obesity-adult-17-18/obesity-adult.htm

[3] Hruby A, Hu FB. The Epidemiology of Obesity: A Big Picture. *Pharmacoeconomics*. 2015;33(7):673-89. Accessed December 20, 2024. doi:10.1007/s40273-014-0243-x

proposal, as it would help to ensure patients have access to low-cost medications, a core priority of our coalition. We appreciate CMS' continued focus on this issue, especially given the proliferation of Part D plans placing select generics on non-preferred tiers requiring high coinsurance rates in recent years.[4] These arrangements disadvantage patients and reward plans and PBMs by placing higher-cost medications on their formularies when lower-cost versions are available.

Part D plan and PBM exclusions of the lowest-cost drugs on their formularies could also result in downstream negative impacts to providers and their staff, who must expend valuable time interacting with payers to try to secure lower-cost drugs for their patients. Excluding lowest-cost drugs on formularies also increases costs to the Medicare program. We appreciate CMS clarification on this access challenge facing the Medicare population.

However, this policy could also cause additional access challenges for some Medicare beneficiaries. While the use of generics and biosimilars can be beneficial in improving care and lowering costs for many Medicare beneficiaries, MAPRx also asks CMS to recognize that some beneficiaries cannot easily switch to a generic without worsening their condition. For example, people with epilepsy often cannot change their medication, even from a brand to a generic, without causing uncontrolled seizures. MAPRx asks CMS to ensure that plans have a fast and easy process in place for clinicians to request a formulary exception that enables their patients to stay on the brand name medication when recommended.

Automatic election renewal in the Medicare Prescription Payment Plan (MPPP) program

CMS is proposing an automatic election renewal process that extends a Part D enrollee's participation in the Medicare Prescription Payment Plan (MPPP) program for the next calendar year, unless the enrollee opts out. MAPRx strongly supports this proposal. Over the past ten years, our coalition has advocated for the enactment and implementation of a true out-of-pocket (OOP) cap and an approach where beneficiaries could spread out their OOP costs throughout the year. To that end, our coalition was a strong proponent of the MPPP within the Inflation Reduction Act (IRA) in 2022. While the MPPP is a terrific improvement to the Part D program by helping beneficiaries manage their out-of-pocket costs it is essential for CMS to continually review the program's performance, so it works well for beneficiaries.

Allowing beneficiaries to automatically renew participation in MPPP removes a hurdle they would have to take every open enrollment period (assuming they remain in the same plan). Without this automatic renewal, beneficiaries will have the additional step of opting-in again, which could minimize the benefits of MPPP participation at the beginning of a new plan year. Furthermore, this policy will especially help beneficiaries with chronic diseases, who may need assistance accessing high-cost medications in January of a new plan year. Since beneficiaries can disenroll from the MPPP program at any time, there is little downside to this proposed change.

We appreciate CMS' proposal to enhance this specific aspect of the MPPP. As stated, we believe this program is critically important to beneficiaries minimizing OOP cost burdens in Part

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[4] Cubanski J, Damico A. Medicare Part D in 2024: A First Look at Prescription Drug Plan Availability, Premiums, and Cost Sharing. Kaiser Family Foundation. November 8, 2023. Accessed December 20, 2024. https://www.kff.org/medicare/issue-brief/medicare-part-d-in-2024-a-first-look-at-prescription-drug-plan-availability-premiums-and-cost-sharing/

D. As such, we believe it will be important for the agency to continue partnering with patient organizations to gauge the impact of and explore enhancements to the MPPP. While not specifically addressed in this proposed rule, we support the following enhancements to the MPPP program:

- Offer a point-of-sale enrollment option for MPPP and conduct targeted beneficiary outreach via pharmacies at the point-of-sale
- Enhance options to enroll into the program (e.g., enrollment option via the Medicare Plan Finder)
- Enhance the agency's education and outreach on MPPP for 2026, including strengthening plan requirements around beneficiary outreach
- Release data on MPPP participation and modify the Part D plan deadline for MPPP reporting to occur on a more regular basis (e.g., quarterly) rather than simply the quarter following a given plan year (as outlined in the final Part D reporting requirements HPMS memo released on December 5, 2024)

We also request that CMS take into consideration the unique needs of long-term care pharmacies and the beneficiaries they serve.

Expansion of "Alzheimer's disease" list of core chronic diseases within the Medicare Therapy Management (MTM) program

CMS is proposing to expand "Alzheimer's disease" to include other dementias within the MTM program. MAPRx supports this proposal, as it may facilitate greater adherence to medications that treat dementia, and not merely those indicated specifically for Alzheimer's disease. The science of treating Alzheimer's disease, dementia, and other major neurocognitive disorders is advancing rapidly, so we applaud CMS for removing potential hurdles for affected beneficiaries to maintain adherence to critical medications. CMS should also consider a more inclusive expansion by adding the term "neurodegenerative diseases," which is inclusive of dementias, like Alzheimer's disease, as well as other conditions that can drive polypharmacy. MAPRx asks CMS to undertake an educational and outreach initiative to let Medicare beneficiaries, their health care providers, and their family members know about this program.

Clarification of $0 cost sharing for Part D vaccines

Under this rule, CMS proposes to codify the requirements related to $0 cost-sharing for adult vaccines recommended by ACIP under Part D for 2026 and subsequent years, as enacted under the IRA. MAPRx supports the codification of this provision within the IRA. When Congress considered passage of the IRA in 2022, we strongly supported this provision as we believed it would facilitate adherence with ACIP's recommendations and improve public health among the Part D population.

Medicare Advantage provider directories

CMS is proposing to require MA organizations to make provider directory data available to CMS so the agency can populate plan-specific information on the Medicare Plan Finder tool. While MAPRx focuses on Part D issues, we support this proposal that will ensure prospective enrollees can determine if their providers are in-network with prospective Medicare Advantage plans. This proposal will help prospective plan enrollees to make more informed decisions about which MA plan best meets their healthcare needs.

Conclusion

Thank you for your consideration of comments on the CY 2026 proposed rule. The undersigned members of MAPRx appreciate your leadership to improve beneficiaries' access and affordability in Medicare Part D. For questions related to MAPRx or the above comments, please contact Bonnie Hogue Duffy, Convener, MAPRx Coalition, at (202) 540-1070 or bduffy@nvgllc.com.

Sincerely,

AiArthritis
Allergy & Asthma Network
Alliance for Aging Research
Alliance for Patient Access
American Association on Health and Disability
American Kidney Fund
American Society of Consultant Pharmacists
Arthritis Foundation
Eosinophilic and Rare Diseases Cooperative
GO2 for Lung Cancer
HealthyWomen
Lakeshore Foundation
LUNGevity Foundation
Lupus and Allied Diseases Association, Inc.
Lupus Foundation of America
Mental Health America
National Council for Mental Wellbeing
National Eczema Association
National Health Council
National Kidney Foundation
National Multiple Sclerosis Society
The AIDS Institute
Triage Cancer