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**2024**

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CMS Deputy Administrator and Director of the Center for Medicare  
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Re: Medicare Prescription Payment Plan: Draft Part Two Guidance on Select Topics,  
Implementation

Dear Deputy Administrator Seshamani:

The American Society of Hematology (ASH) appreciates the opportunity to submit comments pertaining to the Centers for Medicare & Medicaid Services' (CMS) draft part two guidance for the Medicare Prescription Payment Plan. ASH has a longstanding commitment to improving the accessibility and affordability of high-quality, clinically appropriate care, including innovative drug and gene therapies. The Society supports this program's aim to improve health care accessibility and affordability by offering enrollees the option to pay for their out-of-pocket drug costs over the year instead of paying high costs upfront at the pharmacy.

ASH represents more than 18,000 clinicians and scientists worldwide committed to studying and treating blood and blood-related diseases. These disorders encompass malignant hematologic disorders such as leukemia, lymphoma, and multiple myeloma, as well as classical (or non-malignant) conditions such as SCD, thalassemia, bone marrow failure, venous thromboembolism, and hemophilia. In addition, hematologists are pioneers in demonstrating the potential of treating various hematologic diseases and continue to be innovators in the fields of stem cell biology, regenerative medicine, transfusion medicine, and gene therapy. ASH membership is comprised of basic, translational, and clinical scientists, as well as physicians providing care to patients.

The Society offers comments on the following sections of the draft part two guidance in addition to general comments for consideration:

- 40. CMS Part D Enrollee Education and Outreach
- 50.2 Pharmacy POS Notifications Late in the Plan Year

**40. CMS Part D Enrollee Education and Outreach**

Sections 40.1 and 40.3 focus on beneficiary educational efforts, which will be important to the successful implementation of the program. For this program to have the greatest benefit, educational materials aimed at patients, providers, and other stakeholders must effectively communicate the payment plan's availability and how it functions. Education and outreach may help facilitate enrollment and allow beneficiaries to take advantage of the potential cost savings. ASH supports the policies outlined in these sections and appreciates CMS' commitment to creating resources, such as a patient payment calculator, to assist beneficiaries in navigating this program. ASH recommends that CMS explicitly include a payment calculator as a patient decision resource in the part two guidance for this program.

The payment program is especially relevant for the practice of hematology and hematology patients, since many of these diseases are rare and require high-cost and highly specialized therapeutics. ASH members form long-term relationships with their patients due to the nature of many hematologic conditions and will be trusted advisors for their patients when evaluating participation in this program. Often patients rely on their physician or health care provider for support in understanding new programs and how they may benefit. Many patients already ask their physician about the costs of treatment when making decisions about their care plan. Therefore, ASH respectfully requests that CMS develop educational materials targeting providers so they can easily counsel their patients without adding undue burden or other administrative challenges to practice. Physicians are an important collaborative stakeholder group, and CMS must empower them to support the program's implementation by giving them the necessary tools. ASH therefore stands at the ready to be a resource to the agency in the development of materials or resources specific to hematologic conditions and treatments and in ensuring that those materials and other tools minimize additional burden on providers. The Society would also be pleased to help in the dissemination of the relevant educational materials through the pertinent ASH communication channels, including newsletters, emails, and social media posts that are distributed to our members.

### **50.2 Pharmacy POS Notifications Late in the Plan Year**

ASH appreciates CMS' consideration for educating enrollees who may benefit from this program throughout the plan year. While this program may support spreading costs for high-cost drugs over the plan year for beneficiaries who sign up early on, it is important to consider education for beneficiaries who opt-in late in the plan year. The example scenario noted in the draft part two guidance of a Part D enrollee who may benefit late in the plan year, but who would still incur a high OOP cost in the first month, helps to clarify an important nuance of this program for enrollees who enroll late in the plan year. This example may come up more frequently in hematology, as patients have no way to plan for a rare hematologic diagnosis that may require a high-cost therapeutic. ASH recommends that scenarios such as this be clearly explained in laymen's terms with examples in the developed educational materials and resources. Additionally, a payment calculator may be especially helpful in scenarios such as this to help enrollees understand how they may benefit from this program. ASH is also happy to collaborate with the Agency in drafting additional example scenarios for the educational materials.

The Society appreciates the opportunity to share comments and provide support for this program. ASH would also like to offer resources and expertise for the development of educational materials outlined in Section 40, with example scenarios such as the one outlined in Section 50.2. We would appreciate the opportunity to meet with CMS to discuss the materials and outreach plan, as it relates to the practice of hematology. Carina Smith, ASH Manager for Health Care Access Policy ([casmith@hematology.org](mailto:casmith@hematology.org) or 202-292-0264), will reach out to request a follow-up meeting to further discuss the recommendations in this letter.

Sincerely,



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President



Mary-Elizabeth M. Percival, MD  
Chair, Committee on Practice