

Essential Health Benefits Rx Crosswalk

Methodology for Plan Year 2017

Pursuant to 45 CFR 156.122, to offer essential health benefits (EHB), health plans must cover at least the greater of: (1) one drug in every United States Pharmacopeial (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. CMS specified in the rule "Patient Protection and Affordable Care Act; Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation Final Rule" (78 FR 12834, at 12845; February 25, 2013) that, for purposes of satisfying this requirement, drugs must be chemically distinct in order to be counted as more than one drug.

This document summarizes the methodologies the Centers for Medicare and Medicaid Services (CMS) implemented to modify the plan year (PY) 2016 EHB Rx Crosswalk (Crosswalk) to reflect formatting changes from USP version 5 (USPv5) to USP version 6 (USPv6), count the prescription drug EHB-benchmark plan benefits by category and class, and update the Crosswalk by using a newer version of the RxNorm database.

The Crosswalk contains the list of RxNorm Concept Unique Identifiers (RxCUIs).¹ RxCUIs are variables that group each chemically distinct drug into a single code regardless of manufacturer or package size. The Crosswalk also reflects those drugs that can be credited toward meeting a State's EHB-benchmark plan prescription drug count. In the rule "Patient Protection and Affordable Care Act; Notice of Benefit and Payment Parameters for 2016 Final Rule" (80 FR 10750, at 10815; February 27, 2015), CMS stated, "we intend to use the most up-to-date version of the USP system available at the time that we build our formulary review tools for each plan year, starting with the 2017 plan year and will refer to the version number in the methodology document that we update each year." As a result, in May 2015, CMS revised the PY 2016 Crosswalk from USPv5 to USPv6 in accordance with the revisions outlined in the final USPv6 Medicare Model Guidelines.² Because of the commonality of the therapeutic category/class groupings between the USPv5 and USPv6 of the Crosswalk, the RxCUI and chemically distinct drug counts remained the same across both files after the USP modifications were made.

In the fall of 2015, CMS finalized new EHB-benchmark plans for use starting with PY 2017.³ CMS compared the Crosswalk to each State's EHB-benchmark plan to determine the number of drugs in each USP Category and Class for PY 2017.

Additionally, CMS updated the Crosswalk by comparing the November 2, 2015 RxNorm release to the November 3, 2014, RxNorm release to identify new RxCUI/drug combinations. CMS added newly approved medications, drug strengths, brand names, and generic form RxCUIs; deleted discontinued drugs no longer available for prescribing or dispensing; and exchanged retired for reassigned RxCUIs. CMS removed all RxCUIs that were not in the RxNorm's

¹ RxNorm, Unified Medical Language System® (UMLS®), U.S. National Library of Medicine, available at: <https://www.nlm.nih.gov/research/umls/rxnorm/>.

² Final Report, Summary of Methodology and Approach USP Medicare Model Guidelines v6.0, available at: http://www.usp.org/sites/default/files/usp_pdf/EN/2014-02-03_final_report_uspmmg_v6_0_rev140415.pdf.

³ Information on the benchmark plans is available at: <https://www.cms.gov/ccio/resources/data-resources/ehb.html>.

Current Prescribable Content or were not listed as currently marketed and approved prescription drugs in the FDA's Approved Drug Products database.⁴

CMS used the RxNorm database to identify over-the-counter (OTC) drugs that did not have an associated prescription drug National Drug Code (NDC). For the Crosswalk update, CMS appointed new drug RxCUIs to their therapeutically appropriate USPv6 category and class assignment. CMS also grouped RxCUIs with identical active ingredient chemical entities and different dosage strengths (e.g., metformin tablets 500 mg vs. metformin tablets 850 mg) and/or routes of administration (e.g., topical ointment vs. transdermal patch) into a higher-level grouping of chemically distinct covered drugs. The Category Class Drug Count Tool incorporates the Crosswalk and allows issuers to determine if their prescription drug offering meets a State's EHB prescription drug count.

The final 2017 EHB Rx Crosswalk contains 5,403 RxCUIs, representing 984 chemically distinct drugs, 49 categories, and 166 classes.

⁴ Available at: <http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm>.