



March 30, 2016

Andy Slavitt, Acting Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., SW
Washington, DC 20201

Dear Administrator Slavitt,

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, I write to request that the Centers for Medicare & Medicaid Services (CMS) review and, if necessary, revise their requirements of Part D plans, specifically Medicare Advantage (MA) and Medicare Prescription Drug Plans (PDPs), so patients have a broader choice of adequate and affordable prescription drugs while reducing administrative burden for physicians.

Spiking drug prices have been well documented over the last year. These rising drug prices are necessitating Part D plans to alter formularies and cost increases are impacting seniors through higher premiums and co-pays. In response to the growing costs of pharmaceutical drugs, Part D plans and others have developed prior authorizations as a means to control costs. Prior authorizations and letter writing plague physicians by diverting physician time away from direct patient care.

The AAFP has a [policy](#) that supports a “physician and patient-friendly option to prescribe and receive drugs not included on the formulary using patient-centered, clinically-based criteria. Formularies should be designed to offer patients multiple levels of drug choice (from more to less restrictive) with accompanying patient cost sharing levels to account for variables including patient preferences.”

The AAFP appreciates the attention you have given to this issue. If you or your staff have any questions about this matter or if we may further facilitate matters in this regard, please contact Robert Bennett, Manager of Federal Regulatory Affairs, at 913-906-6000 ext. 2522 or rbennett@aafp.org

Sincerely,

Robert Wergin, MD
Board Chair

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