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General Comment

Currently, the tier label name corresponds to a type of drug, such a tier 1 = generic or tier 2 = preferred generic. Historically, drug types have implied the general cost of a drug. For example, generic would imply a low cost drug. Drug costs are shifting dramatically and it can make more sense to put a generic drug on a higher tier where traditionally a brand drug would placed. Similarly, there are brand drugs where it would make sense to place in the lower cost-share tiers that have typically been reserved for generics.

We recommend CMS discontinue using the drug type and solely move to a tier numbering structure to allow drug placement on a tier based purely on the drug cost and not the type of drug (generic or brand). This would allow more flexibility in mixing generic and brand drugs of similar cost into a tier rather than focusing on the type of drug in that tier. We feel this would make more sense to beneficiaries to explain the drugs that falls within a certain price range fall under a specific tier.

We recommend CMS update the PBP to reflect a tier numbering structure and discontinue the use of the drug type in the tier label name.