



AMERICAN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR AMERICA

October 24, 2013

N. Jo Braden, MD, Chair  
Therapeutic Information & Formulary Support Expert Committee  
United States Pharmacopeia  
12601 Twinbrook Parkway  
Rockville, MD 20852-1790  
Sent via electronic mail

Dear Dr. Braden:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 110,600 family physicians and medical students nationwide, I write to share our opinion on the Medicare Model Guidelines Version 6. As physicians at the forefront of American health care delivery we appreciate the Committee's efforts to ensure access to affordable and efficacious pharmaceutical treatments for patients.

In general, we urge the Committee to be mindful of the physician-patient relationship in your deliberations, ensuring the physicians' ability to prescribe is not unduly hindered by restrictive formularies. Patients are not homogenous and often respond differently to pharmaceuticals based on the mechanism of action and delivery intervals. This unique and complex response becomes more common in those patients who are prescribed multiple pharmaceuticals for their health conditions, which is a situation frequently seen in primary care practices. These patients and their physicians need the flexibility to align treatment plans with those pharmaceuticals that produce the most favorable outcomes for the specific patient and their health condition(s).

One area of the Medicare Model Guidelines Version 6 that we are concerned about is the recommendations associated with the Antidepressant category. The United States Pharmacopeia proposes to move large groups of antidepressants into a category called "other." This is of concern to the AAFP and our members since primary care physicians make a majority of the depression diagnoses and prescribe more than half of all antidepressants. The AAFP is concerned that shifting many antidepressants into the broad "other" category could have an unintended consequence. For example, health plans may then cover these "other" antidepressants under cost-sharing arrangements that are less favorable than those currently applied to products in the more specific antidepressant categories.

The AAFP advocates for a broad availability of antidepressant drugs for all patients who need them and therefore we encourage the United States Pharmacopeia to reconsider this

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proposal. The AAFP applauds the Medicare program for recognizing the rate of depression in the beneficiary population and for taking affirmative steps to improve beneficiary diagnosis and treatment by making depression screening part of the Welcome to Medicare Exam and Annual Wellness Visit.

Finally, research concludes that the prevalence of depression increases with the presence of other chronic conditions. In fact, patients with one or more chronic condition are at increased risk of depression. For this reason, we believe that physicians and patients must have broad options to find those antidepressant pharmaceutical treatments that are most effective on an individual basis.

We appreciate the opportunity to provide these comments and your consideration of our concerns. Please contact Julie K. Wood, MD, FAAFP, Vice President for Health of the Public and Interprofessional Activities at [jwood@afp.org](mailto:jwood@afp.org) for additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Cain', with a long horizontal flourish extending to the right.

Jeffrey J. Cain, M.D., FAAFP  
Board Chair