ARTHRITIS FOUNDATION®
www.arthritis.org

NATIONAL OFFICE
Advocacy and Access Department
1615 L Street, NW #320
Washington, DC 20036

June 10, 2014

Robert Rzewnicki MD, Medical Director
Medical Mutual of Ohio
2060 E. 9th Street
Cleveland, OH 44115

Dear Dr. Rzewnicki:

RE: Medical Mutual's new Medical Policy requiring failure on a self-administered TNF antagonist biologic agent prior to use of an IV TNF antagonist biologic agent.

The Arthritis Foundation wishes to express concern regarding Medical Mutual of Ohio's new Recommended Authorization Criteria requiring the use of a Preferred Drug, i.e., the injectable TNF antagonist medications, prior to the use of an infusible TNF antagonist agent. The Arthritis Foundation advocates for access to the full range of treatments for all people with all types of arthritis, including inflammatory types such as rheumatoid arthritis.

The choice of therapy is complex and should be determined by the physician based on a number of variables, both medical and patient-centric. These variables include the diagnosis, disease characteristics, prognosis and physician's clinical judgment and experience, as well as factors such as the patients' proximity to the physician's office, mobility and functional limitations.

The Arthritis Foundation supports access to a full range of treatment options, including various forms of administration. Further, we support the physician's right to choose the appropriate therapy for his or her patients, and we are opposed to any policy that interferes with the medical decision-making process of the doctor-patient relationship.

The Arthritis Foundation respectfully requests that Medical Mutual of Ohio reconsider this policy and take the following steps:

- Eliminate the requirement for 3 month prior use of self-administered TNF antagonist before authorization of an IV TNF antagonist requirement.
- Return the choice of therapy to the physician and patients.

We would appreciate the opportunity to discuss this issue with you in more detail. Please contact Sandie Preiss, Vice President of Advocacy and Access at 202-887-2910 (spreiss@arthritis.org) to further discuss this important issue.

Thank you very much for your consideration. I look forward to hearing your response to my request.

Sincerely,

Ann M. Palmer

Ann Palmer

cc: Sandie Preiss, Vice President of Advocacy and Access
cc: Pam Fields, Advocacy and Public Policy Director, Great Lakes Region
cc: Christopher Smith, CEO, Great Lakes Region

MEDICAL MUTUAL

August 12, 2014

Ann M. Palmer
President and CEO
Arthritis Foundation National Office
1615 L Street, NW #320
Washington, D.C. 20036

Re: Remicade (Infliximab)

Dear Ms. Palmer:

Your correspondence concerning the Medical Mutual coverage position for Remicade was referred to me by Dr. Robert Rzewnicki, our Chief Medical Officer. Please allow me to explain our Corporate Medical Policy (CMP) development and revision process.

Prior to development and implementation of a CMP, current peer-reviewed medical and scientific literature and practice guidelines published by nationally recognized, authoritative organizations are reviewed by board-certified, community-based physician reviewer(s) practicing in specialties related to the topic under review. After implementation, a CMP will be periodically revised, as necessary.

A decision has been made to revise our Remicade CMP. **Beginning September 1, 2014, the medical benefit requirement that a trial of a self-administered anti-tumor necrosis factor-alpha agent be attempted prior to treatment with Remicade will be eliminated.**

This revised policy will replace the current version on our Company website, *provider.medmutual.com* in the near future.

Thank you for your letter. Medical Mutual welcomes inquiries concerning our medical policies, which strive to provide consistency with prevailing practice standards and coverage for cost effective medical services proven to be of clinical benefit to our members.

Sincerely,

Kathryn Canaday

Kathryn Canaday, PharmD
Director of Pharmacy