Linda Schumacher-Feero
Waterville
LD 1496

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Dear Senator Bailey, Representative Mathieson and members of the Committee on Health Coverage, Insurance and Financial Services,

I am an ophthalmologist and eye surgeon practicing in Augusta. I am testifying today in support of LD 1496. Over the last 13 years I have performed 4,000 injections of medications into eyes for chronic medical conditions. The most common medical conditions that require these injections are macular degeneration, diabetic retinopathy and retinal vein occlusions. All of these conditions are chronic, life-long ones that can require ongoing injections as frequently as every month for years to prevent vision loss and blindness. For these conditions injection of medication is the most effective treatment and has in most cases entirely supplanted laser therapy. These injections are performed in the doctor's office and the office purchases the medications and charges the insurer for the supply.

Since 2005 when the cancer therapy agent Avastin (bevacizumab) was first compounded and used off-label to treat macular degeneration, a succession of other anti-VEGF drugs have been developed to treat these conditions. Lucentis (ranibizumab) was approved by the FDA in 2006, its biosimilar Byooviz (ranibizumab-nuna) in 2021, Eylea (aflibercept) in 2011, its biosimilars, Yesafili (aflibercept-jbvf), Opuviz (aflibercept-yszy), Ahzantive (aflibercept-mrbb), Enzeevu (aflibercept-abzv) and Pavblu (aflibercept-ayyh) all in 2024, Eylea HD in 2023, and Vabysmo (faricimab-svoa) in 2022. All these options range in price and effectiveness from the compounded Avastin at under $100 a dose to $2,600 per dose for Eylea HD. Eylea (roughly $2,400/dose) was a distinct improvement over Avastin when it became available in 2011 showing improvement in those who failed Avastin. In many cases it allowed longer intervals between treatments. Vabysmo (about $2,500/dose) is an improvement on the effectiveness of Eylea, with greater reduction in retinal edema in those who fail Eylea and often allowing longer treatment intervals as well. My personal preference is to treat patients with Avastin, advancing to Eylea and then Vabuysmo for treatment failures.

Nearly every insurance provider requires step therapy and/or prior authorization for these medications. Treatment continues for most patients for years, but approval must be redone every year for the drug in use and another must be done if the patient fails the drug and needs to be switched to a different medication. This requires many uncompensated man hours of paperwork every year to continue effective therapy. My office has redundant systems in place to ensure that no patient arrives for an injection without the proper authorization. Approved drugs and the expiration date for the PA is entered into the patient's chart so that it is visible on the EHR screen for the procedure. A second spreadsheet is kept for inventory management of the various drugs with each scheduled injection matched to a vial of the appropriate drug in storage. The expiration date for the PA for the drug is also entered into this list to ensure that the PA can be renewed before the patient arrives for the procedure. Without a PA in place, therapy ends up being delayed and for macular degeneration in particular, delays in treatment result in irreversible vision loss.

At least one insurance provider requires step therapy with Byooviz after Avastin and before other agents. This agent in my hands has been no more effective than Avastin and has the unfortunate position of being priced at or above the reimbursement rate for the drug. For these two reasons, most ophthalmologists do not stock or use it. I personally use this medication only when required by the insurance provider, but I also can see a time when for financial reasons, I will not be able to provide this drug to patients. Currently, the insurance provider has not been willing to waive the

requirement to use Byooviz. This situation will require patients to drive long distances to find an ophthalmologist who is willing to provide this drug, or if they are able, to buy the unapproved drug out of pocket.

LD 1496 will decrease the administrative burden on my practice, allowing a patient to be approved once for medication and continue with a course of therapy for up to five years. The frequency of needing to repeat paperwork for therapy that is never denied will be drastically reduced and allow my office to help new patients in the recouped time. Please vote "OUGHT TO PASS" on LD 1496.

Thank you for your time and consideration.