



February 6, 2023

Meena Seshamani, M.D., PhD
Deputy Administrator and Director
Center for Medicare
Department of Health and Human Services
Baltimore, MD 21244

RE: Comments on adding HIV to Medicare Medication Therapy Management - Proposed Rule (CMS-2022-0191)

Dear Dr. Seshamani:

The **HIV+Hepatitis Policy Institute**, a leading national HIV and hepatitis policy organization promoting quality and affordable healthcare for people living with or at risk of HIV, hepatitis, and other serious and chronic health conditions, is pleased to offer comments on the [Contract Year 2024 Changes to the Medicare Prescription Drug Benefit Program](#) proposed rule. **Specifically, we offer our strong support of adding HIV/AIDS as one of the chronic conditions to be included in the Medicare Part D Medication Therapy Management (MTM) program.**

The MTM program is designed to assure, with respect to targeted beneficiaries, that covered Part D drugs are appropriately used to optimize therapeutic outcomes through improved medication use, and to reduce the risk of adverse events, including adverse drug interactions.

We are intrigued by your analysis of 2020 data that reveal that Part D enrollees with HIV/AIDS have an average of 4 core chronic diseases (including HIV/AIDS), take 12 Part D covered drugs (including 8 maintenance drugs), and incur \$40,490 in Part D annual drug spending. As the preamble to the proposed rule states, "Individuals with HIV/AIDS often have complex Part D drug regimens where medication adherence is critical, very high Part D drug costs, and multiple comorbidities, and are more likely to be members of populations affected by disparities."

Due to the high number of drugs people with HIV/AIDS take together with their high number of comorbidities and since the populations are affected by disparities, people with HIV/AIDS can greatly benefit from MTM services.

MTM provided by pharmacists can empower patients to be more active participants in their healthcare and helps improve health outcomes, reduce health care expenditures by improving adherence, and reduce medication-related adverse events.

HIV+HEPATITIS POLICY INSTITUTE

1602B Belmont Street NW | Washington DC 20009 | 202-462-3042 | 202-365-7725 (cell)
HIVHep.org | Twitter: @HIVHep | Facebook: HIVHep

Medicare beneficiaries with HIV/AIDS can greatly benefit from MTM services and we strongly support Medicare adding it to the list of conditions that plans must provide MTM services for.

Medicare has also proposed several other improvements to the MTM program beginning in 2024 that we support, including:

- 1) Requiring plan sponsors to target all core chronic diseases, and continuing to allow them to add other chronic diseases;
- 2) Codifying the current 9 core chronic diseases in regulation, (and adding in HIV/AIDS);
- 3) Lowering the maximum number of covered Part D drugs a sponsor may require from 8 to 5 drugs and requiring sponsors to include all Part D maintenance drugs in their targeting criteria; and
- 4) Revising the annual cost threshold (\$4,935 in 2023) methodology to be based on the average annual cost of 5 generic drugs (\$1,004 in 2020).

Thank you for the opportunity to provide these comments. Should you have any questions or comments please feel free to contact me at cschmid@hivhep.org Thank you very much.

Sincerely,

A handwritten signature in blue ink, appearing to read "Carl E. Schmid II".

Carl E. Schmid II
Executive Director