ASRS American Society of Retina Specialists

December 17, 2024

John Coleman, PharmD
Director of Clinical Programs, Commercial Division
Florida Blue
4800 Deerwood Campus Parkway Building 900
4th floor Jacksonville
FL 32246-8273

Sent via email to: john.coleman@bcbsfl.com

Subject: Broader Anti-VEGF Access Needed

Dear Dr. Coleman,

The American Society of Retina Specialists (ASRS)[i] advocates for physician-patient choice and access to all treatments for potentially blinding retinal disease. Our members in Florida continue to experience Avastin shortages, such as onboarding with new pharmacies to shipping delays, due to complications in the supply chain. This is the fourth abrupt interruption to access to bevacizumab (Avastin) in the past five years. In response, on November 25, 2024, CMS issued a memo encouraging insurers to consider halting or suspending step therapy and prior authorization requirements for alternative ophthalmic anti-vascular endothelial growth factor (VEGF) therapies to avoid access issues or treatment delays.

We are concerned that Florida Blue's requirement that Avastin be obtained as a preferred medication, while insisting that *all other FDA-approved retina drugs be designated as non-preferred*, is wildly unreasonable. These so called "non-preferred" medications are generally covered by Medicare and commercial plans throughout the country as a best practice for caring for patients with retinal diseases. Without immediate access to these medications, **patients may experience unrecoverable vision loss.**

The Importance of Timely Access to FDA-Approved Anti-VEGFs for Retinal Diseases
Retina specialists typically care for elderly patients with multiple comorbidities including diabetes and cardiovascular disease. Most patients with wet age-related macular degeneration (wAMD), and many with diabetic retinopathy, need anti-VEGF injections in their eye within a specific treatment window to prevent permanent and irreversible damage to the retina and loss of vision. Not every patient responds to anti-VEGF treatment in the same way, so retina specialists work to tailor therapies for the individual patient using clinical data to support the drugs that are routinely stocked in their offices. Insurers typically include several different anti-VEGFs on their formularies to provide this flexibility for patients and physicians.

Scientific Studies and Practical Consideration Supporting Access to Durable Drugs
For working age beneficiaries, access to longer-lasting anti-VEGFs is also an important benefit. Clinical studies support the need to maintain timely access to drugs like Eylea and Vabysmo to help patients gain or maintain their sight. In the VIEW trials[ii], the largest comparison study for patients with wAMD completed comparing Eylea and Lucentis, Eylea demonstrated key advantages when compared with

Lucentis. With fewer injections than Lucentis over a year, Eylea demonstrated visual acuity gains. In the TENAYA and LUCERNE studies, patients treated with Vabysmo received a median number of 10 injections over the two years verses 15 injections for those treated with Eylea, potentially decreasing the number of injections, and reducing additional out-of-pocket costs for patient co-pays.

The broader impact of policies that limit longer-lasting therapies cannot be overlooked. Injection risks include, but are not limited to: endophthalmitis, infection and retinal detachment. The latest generation of treatments may have longer durability and, thus, reduce the number of injections and risk of complications. As it stands, delaying or denying a longer-lasting treatment for any patient could worsen a Florida Blue beneficiary's quality of life and lead to higher treatment costs.

For beneficiaries who are typically employed, the availability of durable drugs has both clinical and lifestyle benefits that minimize disruptions to their employment and lessen the treatment burden and number of co-pays that the patient is responsible for. Physicians often navigate short treatment windows along with the patient's reliance on family and friends for transportation, holidays, illnesses and staffing challenges. As patients are able to attain dosage frequencies equal or greater than 7 weeks, there would likely be better adherence to treatment plans. Whereas delaying or denying a longer-lasting treatment for any patient could hasten a drastic change in a beneficiary's quality of life.

We ask to meet with you to discuss possible changes to the Florida Blue formulary to align with other commercial and Medicare plans and allow physicians to make judicious choices based on each patient's unique risk factors, clinical appearance, and economic requirements. We would be happy to schedule a meeting to discuss this issue further. Thank you for considering our request. Please do not hesitate to contact ASRS Director of Practice Management, Monica Horton, monica.horton@asrs.org with questions or to schedule a meeting.

Sincerely,

Ankoor Shah, MD
Chair, ASRS Practice Management Committee

CC: Scott.McClelland@bcbsfl.com
tina.higgins@floridablue.com

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[i] ASRS is the largest retina organization in the world, representing over 3,000 board certified ophthalmologists who have completed fellowship training in the medical and surgical treatment of retinal diseases. The mission of the ASRS is to provide a collegial open forum for education, to advance the understanding and treatment of vitreoretinal diseases, and to enhance the ability of its members to provide the highest quality of patient care.

[ii] Peter K. Kaiser, Michael Singer, Michael Tolentino, Robert Vitti, Kristine Erickson, Namrata Saroj, Alyson J. Berliner, Karen W. Chu, Xiaoping Zhu, Zinaria Williams Liu, W. Lloyd Clark, "Long-term Safety and Visual Outcome of Intravitreal Aflibercept in Neovascular Age-Related Macular Degeneration: VIEW 1 Extension Study," https://doi.org/10.1016/j.oret.2017.01.004