



AMERICAN SOCIETY OF HEMATOLOGY

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Centers for Medicare and Medicaid
7500 Security Boulevard
Baltimore, MD 21244

Re: Medicare Two Dollar Drug List Model. Comments submitted via CMS survey portal

https://surveys.cms.gov/jfe/form/SV_40iDHQWMNuVfyGq

The American Society of Hematology appreciates the opportunity to review the Centers for Medicare and Medicaid Services' (CMS) Innovation Center's Request for Information regarding the proposed Medicare Two Dollar Drug List Model.

ASH appreciates Innovation Center's thoughtful approach in evaluating covered outpatient generic drugs across multiple factors. ASH is supportive of the 10 drugs on the current list that are relevant to hematology. These drugs include acyclovir, allopurinol, clopidogrel, fluconazole, hydroxyurea, methotrexate, naltrexone, prednisone, sulfamethoxazole/trimethoprim, and warfarin.

ASH encourages CMS to expand the list to include additional critical generic medications used in hematology and oncology to ensure that patients can access life-saving therapies without financial barriers.

Specifically, we recommend the inclusion of supportive care drugs, such as immunosuppressants, antivirals, penicillin, anti-emetics like ondansetron. Many of these medications are frequently used for affected patients in addition to therapies for their hematologic disease. For example, recipients of allogeneic hematopoietic cell transplants and those with autoimmune hemolytic anemia and aplastic anemia routinely receive immunosuppressants. Additionally, antivirals are used in immune-suppressed cancer patients to prevent reactivation of the varicella-zoster virus in the form of shingles, while antiemetics are used to manage chemotherapy-induced nausea and vomiting. Non-Medicare patients can often participate in programs that allow them to get medications for free or at low-cost, but Medicare patients are often excluded from these programs. Therefore, expanding this list to encompass these drugs will address the unique needs of hematology patients and support equitable access to care.

ASH recognizes that generic options for some critical medications used to treat certain hematologic conditions, such as iron chelators to reduce iron overload and Cyclophosphamide (Cytosan) used to treat types of leukemia, may not yet be low-cost. We recommend that CMS consider other mechanisms to make generic therapies with prices that will never be low enough to be appropriate for this list more affordable for patients. Many individuals with certain hematologic conditions rely on life sustaining therapies such as these and deserve more affordable options. Additionally, ASH recommends that CMS implement a process for quarterly updates to the list, allowing for the timely addition of drugs that become newly available as generics with prices more appropriate for this program. This flexibility will ensure the list remains current and responsive to evolving treatment landscapes, helping to reduce cost barriers for patients who rely on these therapies.

We appreciate the opportunity to provide these comments and look forward to any response you might have. If you have any questions please contact Myra Masood, ASH Manager for Policy and Practice at mmasood@hematology.org