American Urological Association

BOARD OF DIRECTORS

Officers

John H. Lynch, MD
President

Scott K. Swanson, MD
President-elect

Robert C. Flanigan, MD
Immediate Past President

John D. Denstedt, MD
Secretary

David F. Green, MD
Treasurer

Section Representatives

Roger E. Schultz, MD
Mid-Atlantic

E. Ann Gormley, MD
New England

Frederick A. Gulmi, MD
New York

Chandru P. Sundaram, MD
North Central

Barry A. Kogan, MD
Northeastern

Anthony Y. Smith, MD
South Central

Martin K. Dineen, MD
Southeastern

Eric J. Zeidman MD
Western

Headquarters

Michael T. Sheppard, CPA, CAE
Chief Executive Officer

1000 Corporate Boulevard
Linthicum, MD 21090

U.S. Toll Free: 1-866-RING-AUA (1-866-746-4282)
Phone: 410-689-3700
Fax: 410-689-3800
Email: AUA@AUAnet.org
Websites: AUAnet.org
UrologyHealth.org
UrologicHistory.museum

February 12, 2020

Andrea D. Willis, MD
Senior Vice President and Chief Medical Officer
BlueCross BlueShield of Tennessee
6021 Brentwood Chase Drive
Brentwood, TN 37027

Dear Dr. Willis:

The American Urological Association, with more than 15,000 members in the United States, represents the world's largest collection of expertise and insight into the treatment of urologic disease and provides invaluable support to the urologic community by fostering the highest standards of urologic care through education, research and the formulation of health policy.

The AUA would like to voice our objection to your policy that requires providers to purchase specialty drug through the BlueCross BlueShield of Tennessee Preferred Specialty Pharmacy Network. This policy will negatively affect our mutual urology patients by reducing their access to needed specialty pharmaceuticals including cancer-fighting drugs such as Lupron, Trelstar, Eligard, Xgeva, Zometa, Firmagon and Provenge.

The policy will directly impact urology practices that currently engage in the buy-and-bill model operate under thin margins. The overhead costs associated with the procurement and inventory of infusion medications, together with high fixed costs such as rent, utilities, and staff salaries, are barely covered under existing margins. If forced to obtain drugs from a specialty pharmacy, even these small margins will be erased, yet the overhead costs to the practices remain stable, or even go up due to the new prior authorization requirements. Drug administration fees alone do not cover the associated overhead costs. The offer to join your specialty pharmacy provider network does nothing to address the unreimbursed administrative costs our providers will see. The predictable result of this policy is that physicians will no longer be able to provide these medications to your patients, instead forcing them to infusion centers in the more expensive hospital setting. This will create a significant barrier to their access to treatment and will certainly serve as an inconvenience to them. Not only will treatment costs be higher in the hospital setting, but there will be a predictable minority of patients who, due to the inconvenience, the higher out of pocket cost, or simply fear of the unknown, will drop their treatments when transferred to this setting. We are aware that a number of hospital facilities will, like our members, not accept white bagging policies, and in these communities, the patient will lose access to treatment all together.

We appreciate the concerns you may have regarding the price of some of these medications, and we agree with those concerns. We want to be partners in the care of our mutual patients in a cost-effective manner. However, we believe the current buy-and-bill model is the best option for infusible medications to ensure patient safety and continued access to these critical treatments. Patient adherence is improved when the physician office is able to control this process. Timing of these medications is critical, so inserting an external process such as "brown" or "white-bagging" would lead to mis-timed administration of the medications.

We respectfully ask for your reconsideration for a reversal of this policy, for the good of our mutual patients who need access to these medications.

Sincerely,

Jonathan Rubenstein M.D.
Chair, Coding and Reimbursement Committee
American Urological Association