June 12, 2025

Aetna
Attention: Policy Review Committee
151 Farmington Avenue
Hartford, CT 06156

Delivered electronically

Subject: Infusion Providers Alliance (IPA) Urgent Request to Reverse July 1 Policy Mandating Pharmacy-Only Coverage for Select Drugs

Dear Aetna Policy Review Committee,

On behalf of the Infusion Providers Alliance (IPA), which represents nearly 1,000 infusion centers across 43 states, we request that you immediately rescind your recent policy update, "*Changes coming to our commercial medical plan drug lists*[1]," which transitions five provider-administered drugs to pharmacy-only coverage effective July 1.

IPA is committed to protecting the integrity of the provider-patient relationship, and we advocate for policies that ensure timely and adequate patient access to high quality care in IPA members' convenient, community-based, non-hospital settings.

Your new policy effectively mandates a "white bagging" model, requiring patient-specific medications to be supplied by third-party specialty pharmacies and shipped directly to providers for administration. This approach replaces the traditional buy-and-bill model where providers maintain control over procurement and inventory. As currently structured, white bagging is not financially sustainable for community-based providers. A large majority of our members refuse to white bag as a matter of policy, a position that is increasingly shared by many hospitals as well.

To date, despite repeated requests from IPA members, Aetna has not provided the necessary details to implement this policy or to support an appropriate transition of care for these patients. This includes but is not limited to:

- Identification of impacted patients by plan code
- Applicability to patients with existing authorizations

[1] https://www.aetna.com/content/dam/aetna/pdfs/aetnacom/individuals-families-health-insurance/document-library/pharmacy/medical-drugs/JULY-2025-Summary-of-Change-medical-drugs.pdf

- For providers who continue to accept patients, where to obtain these drugs under the new policy
- Whether provider reimbursement will be adjusted to reflect the administrative burden of pharmacy-only coverage
- Where providers should refer patients for treatment who can no longer accept these patients

Additionally, while we initially understood this policy would only apply to Aetna's fully insured commercial plans, the limited feedback you have provided has been inconsistent, causing significant confusion and operational disruption.

The five drugs targeted for pharmacy-only coverage are listed below.

Drugs targeted for pharmacy-only coverage:

- Remicade® (infliximab)
- Tezspire® (tezepelumab)
- Xolair® (omalizumab)
- Ocrevus® (ocrelizumab)
- Ocrevus Zunovo™ (ocrelizumab/hyaluronidase-ocsq)
- Evenity® (romosozumab)

Aetna should immediately reverse this policy change and preserve medical benefit access to these drugs when administered by in-network providers in a physician's office or infusion center. If implemented, the policy will have harmful consequences to patients resulting in reduced access, safety concerns, treatment delays, and negative clinical outcomes.

In addition to the financial and operational strain this policy imposes on providers, there are serious practical and clinical implications that make this policy untenable. We outline a few of those concerns below.

Negative Impact on Clinical Outcomes

Drugs targeted for pharmacy-only coverage treat several complex and chronic conditions. This includes many forms of arthritis, Crohn's disease, ulcerative colitis, severe asthma, multiple sclerosis (MS), osteoporosis, and more. Especially in rural areas where patients have no other convenient infusion center options, they will now be forced to drive long distances to find an infusion center for their care. These patients already have established and convenient settings to receive their treatment. Your significant policy change puts their continuity of care at risk. It will be extremely disruptive and inconvenient to patients. More importantly, it threatens their clinical outcomes and quality of life.

Higher Costs and Medication Waste

Specialty pharmacy control of inventory can result in more waste than physician control of inventory. White bagged medications are specific to an individual patient and cannot be used in the event the intended patient needs a change in dosage, or the provider directs a patient to

change or adjust their therapy. The buy-and-bill model permits providers to tailor the dosage for each patient prior to administration without fear of wasting pre-ordered medication or having to reschedule a patient whose weight has changed as there is insufficient medication on hand. This reduces cost to the healthcare system, particularly as total specialty medication costs continue to grow.

Increased Supply Chain and Safety Risks

White bagging introduces significant logistical and safety challenges by removing provider control. Unlike the buy-and-bill model, where providers oversee procurement, storage, and handling, white bagging can lead to shipment errors, treatment delays, cold chain failures, and contamination risks. These disruptions compromise patient safety and increase operational burden which ultimately threatens treatment efficacy and outcomes.

Legal Conflicts

Several states—including Arkansas, Louisiana, Tennessee, Texas, Illinois, Minnesota, North Carolina, and West Virginia—have enacted laws limiting or prohibiting white bagging mandates for provider-administered medications. Aetna acknowledges legal constraints in states such as Louisiana, New York, Texas, and Connecticut, where the policy will not take effect until plan renewal. It remains unclear how Aetna intends to enforce this policy in jurisdictions where such mandates may be unlawful.

Request to Immediately Reverse July 1 Policy Change

Given the negative impact to patient outcomes and providers' ability to continue to deliver care in convenient, community-based settings, Aetna should immediately reverse the July 1 policy change and maintain medical benefit coverage for the affected medications when administered by in-network providers. We believe your commitment to "Healthier Happens Together" aligns with our shared goal of delivering timely, efficient, high-quality, and safe care. Unfortunately, this policy undermines that goal, and we urge you to reverse this decision immediately.

Given the urgency, we request a meeting with your medical policy team as soon as possible to ensure uninterrupted patient care. Please contact ewarren@infusionprovidersalliance.org to arrange this discussion.

Sincerely,

Elliott B. Warren
Executive Director
Infusion Providers Alliance