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October 2, 2007

John Fox, MD
Priority Health
1231 East Beltline, NE
Grand Rapids, MI 49525-4501

Dear Dr. Fox:

On behalf of the American College of Gastroenterology, I am writing to you to express the ACG's concern that Priority Health is considering revising its policy on tumor necrosis factor inhibitors which play an important role in the treatment of Crohn's disease. We urge Priority Health not to adopt what we perceive as an ill-advised and misguided policy.

The American College of Gastroenterology is a physician organization representing gastroenterologists and other gastrointestinal specialists. Founded in 1932, the College currently numbers more than 10,000 physicians among its membership of health care providers of gastroenterology specialty care. The College focuses its activities on clinical gastroenterology – the issues confronting the gastrointestinal specialist in treatment of patients. The primary activities of the College have been, and continue to be, educational efforts directed at promoting and optimizing quality care.

The College is on record regarding the critical importance of protecting the relationship between physician and patient. To do so, it is imperative that we are permitted to create an environment in which, as treating physicians, we, along with our patients, can decide the best and most appropriate treatment for their individual needs without outside interference from policies tied to economic or other non-medical issues. We strongly opposed a proposed policy by Medicare several years ago that would have prevented physicians from prescribing medications for off-label uses based on their clinical experience and the particular needs of a patient. Similarly, we have fought against policies requiring a “step-up therapy” for treatment of GERD in all cases as a violation of this physician-patient relationship.

We are concerned that your potential adoption of a “Humira First Policy” would again head down this ill-advised road and could result in unnecessary harm to our patients. There is no question that the treating physician is in the best position to determine the optimal treatment for a given patient taking into account that patient's unique circumstances. As an insurer, it is our collective opinion that you should not be substituting your judgment for that of the front-line provider with whom you contract precisely because they are well qualified to serve the needs of and optimize the outcomes for your customers. Rather, the treating physician, in consultation with the patient, should

be able to select the appropriate anti-TNF agent, or any other treatment for that matter, regardless of the status of co-pays and reimbursement associated with different therapies. We firmly believe that a selection bias for a particular agent should be justified by a corresponding disparity in the efficacy of treatment, coupled with risk/benefit analysis. Correspondingly, the controlled scientific published trial data should demonstrate clear evidence to justify any treatment selection bias.

We share the responsibility to provide patients with optimal therapy and would like to collaborate with you to achieve this goal, and we are confident that you can understand and appropriately integrate our request. Please don't hesitate to contact me to discuss this issue further.

Respectfully,

A handwritten signature in cursive script, appearing to read "David A. Johnson". The signature is written in a dark ink and is positioned above the typed name and title.

David A. Johnson, MD, FACP
President, American College of Gastroenterology