

EHB Benchmark Drug List Count

Section 156.120 of the proposed EHB rule would require health plans offering EHB to cover at least the greater of: (1) one drug in every USP therapeutic category and class; or (2) the same number of drugs in each USP category and class as the state's EHB benchmark plan.

In order to comply with this proposed requirement, issuers will need to know the extent of drug coverage in their state benchmark plan. This document summarizes the process CMS used to classify and analyze drug products on proposed state benchmark plan drug lists. The goal of the process is to produce a count of distinct drug entities, by state, as classified by the different therapeutic use(s) of a drug. The classification process allows CMS to obtain an accurate count of the distinct chemical entities included in a proposed benchmark plan drug list.

States and issuers submitted the list of commercially-standard 11-digit National Drug Codes (NDCs) to identify the individual drug products covered on the proposed benchmark plan's drug list. Using the 11-digit NDC, proposed benchmark plans can identify the drug product, its package size and type, and its manufacturer, distributor, reseller, or labeler. While NDCs are an industry-standard identification code for business purposes, they are not by themselves sufficient to enable the grouping and classification needed to count chemically distinct covered drugs for the purposes of EHB.

Therefore, CMS converts manufacturer and packaging-specific NDCs to general drug identification numbers. To accomplish this, CMS matches NDCs with the National Library of Medicine's RxNorm database (<http://www.nlm.nih.gov/research/umls/rxnorm/>), which produces lists of drugs identified by "RxNorm Concept Unique Identifiers," or RxCUIs. RxCUIs group chemically identical drugs into a single code number regardless of manufacturer or packaging size and type. The Current Prescribable Content subset of the RxNorm data was used to filter any NDCs that are not currently manufactured. This step produces a list of RxCUIs mapped from the NDCs from each benchmark's drug list.

CMS then groups therapeutically similar RxCUIs into one or more United States Pharmacopeia (USP) unique therapeutic categories and classes (such as "antiviral, anti-hepatitis agents"). This step produces a list of RxCUIs assigned to one or more clinically-appropriate therapeutic categories and classes. CMS uses its analysis of the Medicare Model Guidelines Version 5.0 from the United States Pharmacopoeia Convention for this step, as well as the CMS Formulary Reference File. More information about the Guidelines is available at <http://www.usp.org/usp-healthcare-professionals/medicare-model-guidelines/medicare-model-guidelines-v50-v40>. The CMS Formulary Reference File is available at: <http://www.cms.gov/apps/frf/license.asp?file=/prescriptiondrugcovcontra/downloads/formularyreferencefile.zip>.

Next, CMS groups RxCUIs for identical active-ingredient chemical entities with different dosage strengths (e.g., ibuprofen tablets 200 mg vs. ibuprofen tablets 500 mg) or routes of administration (e.g., topical ointment vs. transdermal patch) into a higher-level grouping of chemically-distinct covered drugs. This step is required because CMS has proposed that

multiple dosage forms or strengths of the same drug, or multiple routes of administration, be counted as only one chemically distinct drug.

Finally, CMS counts the number of chemically-distinct drug entities, which were created by the steps above, by USP therapeutic category and class.