

March 19, 2014

Pharmacy Department
Priority Health
1231 East Beltline, NE
Grand Rapids, MI 49525

To whom it may concern:

On behalf of the American Society of Retina Specialists (ASRS), we would like to express our concern about Priority Health's policy aimed at restricting the dosing regimen of EYLEA® (aflibercept) to once every 8 weeks after the first 12 weeks to treat age-related macular degeneration (AMD) and other retinal diseases.

The ASRS is the largest retinal organization in the world, representing over 2500 fellowship trained members. Retina specialists are 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.

When the Food and Drug Administration (FDA) approved EYLEA® (aflibercept) Injection for the treatment of neovascular (wet) age-related macular degeneration, the press release issued by the FDA stated "EYLEA is injected into the eye either every four weeks or every eight weeks by an ophthalmologist". Moreover, the EYLEA US Prescribing Information (USPI) indicates that EYLEA is approved for both monthly (2 mg q4) and every 2 months (2 mg q8) dosing, following three initial monthly doses. It is important to note that the FDA approved dosing regimen for macular edema following CRVO is 2 mg Q4 (monthly).

Retina specialists utilize clinical judgment to select the best drug and dosing regimen to use for treatment based on the specific anatomic and visual response of that patient. The majority of US retina specialists use retinal fluid status, or the absence of persistent or recurrent retinal fluid as determined by OCT, as a key criterion for determining an adequate response to anti-VEGF treatment and to determine whether or not to extend an anti-VEGF treatment interval. By employing a "treat- and-extend" protocol as opposed to a fixed (e.g. monthly, every 2 months, etc.) dosing approach retina specialists can tailor treatment to their patients need and minimize treatment burden. This ability to individualize treatment for each patient is the key to the major improvements we have gained in recovering and maintaining visual acuity and retinal function in our patients with blinding diseases of the retina.

It is important that physicians continue to be able to treat based on anatomic parameters, such as fluid status on OCT, as the accumulation of fluid in the retina may result in photoreceptor death leading to permanent vision loss. We recognize clinicians remain the most appropriate individuals to determine which patients may need more frequent treatment with anti-VEGF and urge Priority Health to amend its

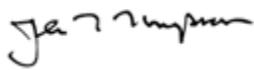
policy to allow retina specialists to continue monthly injections after the first 12 weeks if clinically necessary.

We look forward to a response from you. Please do not hesitate to contact the ASRS if you have any questions.

Thank you for your consideration.

Sincerely,

ASRS Exec Committee



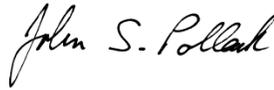
John T. Thompson, MD
President



Tarek S. Hassan, MD
President-Elect



Mark S. Humayun, MD, MBA
Vice President Governance



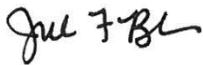
John S. Pollack, MD
Treasurer



Timothy G. Murray, MD, MBA
Secretary



Carl C. Awh, MD
Vice President Education



Jill F. Blim, MS
Executive Vice-President