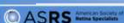


**ASRS** American Society of  
Retina Specialists

## Data-Driven Advocacy

Michael M. Lai, MD PhD, FASRS Federal Affairs Committee Chairman	Paul Hahn, MD PhD, FASRS Health Economics Committee Chairman	Sabin Dang, MD Practice Management Committee Member
--	--	---




---

---

---

---

---

---

---

---

## Financial Disclosures

- Michael Lai: no relevant disclosures
- Sabin Dang: Regeneron, Bausch and Lomb, Genentech
- Paul Hahn
  - Advisory board and Consultant: Alcon, Alimera, Apellis, DORC, EyePoint, Genentech
  - Speaker: Eyepoint, Genentech
  - Research funding: Alexion, Adverum, Apellis, Eyepoint, Genentech, Notal Vision, OcuTerra, Regeneron, Regenxbio, Samsara




---

---

---

---

---

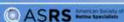
---

---

---

## ASRS Advocacy Approach

- Clinical and practice-generated data are the foundation of our advocacy efforts.
  - Patient safety
  - Access to care
  - Adequate reimbursement
  - Reduced administrative burden




---

---

---

---

---

---

---

---

[illegible][illegible]

---

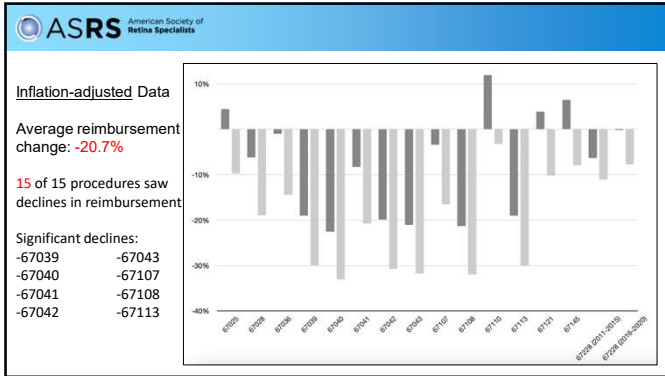
---

---

---

---

---




---

---

---

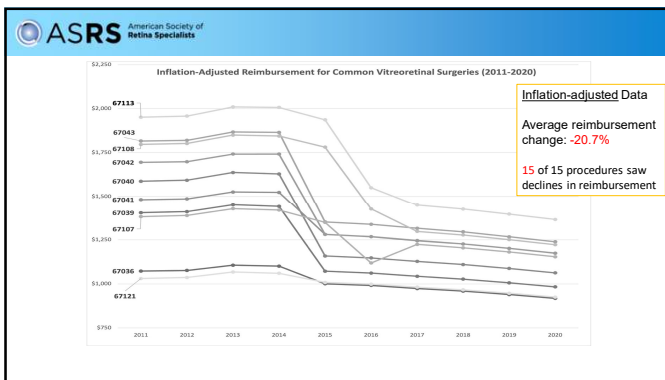
---

---

---

---

---




---

---

---

---

---

---

---

---

**ASRS** American Society of Retina Specialists

### Inflation-Adjusted Trends in Medicare Reimbursement for Retina Practice Expenses

Philip Niles MD MBA

Miguel Busquets, Dilraj Grewal, Ella Leung, Ankoor R. Shah, Jill Blim, Judy E. Kim, Paul Hahn

*For the Health Economics Committee, American Society of Retina Specialists*

---

---

---

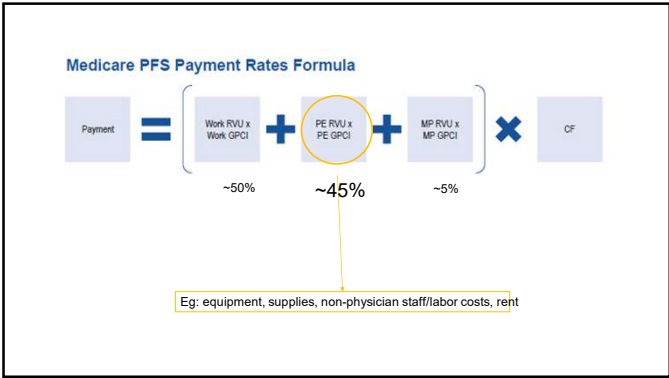
---

---

---

---

---



---

---

---

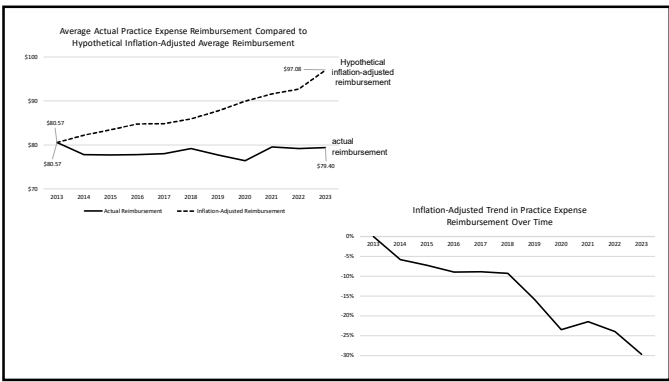
---

---

---

---

---



---

---

---

---

---

---

---

---

**ASRS** American Society of Retina Specialists

**Bevacizumab-First in DRCR Protocol AC versus Real-World Physician Treatment Choice for Diabetic Macular Edema: A Two-Year Cost Analysis**

Dilraj Grewal, MD

Ella Leung, MD; Miguel Busquets, MD, FACS, FASRS; Philip Niles, MD; Dan A Gong, MD; Anton M Kolomeyer, MD, PhD; Nitika Aggarwal, Btech; Nick Boucher, BSc; Jill Blim, MS; Judy E Kim, MD, FASRS; Reginald Sanders, MD, FASRS; Paul Hahn, MD, PhD, FASRS

*For the Health Economics Committee, American Society of Retina Specialists*

---

---

---

---

---

---

---

---

Two Year Follow up	Protocol AC Bevacizumab First (n=154)	Real World (2016-2018, n=1062)	Real World, matched for VA gain (2016-2018, n=340)
Total Cost	\$18,952	\$11,459	\$15,394
Drug Cost	\$13,098	\$8,060	\$10,908
Intravitreal Injection Cost (number of injections)	\$1,839 (16.1)	\$982 (8.6)	\$1,359 (11.9)
E/M Visit Cost (number of visits)	\$2,975 (22.5)	\$1,833 (13.8)	\$2,429 (16.1)
OCT Cost (number)	\$927 (22.5)	\$519 (12.6)	\$609 (14.8)
FP Cost (number)	\$113 (3)	\$64 (1.7)	\$68 (1.8)
Medication distribution over 2 years	57% bevacizumab, 43% aflibercept	42% bevacizumab, 45% aflibercept, 13% ranibizumab	34% bevacizumab, 37% aflibercept, 30% ranibizumab
Cost-saving (%) relative to Protocol AC bevacizumab-first	-	40%	19%

(65% more expensive than real-world)  
(23% more expensive than real-world matched outcomes)

65% more cost  
23% more cost

---

---

---

---

---

---

---

---

Two Year Follow up	Protocol AC Bevacizumab First (n=154)	Real World (2016-2018, n=1062)	Real World, matched for VA gain (2016-2018, n=340)
Total Cost	\$18,952	\$11,459	\$15,394
Cost-saving (%) relative to Protocol AC bevacizumab-first	-	40%	19%

65% more cost  
23% more cost

- If the 1.1 million patients in the U.S. estimated to have DME were treated according to the Protocol AC bevacizumab-first regimen, the 2 year societal costs could be \$19 billion higher (\$10 billion in direct medical costs) than current real-world strategies.
- Cost effectiveness analysis is currently underway
  - Is the 65% increased cost “worth it” given improved vision in Protocol AC vs real-world?
    - Preliminary CE analysis and comparison with the “matched” cohort suggests NOT

---

---

---

---

---

---

---

---

# Approval Rates and Impact of Anti-VEGF Prior Authorization Requests

Sabin Dang, MD  
The Retina Institute, St. Louis Missouri

Saira Khanna MD, Charles Wykoff MD, Mahir Bansal, Michael Lai MD

ASRS

---

---

---

---


---

---


---

---


### Methods



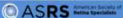
SAMACare PA database queried over a 6 mo period to evaluate approvals, delay in care, and denials



Time to approval was analyzed from time to request to time to approval, within 30 minutes considered "same day" approval



Economic modeling performed to analyze impact of PA process



---

---

---

---

---

---

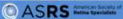
---

### Prior Authorization Results

97.6%  
Approval Rate

Denied Same Day Approval Delay in Care

n = 33,178



---

---

---

---

---

---

---

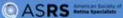
### Prior Authorization Results

97.6%  
Approval Rate

93.6% of patients experienced a delay in care due to PA

Denied Same Day Approval Delay in Care

n = 33,178



---

---

---

---

---

---

---

6



---

---

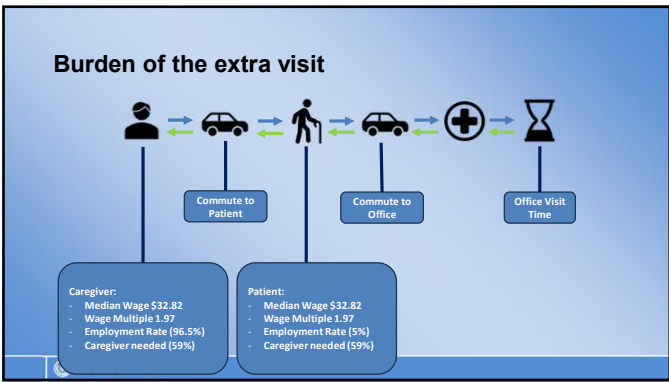
---

---

---

---

---



---

---

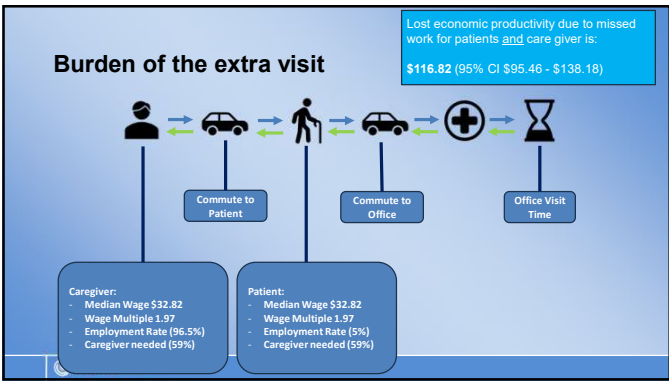
---

---

---

---

---



---

---

---

---

---

---

---

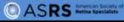
Economic Costs

31,054

Patients required additional visit for treatment due to PA

\$3,633,232

Loss in patient-care giver economic productivity due to missed work from additional visit



---

---

---


---

---

---

---

ECONOMIC ANALYSIS OF HIGH DURABILITY ANTI-VEGF



---

---

---


---


---

---


---


First Year Direct Costs – Per Label

  
Ranibizumab

  
Intravitreal Injection

12 Injections

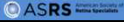
  
Faricimab

  
Intravitreal Injection

6.79 Injections

Maier, Blake A., Dennis H. Ch, and Frank L. Bruck. "Time and Distance Cost of Longer-Acting Anti-VEGF Therapies for Macular Degeneration: Contributions to Drug Cost Comparisons." *Clinical Ophthalmology* 16 (2022): 4273-4279.

Hawke, Jeffrey D., et al. "Efficacy, durability, and safety of intravitreal faricimab up to every 16 weeks for neovascular age-related macular degeneration (STIMVIA and LUCERNE): two randomised, double-masked, phase 3, non-inferiority trials." *The Lancet* 398 (2022): 1720-1730.



---

---

---

---

---

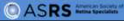
---

---



**Cost Savings**

<b>\$7,535</b>	<b>Direct cost savings per patient</b>
<b>\$116.82</b>	<b>Lost productivity to US economy per injection</b>
<b>\$8,236</b>	<b>Total savings for first year of treatment</b>

 Advancing the Science of Retina Neurobiology

---

---

---

---

---


---

---

**Cost Savings**

**200,000**  
**New Patients Diagnosed with nAMD per year**

**\$1,647,200,000**  
**Potential Economic Benefit to US Economy**

 Advancing the Science of Retina Neurobiology

---

---

---

---

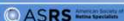
---

---

---

**How Can You Use Data to Advocate?**

- Private payers:
  - Demonstrate the impact of step therapy or prior authorization requirements, i.e., # of patients, % of prior auths approved to show you provide resource-appropriate care.
  - Position yourself for contract negotiations.
  - Use peer-reviewed studies to strengthen arguments.
- Policymakers:
  - Demonstrate the burden of payer requirements, i.e. staff time spent on obtaining authorizations, patient wait time for treatment.
  - Help them understand the impact of their decisions on physicians, practice staff, and patients.

 Advancing the Science of Retina Neurobiology

---

---

---

---

---

---

---