Statement of John M. Clymer to
Centers for Medicare and Medicaid Services
on Medicare Drug Price Negotiation
Patient-Focused Listening Session for Farxiga
November 2, 2023

Good afternoon. My name is John Clymer. I am executive director of the National Forum for Heart Disease & Stroke Prevention, a non-profit, non-partisan organization dedicated to health equity and optimizing cardiovascular health and well-being throughout the lifespan. Through our Value & Access Collaboration, patient, provider, payer, purchaser, public health, and pharma organizations collaborate to enhance health and well-being by supporting people's access to evidence-based care that is appropriate for them.

The National Forum appreciates the opportunity to provide input on the Medicare Drug Price Negotiation Program, as it will have rippling effects on population health in the short and long term.

- People who have diabetes, heart failure, and chronic kidney disease, have a much higher risk of worse health outcomes – more hospitalizations, more emergency department visits, shorter life expectancy, not to mention reduced ability to engage in everyday activities like walking and carrying groceries. Dapagliflozin slows the progression of and is a guideline-directed treatment for all three of these debilitating conditions. We urge CMS to make sure its drug price negotiation program ensures beneficiary access to appropriate evidence-based care, that is, the right treatment for the right patient at the right time.
- It is essential that the price negotiation program does not worsen access to dapagliflozin for disadvantaged populations. The prevalence of diabetes, heart failure, and chronic kidney disease is highest among Blacks and American Indian/Alaska Natives, Hispanics, and Asian/Pacific Islanders[1,2,3]. Compared with White people, these populations are

[1] Data Snapshot, US Department of Health and Human Services, March 2022. Chronic Kidney Disease Disparities in Medicare Fee-For Service Beneficiaries. https://www.cms.gov/files/document/data-snapshot-ckd-march-2022.pdf
[2] Data Snapshot, US Department of Health and Human Services, November 2021. Diabetes Disparities in Medicare Fee-For-Service Beneficiaries. https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Snapshots-Diabetes.pdf
[3] Data Snapshot, US Department of Health and Human Services, September 2020. Heart Failure Disparities in Medicare Fee-For-Service Beneficiaries. https://www.cms.gov/about-cms/agency-information/omh/downloads/data-snapshot-heart-failure.pdf

between one and a half to four times more likely to develop end-stage kidney disease.[4] We recommend CMS work with the Office of Minority Health to achieve this requisite.

- Healthcare costs to society—and taxpayers—are high and warrant containment. However, it is out-of-pocket costs that affect the individual's access to medications. Dapagliflozin's manufacturer reports that at current out-of-pocket costs, prescription abandonment is low, and medication adherence is high.
- Therefore, we urge CMS to guard against potential unintended consequences. Price ceilings intended to benefit consumers and taxpayers could result in *reduced* access if pharmacy benefit managers drop medications from formularies or move them to higher out-of-pocket cost tiers because higher-priced drugs offer PBMs bigger rebates.
- We support the implementation of evidence-based care that aligns incentives for patients, providers, pharma innovators, and purchasers.

In summary, the National Forum urges CMS to ensure the Medicare Drug Price Negotiation Program:

- supports evidence-based strategies for appropriate care, and protects beneficiary access;
- guards against potential unintended consequences, such as utilization management that could reduce access to appropriate treatment; and
- aligns incentives for all stakeholders.

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[4] Kidney Disease Statistics for the United States. National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease