



March 27, 2020

Seema Verma
Administrator, Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: Docket No. CMS-4190-P, 0938-AT97, Medicare and Medicaid Programs; Contract Year 2021 and 2022 Policy and Technical Changes to the Medicare Advantage Program, Medicare Prescription Drug Benefit Program, Medicaid Program, Medicare Cost Plan Program, and Programs of All-Inclusive Care for the Elderly

Dear Administrator Verma:

On behalf of the Asthma and Allergy Foundation of America (AAFA), I am pleased to comment on the notice of proposed rulemaking cited above. AAFA is the leading patient organization advocating for people with asthma and allergies, and the oldest asthma and allergy patient group in the world. We are writing to express our support of CMS's proposal to allow Medicare Part D plans to create a preferred specialty tier with lower cost sharing, with robust oversight to ensure that this option promotes lower costs and beneficiary access.

Overall, AAFA has grown increasingly concerned with access to affordable medications among Medicare enrollees and more broadly. People with food allergies face large and growing costs for epinephrine auto-injectors (EAIs).¹ Often, people with asthma cannot access key drugs due to financial barriers. In AAFA's study of 804 adults with asthma, only one in four respondents always used their asthma treatments as prescribed, and the top three reported reasons for not using treatments were related to cost.² High out-of-pocket cost burdens threaten medication adherence and health and exacerbate health disparities.

Within the Medicare program, far too often, generic drugs are only added to Part D formularies after a delay. When they are covered, they are increasingly placed on non-generic tiers with higher cost sharing. These practices limit beneficiary access, in turn jeopardizing health. We've heard reports from our patient community that generic access to Advair, a prescription drug for asthma, is not always available and does not always translate into the individual savings that the generic's lower cost should.

We recognize that certain higher-cost generics might not be placed on the lowest formulary tiers. However, permitting plans to add a second specialty tier, and requiring lower cost sharing on that tier than on the "top" specialty tier, could provide access to specialty generics and biosimilars

¹ Pepper et al., "The High Cost of Epinephrine Autoinjectors and Possible Alternatives." *J Allergy Clin Immunol Pract.* 2017 May - Jun;5(3):665-668.

² Asthma and Allergy Foundation of America, "My Life With Asthma: Survey Overview (2017). 14.



with a lower cost sharing burden. For those in our asthma and allergy community dependent on Advair or other high cost drugs with generic or biosimilar alternatives, this approach could lead to savings, better adherence, and better health.

While we are optimistic about this proposal, it remains to be seen how plans would implement it, or what effects would result. We urge CMS to develop plans to monitor the uptake and implementation of the second specialty tier option among plans, and to carefully assess the effects on patient costs and access. If unintended negative consequences are observed, the policy should be modified or reversed.

AAFA does believe that additional steps are crucial – including requiring Part D plans to automatically cover generics and biosimilars upon launch. However, we support the current proposal – with strong monitoring – as one potential step toward lowering financial barriers to drugs for asthma and allergy patients.

Thank you for providing us with the opportunity to share the perspective of the asthma and allergy community. Should you have any questions, please contact me at 202-974-1231 or kmendez@aafa.org.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Kenneth Mendez', with a stylized flourish at the end.

Kenneth Mendez
President and Chief Executive Officer
Asthma and Allergy Foundation of America