MINNESOTA
SOCIETY OF CLINICAL ONCOLOGY

ADVANCING EXCELLENCE IN CANCER CARE FOR MINNESOTA PATIENTS

April 26, 2017

Medica
Attn: Chief Medical Officer
Alan Spiro, M.D., M.B.A.
401 Carlson Parkway
Minnetonka, MN 55305

RE: Medica- Policy for New-to-Market Medical Benefit Drugs and Biologics

Dear Dr. Spiro,

On behalf of the Minnesota Society of Clinical Oncology (MSCO), an organization dedicated to providing advocacy for cancer patients and promoting standards of excellence for high-quality cancer care, I am writing to request additional information and your clarification regarding Medica's new policy for new-to-market medical benefit drugs and biologics, announced March 31st.

MSCO has been informed of Medica's future implementation of a review process wherein Medica will be deciding certain appropriate coverage or utilization management drug policies for new to market medical benefit drugs and biologics. The society raises concern over the "New-to-Market Medical Pharmacy Products" policy since Medica has stated, "…all new-to-market pharmacy products *are not covered* until completion of this review process." MSCO worries that this may result in some of Minnesota's cancer patients being unable to either immediately access or, potentially access at all, state of the art specific drugs and biologics to which there may be no other acceptable alternative.

From a provider standpoint, the society also fears that this new policy may become a bigger issue for Medica—if most other payers are covering those new FDA approved drugs and therapies. MSCO understands Medica's policies for covering the use of off label drugs and therapies, but we are unclear of the total impact this could potentially pose for Medica covered cancer patients. Additionally, MSCO believes that your new policy could pose a large burden on many clinics, hospitals, and physician practices as they'd need to be monitoring and reviewing new FDA approved drugs being used for patients covered under a Medica plan.

Ultimately, however, MSCO's biggest concern is that this new Medica policy could cause serious delays and barriers for cancer patients trying to access the most appropriate care.

Below, we have listed some questions that MSCO would be extremely appreciative of you taking the time to address. With the June implementation date nearing, MSCO hopes to better understand this policy so as to provide the best possible care to our MN cancer patients.

(1) Will this policy allow denials of drugs used according to FDA indications?
   a. If yes, who at Medica is responsible for then explaining the policy to patients, employers, etc. who all may question the policy relating to denials of potentially life prolonging therapies?

(2) Does Medica intend to **proactively explain** this new policy too **ALL** Medica covered individuals affected by this change?

(3) Will prior authorization be made easily available to obviate retrospective denials?

(4) Will NCCN guidelines no longer be adhered to?

(5) Does Medica consider implementation of this new policy to potentially be more restrictive than Medicare?
   a. Will Medica be providing comprehensive details of all policies more restrictive than Medicare? If not, how are providers to have a sense of Medica's coverage precedents or prior determinations?

MSCO thanks you for taking the time to listen to our concerns. We sincerely hope that you can address the areas we believe need further clarification under this new policy. MSCO looks forward to hearing from you.

Please email Brittney Fairman, ACCC Policy Analyst at: bfairman@accc-cancer.org, regarding your correspondence with MSCO. Again, we thank you.

Most sincerely,

Dean H. Gesme, MD, FACP, FACPE, FASCO
President