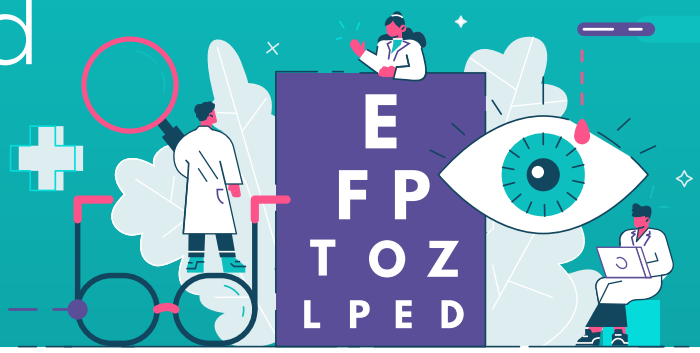
Insurer Access Barriers Scorecard – Eye Health

MAY 2025



I. Introduction

Across the United States, people living with ophthalmological conditions that affect their eyes and vision depend on their health insurance plans to obtain vital medications. Maintaining eye health is crucial not only for preserving vision but also for preventing the disability associated with vision loss. According to the Centers for Disease Control and Prevention, approximately 12 million people aged 40 and older in the U.S. have a vision impairment, including 1 million who are blind.[1] Without proper treatment, many people with vision impairments risk their condition worsening, which would significantly impact their quality of life, independence, and overall well-being.

Unfortunately, far too many patients encounter restrictive health insurance policies—such as prior authorization, onerous step therapy, and high cost-sharing (e.g., formulary/tier placement)—that delay or limit access to the treatments their doctors prescribe. These utilization management tools allow insurers to control prescription drug spending but often result in significant hurdles for patients, including treatment delays that can worsen their conditions.

This edition of *Let My Doctors Decide's* National Scorecard evaluates how insurers and pharmacy benefit managers (PBMs) cover medications used to treat four ophthalmological diseases or conditions: Neovascular (Wet) Age-Related Macular Degeneration, Geographic Atrophy, Thyroid Eye Disease, and Ophthalmic: Dry Eye disease. Individuals with these conditions are among many patients who face coverage barriers, making it difficult to secure the treatments their health care providers deem necessary.

This scorecard illustrates how current coverage policies create significant obstacles for patients, providing critical insights to inform legislative and regulatory efforts at the state and federal levels to improve access for people living with serious medical conditions.

1. Centers for Disease Control and Prevention. "Fast Facts: Vision Loss." May 25, 2024. https://www.cdc.gov/vision-health/data-research/vision-loss-facts/index.html

II. Summary of Key Findings

- People living with eye diseases faced insurer and PBM-imposed access barriers, however, there was significant variation in coverage and access by plan type and disease condition.
- Among commercial and health exchange plans, there were fewer access restrictions for treatments for Geographic Atrophy and Thyroid Eye disease compared to those for Wet AMD and Dry eye. A majority of commercial plans and a plurality of health exchange plans received an "A" grade for their coverage of Geographic Atrophy and Thyroid Eye disease treatments. However, the majority of plans received a "C" or "F" grade for their coverage of treatments for Wet AMD and Dry Eye.
- Traditional Medicare (also known as Medicare fee-for-service) and Medicare Advantage, which cover physician-administered drugs under the medical benefit, generally placed fewer access restrictions on treatments than commercial, health exchange, or Medicaid plans. Traditional Medicare stands out with nearly 100% of plans receiving an "A" grade for all conditions where treatments were administered under the medical benefit.
- Of all the plan types, State Medicaid plans performed the worst, particularly for coverage of treatments for Geographic Atrophy and Wet AMD. Access was slightly better for Managed Medicaid plans, but significant coverage limitations persist. The majority of plans received a "C" or an "F" score for their coverage of all conditions examined.

II. Scoring Methodology

Data analytics firm MMIT provided and analyzed formulary data from thousands of private and Medicare health plans across the United States, focusing on FDA-approved medications for ophthalmological conditions—specifically Neovascular (Wet) Age-Related Macular Degeneration, Geographic Atrophy, Thyroid Eye Disease, and Ophthalmic: Dry Eye. The data reflect coverage as of the fourth quarter of 2024. Treatments for Neovascular (Wet) Age-Related Macular Degeneration, Geographic Atrophy, Thyroid Eye Disease were evaluated for coverage under the medical benefit (drugs administered in a doctor's office) while treatments for Ophthalmic: Dry Eye were evaluated under the pharmacy benefit (drugs dispensed through a pharmacy).

The scoring assessment considered four main factors: formulary status, tier placement, prior authorization, and step therapy. Each medication was assigned a score from 0 (no restrictions) to 4 (multiple barriers or no coverage). For instance, a plan received one point for requiring step therapy and another for imposing prior authorization. Additional points were added depending on a drug's tier placement. Scores were then averaged across the relevant medications to arrive at a condition-specific result, with the number of plans examined varying by insurance type (as shown in the results charts).

The numeric scores were then converted to letter grades to reflect the magnitude of the differences in access represented by the scores plans achieved.

Criteria	Plan Score	Letter Grade
The plan covers a variety of drugs and has few restrictions on access	**Less than 1**	A
The plan covers fewer drugs and/or has more restrictions on access	**Less than 2 and greater than/ equal to 1**	B
The plan has far fewer drugs covered and/or places significant restrictions on access	**Less than 3 and greater than/ equal to 2**	C
The plan covers significantly fewer drugs and/or places severe restrictions on access	**Greater than/equal to 3**	F

Insurer Access Barriers

The three types of insurer-imposed access barriers examined in this report are:

STEP THERAPY ("FAIL FIRST")

This policy requires patients to try and "fail" on one or more insurer-preferred medications before the insurer will cover the treatment originally prescribed by their doctor. Step therapy undermines clinical judgment, disrupts the doctor-patient relationship, and delays access to necessary care.

PRIOR AUTHORIZATION

Insurers may require doctors to obtain specific approval before prescribing certain treatments. This time-consuming process can delay patient care, as medical professionals must wait for the insurer's decision before moving forward.

FORMULARY/ TIER PLACEMENT

Health insurance plans often place medications onto tiers within their formulary to incentivize use of preferred medicines based on different cost-sharing requirements for patients. Higher tiers typically represent higher cost-sharing requirements. Requiring high cost-sharing for patients can mean medicines are financially out of reach, even though they are technically "covered" by a plan.

Leading professional organizations including the American Academy of Ophthalmology and the American Society of Retina Specialists strongly oppose these restrictive insurance practices., emphasizing that these barriers can lead to irreversible vision loss during critical treatment windows. These organizations support public policies that would limit insurers' use of these practices and ensure that treatment decisions should remain between doctors and patients.

IV. Detailed Findings

KEY FINDING #1: Commercial

Condition	COMMERCIAL COVERAGE (1,186 PLANS)			
	A Score <1	B 1≤ Score <2	C 2≤ Score <3	F Score ≥3
Geographic Atrophy (GA)	56%	8%	9%	26%
Neovascular (Wet) Age-Related Macular Degeneration (AMD)	4%	42%	34%	20%
Thyroid Eye Disease	57%	0%	32%	12%
Ophthalmic: Dry Eye*	0%	21%	68%	11%
Across All Conditions†	39%	17%	25%	19%

KEY FINDING #2: Health Exchange Plans

Condition	HEALTH EXCHANGE PLAN COVERAGE (533 PLANS)			
	A Score <1	B 1≤ Score <2	C 2≤ Score <3	F Score ≥3
Geographic Atrophy (GA)	44%	10%	17%	29%
Neovascular (Wet) Age-Related Macular Degeneration (AMD)	10%	19%	32%	39%
Thyroid Eye Disease	34%	0%	40%	26%
Ophthalmic: Dry Eye*	0%	11%	30%	59%
Across All Conditions†	29%	10%	30%	31%

KEY FINDING #3: Medicare & Medicare Advantage

Condition	MEDICARE PART B (FEE-FOR-SERVICE)			
	A Score <1	B 1≤ Score <2	C 2≤ Score <3	F Score ≥3
Geographic Atrophy (GA)	100%	0%	0%	0%
Neovascular (Wet) Age-Related Macular Degeneration (AMD)	100%	0%	0%	0%
Thyroid Eye Disease	100%	0%	0%	0%
Across All Conditions	100%	0%	0%	0%

Condition	MEDICARE ADVANTAGE (3,109 PLANS)			
	A Score <1	B 1≤ Score <2	C 2≤ Score <3	F Score ≥3
Geographic Atrophy (GA)	92%	7%	0.58%	0.62%
Neovascular (Wet) Age-Related Macular Degeneration (AMD)	23%	40%	35%	2%
Thyroid Eye Disease	79%	0%	10%	12%
Ophthalmic: Dry Eye*	0%	2%	65%	32%
Across All Conditions†	64%	16%	15%	5%

KEY FINDING #4: Medicaid

Condition	STATE MEDICAID (104 PLANS)			
	A Score <1	B 1≤ Score <2	C 2≤ Score <3	F Score ≥3
Geographic Atrophy (GA)	0%	3%	3%	94%
Neovascular (Wet) Age-Related Macular Degeneration (AMD)	0.97%	23%	17%	58%
Thyroid Eye Disease	30%	0%	17%	53%
Ophthalmic: Dry Eye*	4%	23%	25%	48%
Across All Conditions†	10%	9%	12%	69%

Condition	MANAGED MEDICAID (378 PLANS)			
	A Score <1	B 1≤ Score <2	C 2≤ Score <3	F Score ≥3
Geographic Atrophy (GA)	26%	16%	9%	49%
Neovascular (Wet) Age-Related Macular Degeneration (AMD)	8%	19%	39%	34%
Thyroid Eye Disease	49%	0%	30%	21%
Ophthalmic: Dry Eye*	0%	35%	57%	8%
Across All Conditions†	28%	12%	26%	35%

Spotlight on Geographic Atrophy

Geographic Atrophy (GA) is an advanced form of age-related macular degeneration (AMD) characterized by the progressive loss of the retinal pigment epithelium, leading to permanent central vision loss. Approximately 1.5 million people in the United States are living with GA, which is responsible for 1 out of 5 cases of legal blindness.[1]

The Food and Drug Administration (FDA) approved the first medications to specifically slow the progression of GA in 2023, yet patients still face barriers in accessing these advanced therapies.

While there were fewer access barriers to GA treatments among Medicare plans, other categories of plans performed more poorly, with fewer than half of commercial and health exchange plans receiving an "A" grade. Among Medicaid plans, 94% received a score of "F" for their coverage of GA treatments.

Further, while 92% of Medicare Advantage plans received an "A" grade for their coverage of GA treatments, 18 of the top 25 plans in terms of covered lives – collectively representing 8.6 million beneficiaries – received a score of "B."

A deeper analysis of the data revealed that all 18 plans imposed prior authorization requirements on both drugs featured in the analysis.

18 out of the top 25

Medicare Advantage plans imposed prior authorization requirements on GA medications

Among plans in the commercial category, three of the top ten largest plans received a score of "F", which collectively represent over 10 million covered lives. These included TRICARE and plans affiliated with the Department of Veterans Affairs and the Indian Health Service. As relatively new treatments, there is a possibility that payers will impose burdensome access barriers to GA treatments. One major payer has already begun to do so in January 2025 – a development that was not included in this analysis, which relied on fourth quarter 2024 data.[2]

Payer-imposed access barriers such as prior authorization can significantly delay treatment for many patients, for example, by requiring extensive documentation and multiple rounds of review before approval. This process can sometimes take weeks or even months. Even small delays in treatment can have major impacts on disease progression, as the disease can progress fairly quickly after diagnosis and significantly impact one's ability to perform daily activities like reading, driving, and recognizing faces.

1. *Rein DB, Wittenborn JS, Burke-Conte Z, et al. Prevalence of Age-Related Macular Degeneration in the US in 2019. JAMA Ophthalmol. 2022;140(12):1202–1208. doi:10.1001/jamaophthalmol.2022.4401*

2. ***Aetna**. "Clinical Policy Bulletin: Avacincaptad Pegol (CPB 1041)." https://www.aetna.com/cpb/medical/data/1000_1099/1041.html Accessed 9 Apr. 2025*

Limitations

This analysis, while comprehensive, has several notable limitations. It does not consider patient out-of-pocket expenses (e.g., deductibles, coinsurance, copayments) or copay accumulator and maximizer policies, many of which exclude patient assistance from deductible or out-of-pocket limit calculations. The analysis did not consider whether coverage policies for these medications are more restrictive than their FDA approved label, which limits access for the full population who could benefit. It also does not account for differences in how Medicare Administrative Contractors (MACs) handle and code treatments. This analysis may not fully capture instances where utilization management tools (e.g. prior authorization) are implemented by "retrospective" or "post-service review."

In addition, this report does not capture other payer tactics – such as requiring patients to engage in "white" or "brown-bagging" arrangements that shift costs from the medical to the pharmacy benefit and impose access barriers. Such policies can significantly harm individuals who rely on assistance by forcing them to meet these requirements on their own, even though the health plan has received full payment. While tier placement was included in plan scores, the exact size of patient out-of-pocket costs and how plans handle cost assistance were not factored in. Given that many insurers continue to raise cost-sharing for prescription medicines, the grades presented here may underestimate the true barriers patients face.

Further, because the report utilizes health plan data from the fourth quarter of 2024, it does not reflect any changes that health plans may have made to their coverage for the 2025 plan year.

Conclusion

People living with ophthalmological diseases rely on prescription medications to preserve their eyesight and overall health. Such treatments can help people with low vision maintain more independent, productive lives. Yet this study shows that many patients face substantial barriers to accessing the treatments their doctors prescribe, regardless of insurance type. While having multiple health plan options is often seen as a cornerstone of the American insurance system, our findings indicate that many patients have limited choices that avoid significant or severe access restrictions.

Moreover, the limitations of this analysis mean it likely offers only a conservative estimate of the barriers patients and their physicians encounter when trying to secure necessary treatments.

Policymakers at the state and federal levels should pursue reforms to reduce these barriers, protect patient access to medically necessary treatments, and hold insurers and pharmacy benefit managers accountable. By streamlining processes like step therapy and prior authorization, and enhancing transparency in formulary designs, legislators can help preserve patients' vision and improve outcomes for those living with serious ophthalmological conditions.

ABOUT LET MY DOCTORS DECIDE ACTION NETWORK

Let My Doctors Decide Action Network 501(c)(4) brings together patient advocates, providers, experts, and other health care leaders to advance meaningful policy reforms to eliminate unnecessary health care access barriers.

ABOUT MMIT

MMIT, a Norstella company, believes that patients who need lifesaving treatments shouldn't face delays because of the barriers to accessing therapies. As the leading provider of market access data, analytics and insights, our expert teams of pharmacists, clinicians, data specialists and market researchers provide clarity and confidence so that our clients can make better decisions.

Appendix A – Scores for Top 25 Medicare, Commercial & Health Exchange Plans

The following charts provide a closer look at access to medicine scores for the largest 25 plans by enrollment for each category: Medicare Advantage/Part D, commercial plans, and health exchange plans.

These data are current as of the fourth quarter of 2024 and does not reflect any changes that health plans may have made to their policies for the 2025 plan year. Please see the limitation section of the report for more details.

COMMERCIAL PLANS - PART 1

Rank	Lives	Commercial Plan Medical Benefit	Wet AMD	GA	Thyroid Eye Disease
1	13,475,969	UnitedHealthcare Advantage 3 Tier PPO	B	B	F
2	4,972,656	TRICARE East	B	F	A
3	4,476,072	Aetna Standard Control Choice w/ ACSF Plan PPO	C	B	B
4	4,440,249	Anthem BCBS Essential PPO 4 Tier	B	B	B
5	4,219,102	Aetna Standard PPO	C	B	B
6	3,885,499	UnitedHealthcare Traditional 3 Tier PPO	B	B	F
7	3,353,971	UnitedHealthcare Advantage 3 Tier HMO	B	B	F
8	3,305,403	Cigna Healthcare Standard PPO	F	A	A
9	2,933,795	Kaiser Permanente Southern California 3 Tier HMO	B	F	A
10	2,838,306	Department of Veterans Affairs	C	F	A
11	2,818,744	Kaiser Permanente Northern California 3 Tier HMO	B	F	A
12	2,810,487	BCBS FEP Basic	C	B	B
13	2,396,654	Indian Health Services	C	F	A

Rank	Lives	Commercial Plan Pharmacy Benefit	Ophthalmic: Dry Eye
1	6,035,101	Express Scripts National Preferred Formulary	C
2	5,955,300	TriCare Department of Defense	B
3	5,293,635	UnitedHealthcare Advantage Three Tier	C
4	5,123,794	VHA National Formulary	C
5	2,933,795	Kaiser Permanente Southern California 3 Tier	B
6	2,810,487	BCBS FEP Basic	F
7	2,798,655	Kaiser Permanente Northern California 3 Tier	B
8	2,768,000	TriCare Department of Defense	B
9	2,588,352	Cigna Standard Three Tier	C
10	2,396,654	Indian Health Services	C
11	2,318,504	BCBS FEP Standard	C
12	1,813,782	CVS Caremark Performance Standard Control w/ Advanced Specialty Control	C
13	1,526,342	UnitedHealthcare Traditional Three Tier	C

COMMERCIAL PLANS - PART 2

Rank	Lives	Commercial Plan Medical Benefit	Wet AMD	GA	Thyroid Eye Disease
14	2,318,504	BCBS FEP Standard	C	B	B
15	2,311,271	TRICARE West	B	F	A
16	2,268,673	Blue Cross Blue Shield of Illinois PPO Basic	C	C	A
17	1,831,809	Blue Cross Blue Shield of Illinois PPO Performance	C	C	A
18	1,736,019	Anthem Blue Cross of CA Essential PPO 4 Tier	B	B	B
19	1,587,272	Highmark Blue Cross Blue Shield National Select PPO	C	B	A
20	1,551,035	Anthem BCBS National PPO 3 Tier	B	B	B
21	1,537,998	Florida Blue Options Three Tier	B	A	F
22	1,522,133	Cigna Healthcare Value PPO 3 Tier	F	A	A
23	1,489,521	BCBS of Tennessee Three Tier PPO	C	A	B
24	1,300,725	Blue Cross Blue Shield of Massachusetts 3 Tier PPO	B	A	B
25	1,269,143	Aetna Advanced Control Plan PPO	C	B	B

Rank	Lives	Commercial Plan Pharmacy Benefit	Ophthalmic: Dry Eye
14	1,317,492	UnitedHealthcare Advantage Three Tier	C
15	1,286,744	Aetna Standard Control Choice w/ ACSF Plan	C
16	1,213,452	Aetna Standard	C
17	1,192,009	Cigna Value Three Tier	C
18	1,067,972	Anthem Essential 4 Tier	B
19	1,042,078	Empire Plan NY Advanced Flexible Formulary	C
20	1,038,796	Walmart Associates Formulary	B
21	982,797	OptumRx Premium Standard	B
22	953,612	Cigna Advantage Four Tier	C
23	945,275	State of New York PICA Program	C
24	901,298	Florida Blue Three Tier	C
25	878,491	Blue Shield California Standard	F

HEALTH EXCHANGE PLANS - PART 1

Rank	Lives	Health Exchange Plan Medical Benefit	Wet AMD	GA	Thyroid Eye Disease
1	718,918	BCBS of Texas Marketplace 6 Tier HIX	C	F	A
2	574,200	Aetna Health Exchange Plan FL HMO HIX	C	B	B
3	531,232	Kaiser Foundation Health Plan CA HMO HIX	B	F	A
4	513,978	Ambetter from Superior Health Plan HMO HIX	F	C	F
5	488,070	UnitedHealthcare TX HMO HIX	A	A	F

Rank	Lives	Formulary	Ophthalmic: Dry Eye
1	718,918	BCBS of Texas HIX 6 Tier	F
2	574,200	Aetna Health Exchange Plan Florida	C
3	531,232	Kaiser Permanente California HIX	F
4	513,978	Ambetter from Superior Health Plan HIX	B
5	488,070	UnitedHealthcare Essential Plus TX HIX	F

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HEALTH EXCHANGE PLANS - PART 2

Rank	Lives	Health Exchange Plan Medical Benefit	Wet AMD	GA	Thyroid Eye Disease
6	467,203	Ambetter from Sunshine Health HMO HIX	F	C	F
7	453,892	Ambetter from Peach State Health Plan HMO HIX	F	C	F
8	445,005	Oscar FL PPO HIX	F	C	F
9	406,725	Aetna Health Exchange Plan NC HMO HIX	C	B	B
10	386,855	Fidelis Care Essential Plan	B	F	B
11	360,212	Healthfirst Essential Plan	B	C	B
12	332,175	Florida Blue Health Plan Care Choices POS HIX	B	A	F
13	314,206	Blue Shield of California PPO HIX	B	B	A
14	287,893	Ambetter of Tennessee PPO HIX	F	C	F
15	249,131	Florida Blue Health Plan Care Choices PPO HIX	B	A	F
16	236,042	BCBS of Texas Marketplace 4 Tier HIX HMO	C	F	A
17	234,465	Aetna Health Exchange Plan TX HMO HIX	C	B	B
18	210,510	Oscar GA HMO HIX	F	C	F
19	208,576	Ambetter Absolute Total Care of SC HMO HIX	F	C	F
20	205,755	Baylor Scott and White Health Plan HMO HIX	F	F	F
21	198,027	Florida Blue Health Plan ValueScript HMO-HIX	B	A	F
22	195,427	BCBS of North Carolina PPO HIX	C	C	F
23	178,959	Tufts Health Direct HMO HIX	F	B	F
23	178,959	Horizon Blue Cross Blue Shield of New Jersey PPO HIX	B	A	F
25	172,820	Ambetter from Home State Health PPO HIX	F	C	F

Rank	Lives	Formulary	Ophthalmic: Dry Eye
6	467,203	Ambetter from Sunshine Health HIX	B
7	453,892	Ambetter from Peach State Health Plan HIX	B
8	445,005	Oscar FL HIX	F
9	406,725	Aetna Health Exchange Plan North Carolina	C
10	386,855	Fidelis Care Essential Plan	F
11	360,212	Healthfirst Essential Plan	F
12	332,175	Florida Blue Care Choices HIX	C
13	314,206	Blue Shield California Standard	F
14	287,893	Ambetter of TN HIX	B
15	249,131	Florida Blue Care Choices HIX	C
16	236,042	BCBS of Texas HIX 4 Tier	F
17	234,465	Aetna Health Exchange Plan Texas	C
18	210,510	Oscar GA HIX	F
19	208,576	Ambetter Absolute Total Care HIX	B
20	205,755	Baylor Scott and White Health Plan Essential Health Benefits Formulary	C
21	198,027	Florida Blue ValueScript Rx HIX	C
22	195,427	BCBS of North Carolina Essential 4 Tier HIX	F
23	178,959	Horizon BlueCross BlueShield of NJ HIX	F
23	178,959	Tufts Health Standard HIX	F
25	172,820	Ambetter from Home State Health HIX	C

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MEDICARE ADVANTAGE/PART D PLANS - PART 1

Rank	Lives	Medicare Advantage Medical Benefit	Wed AMD	GA	Thyroid Eye Disease
1	1,305,731	UnitedHealthcare Group Medicare Advantage (PPO) EGWP	B	B	B
2	863,409	HumanaChoice - National 5	C	B	B
3	781,172	Humana Gold Plus - National 5	C	B	B
4	681,921	Aetna Medicare Plan EGWP MA Only	C	B	B
5	618,226	UnitedHealthcare Group MA Only	B	B	B
6	613,531	Aetna Medicare Plan EGWP (PPO)	C	B	B
7	537,692	Anthem Medicare Advantage 6T	A	A	A
8	496,285	Humana Medicare Employer MA-PD	C	B	B
9	452,391	Kaiser Permanente Senior Advantage EGWP	A	A	A
10	399,806	HumanaChoice - National 5 w/GC & ED	C	B	B
11	389,549	Humana Gold Plus - National 5 w/GC & ED	C	B	B
12	380,127	Humana Gold Plus SNP - National 5 w/ Single Tier	C	B	B
13	339,320	HumanaChoice - National 5 w/ ED	C	B	B
14	320,723	Humana Gold Plus w/ Vitamins & ED	C	B	B
15	318,347	Humana USAA Honor MA Only	C	B	B
16	298,519	HumanaChoice SNP - National 5 w/Single Tier	C	B	B
17	262,993	Humana Gold Plus - National 5 w/ED and Weight Loss	C	B	B
18	239,903	Blue Cross Blue Shield of Michigan Medicare Plus Blue MA Only	C	A	F
19	232,235	Kaiser Permanente Senior Advantage LA, Orange Co.	A	A	A

Rank	Lives	MA Formulary/ Part D Plan	Ophthalmic: Dry Eye
1	4,065,254	Wellcare Formulary 11 - 2024	C
2	2,228,692	Wellcare Formulary 6 - 2024	C
3	1,700,208	SilverScript SmartSaver	C
4	1,465,953	SilverScript Choice	C
5	1,305,731	UnitedHealthcare Medicare Advantage 5 Tier MCSNP	C
6	1,265,209	AARP MedicareRx Preferred	C
7	1,020,376	Express Scripts EGWP Premier Access 3 Tier Standard	C
8	935,590	Humana Walmart Value Rx	F
9	863,409	Humana National 5 Formulary	F
10	808,823	Cigna Medicare Secure Rx	F
11	781,172	Humana National 5 Formulary	F
12	740,169	AARP Medicare Rx Walgreens	F
13	630,883	Humana Premier Rx Plan	F
14	613,531	Aetna Medicare B2 Formulary	C
15	589,925	UnitedHealthcare MedicareRx for Groups	C
16	588,855	AARP MedicareRx Basic from UHC	F
17	542,037	SilverScript Platinum 3 Tier	C
18	537,692	Anthem Medicare Core Formulary	F
19	526,383	SilverScript Choice	C

MEDICARE ADVANTAGE/PART D PLANS - PART 2

Rank	Lives	Medicare Advantage Medical Benefit	Wed AMD	GA	Thyroid Eye Disease
20	196,425	Aetna Medicare Premier	C	B	B
21	187,747	Healthfirst Life Improvement Plan (HMO SNP)	A	A	F
22	185,756	BCBS Michigan Medicare Plus Blue PPO Employer EGWP	C	A	F
23	176,845	Humana Gold Plus - National 5 w/ED	C	B	B
24	173,080	Aetna Medicare Value Plan	C	B	B
25	171,465	Cigna Preferred Medicare	B	A	A

Rank	Lives	MA Formulary/ Part D Plan	Ophthalmic: Dry Eye
20	508,753	Humana Basic Rx	F
21	502,745	FEP MPDP - Standard	B
22	496,285	Humana Medicare Employer Plan	B
23	452,391	Kaiser Permanente Senior Advantage	F
24	440,557	Wellcare Formulary 18 - 2024	C
25	399,806	Humana National 5 w/GC & ED Drugs	F

Appendix B – Prescription Drugs Included in the Analysis

Disease Indication	Medication Brand Name
GA (Geographic Atrophy)	Izervay, Syfovre
Wet AMD	Alymsys, Avastin, Beovu, Byooviz, Cimerli, Eylea, Eylea HD, Lucentis, Mvasi, Susvimo, Vabysmo, Vegzelma, Zirabev
Dry Eye	Cequa, Eysuvis, Klarity-C, Miebo, Restasis, Restasis MultiDose, Tyrvaya, Vevye, Xiidra
Thyroid Eye Disease	Tepezza