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May 28, 2025

Benjamin Kornitzer, MD
Senior Vice President
Chief Medical Officer
Aetna
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Dr. Kornitzer,

On behalf of the more than 7,700 U.S. rheumatologists and rheumatology health professionals represented by the American College of Rheumatology (ACR), I am reaching out regarding Aetna's new Combined Benefit Management Drug List, which will result in romosozumab-aqqg (Evenity) and infliximab (Remicade) moving to pharmacy-only coverage as of July 1, 2025. Requiring specialty pharmacy acquisition of these drugs undermines the ability of rheumatology practices to provide treatment and ultimately threatens patient access.

Most rheumatology practices obtaining drugs for in-office administration are operating under a traditional buy and bill model. This model allows for immediate availability, reduced waste, safer drug handling and storage, and substantially reduced administrative burden, especially in small practices. Under this buy and bill model, practices are already operating under thin margins. Providers are paid a contracted fee for drugs which is usually minimally above acquisition cost. However, if required to obtain drugs from a specialty pharmacy, even these small margins would be erased and drug administration fees alone will not cover practices' overhead costs associated with in-office administration (ex. rent, utilities, drug storage, insurance, and staff salaries). These financial considerations preclude many rheumatologists from accepting drugs from specialty pharmacies for in-office administration.

Furthermore, using a specialty pharmacy for clinic-administered drugs may lead to unnecessary drug wastage. When purchasing drugs for buy and bill administration, there is no direct patient assignment. However, if a patient has drugs ordered through specialty pharmacy and that patient is unable to use the medication for any reason (i.e. infection, change in medical history, or intolerance/ineffectiveness of medication) then the medication must be wasted as it is illegal and unethical to administer the medication to a different patient. In this scenario, any necessary change in dosing will also force a delay of treatment.

Due to the financial concerns and added administrative burden, specialty pharmacy acquisition is not feasible for most rheumatology practices. Therefore, policies that require use of specialty pharmacy drugs will force a shift in the patient's site of care. To ensure continued access, practices' only option will be to refer patients to another site for treatment - likely a more expensive hospital outpatient setting. Not only will treatment costs be higher in the hospital

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setting, but patients will have reduced access to the vital medication needed to control their rheumatic disease as they face barriers associated with higher out of pocket cost, new location, limited hours, competition for limited infusion site chairs, and communication limitations between their rheumatologist and off-site infusion centers. This may lead to increased morbidity and mortality and an overall burden of health care costs to both the patient and the insurance company.

Finally, ACR gives serious pause to the propriety of Aetna mandating specialty pharmacy acquisition, with the perceived aim of driving additional revenue to parent company CVS Health. Bypassing traditional supply processes simply to increase profitability is concerning on many levels. This policy change would dramatically increase the administrative burden on practices, lead to drug wastage, raise chain of custody drug safety issues, and threaten patients' access to treatment. Accepting these risks simply to increase profits, with no clinical benefit to patients, is highly irresponsible.

We appreciate your consideration of these concerns and request the opportunity to speak to you further about the new Combined Benefit Management Drug List and its impact on access to romosozumab-aqqg (Evenity) and infliximab (Remicade) for rheumatology patients. For questions or to arrange a call, please contact Meredith Strozier, ACR Director of Practice Advocacy, at mstrozier@rheumatology.org or (404) 633-3777.

Sincerely,

Michael Feely, MD
Chair, ACR Insurance Subcommittee