



Delay Incorporating Oral-Only Drugs into the ESRD PPS

Complex Nature of Administering Phosphate Lowering Drugs and Dialysis Providers' Concerns about MA Plans Not Adjusting Contracted Reimbursement Amounts Make Their January 2025 Inclusion Difficult

KCP asks Congress to delay, for two years, the inclusion of oral-only phosphate-lowering drugs into the End Stage Renal Disease Prospective Payment System (ESRD PPS). CMS has announced its plans to include these drugs in the ESRD bundle, moving them out of the Part D program beginning January 1, 2025. However, KCP remains concerned that this policy would impact patient choice and access to care—particularly for patients served by small and rural dialysis providers.

Phosphate management drugs are necessary to treat hyperphosphatemia, a condition where the body has an excess of phosphorus, which occurs in nearly all individuals who receive dialysis treatments. If not treated, hyperphosphatemia can increase mortality, vascular calcification, and cardiovascular events. Patients living with kidney failure can currently access these medications at their local pharmacy, but CMS' proposed policy change would instead require dialysis providers to distribute them.

In the case of phosphate management drugs, not all facilities have the infrastructure or resources to support these additional administrative challenges.

A two-year delay in implementing this policy would allow stakeholders time to coordinate on an oral-only drug payment policy that meets the needs of the ESRD community. KCP is encouraged by efforts already undertaken by the House Energy & Commerce and Ways & Means Committees to further delay this policy due to operational, clinical, and administrative concerns with implementation.

To date, CMS has indicated it would not exercise its authority to further delay their inclusion and issued guidance with additional information to be included in the Calendar Year (CY) 2025 ESRD PPS proposed rule.

KCP calls on lawmakers to advance a two-year delay and asks Congress to act by the end of the year to further delay adding oral-only drugs to the bundle.