



Pharmacists Optimizing Cancer Care®

White Bagging Issue Brief

Introduction

The recent growth in white and brown bagging has shifted the delivery of medications so that specialty medications are now dispensed from a third party, who is not affiliated with the provider. In a 2021 survey by Vizient, a health care performance improvement company, 92 percent of respondents reported experiencing problems with the medication received from white and brown bagging.

- White bagging: Distribution of a patient-specific drug is purchased through a specialty pharmacy and shipped directly to the provider's office or infusion clinic for administration.
- Brown bagging: Distribution of a patient-specific drug that purchased through a specialty pharmacy and shipped directly to the patient, who takes this drug to the provider's office for administration.
- Clear bagging: Drug is purchased through a health system's own specialty pharmacy, who delivers the drug to the provider's office or infusion site for administration.

Benefits of White Bagging

Insurers prefer white bagging as the drug is processed via the prescription benefit of patient insurance, which may reduce the cost paid by the insurer due to higher coinsurance or patient out of pocket responsibility. Institutions may save money as well since they will not have to buy the drugs directly.

Drawbacks of White Bagging

White bagging policies jeopardize patient safety and exacerbate supply chain security challenges. The provider/infusion center is responsible for all aspects of a patient's treatment, which includes care of the patient, development of a treatment plan, execution of the treatment, and frequent monitoring of treatment efficacy and toxicity. The introduction of white bagging mandates threatens a well-developed and robust care model.

HOPA is concerned that white bagging will remove a patient's autonomy to choose the care team that is best for them. If an institution does not accept white bagging and it is mandated by insurance, then the patient would need to leave their care team for a new institution. Patient safety is also a concern, as the wrong medication can be sent after bypassing checkpoints and given to a patient. This could happen if the product is not in the formulary or system, or if the staff is unfamiliar with the drug that they receive. White bagging can lead to delays in care if a specialty pharmacy does not send the drug on time. If the drug is delayed, providers will have to adjust the entire care plan. This leads to a burden on patients who need transportation for appointments and who adjusted work schedules, with a particular impact on disadvantaged patients. Specialty pharmacies do not have replacement product if there are errors with reconstitution and/or mixing, and there may be inadequate stock for dosage adjustments. This delay in care may compromise patient outcomes, particularly in oncology. Combination therapies pose a challenge since drugs could be coming from multiple sources. If a provider changes the drug regimen, then they would need to get a new drug from the specialty pharmacy and the patient would own the



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unused drug, as it cannot be added back into inventory for use with another patient like supplies in a traditional infusion pharmacy model. This can lead to drug waste, as the product must be thrown away even if it was never used.

HOPA is also concerned about the impact of white bagging on supply chain integrity and proper storage of drugs. Once the product leaves the pharmacy, it is unclear who is responsible for proper handling, temperature, and expiration dates. Shipped medications may not be integrated into technology at site, which comprises safety checks. Drugs may arrive late if they are not shipped in time, or if the specialty pharmacy does not account for shipping time. Products are often dropped on the shipping dock without any notice. Under the Drug Supply Chain Security Act, tracking where a product comes from is required, and white bagging is potentially a violation of this requirement. Furthermore, storage of the product requires additional space for patient-specific doses in the facility pharmacy, which can necessitate buying additional medical-grade refrigerators or freezers.

White bagging shifts the work and liability onto administering pharmacies without offering reimbursement for these services. It is challenging to coordinate scheduling, and to track drugs to ensure that they arrive on time for administration to the patient. Facilities can bill an administration fee, but there is no additional reimbursement. Without a corresponding drug charge, the administration fee may be denied by insurance payors. While there is an argument that these issues can be addressed through contracting, this will be a larger burden for smaller institutions who do not have the resources and opportunities to negotiate favorable contracts. Ultimately, patients will suffer when they do not receive appropriate and timely access to care.

Impact on Cancer Patients

Due to the high proportion of anticancer medications that fall under specialty pharmacy distribution, HOPA's primary concern is that cancer patients are disproportionately at risk from negative outcomes when the white bagging process does not work effectively. Patients can be treated with the same drug and receive two different levels of care depending on the use of white bagging. If there are issues with receiving the drug from the specialty pharmacy, then a patient cannot start treatment; since anticancer drugs follow a scheduled regimen, this can delay the care schedule by several weeks. The drug could also have a curative intent, and therefore delay could lead to worse health outcomes for the patient. Delays have negative impact on not just a patient's physical well-being, but also their mental health. Patients also must deal with more of the administrative burden with white bagging, including co-pays, and calling the specialty pharmacy and insurance company to arrange ordering.

Recommendations

While HOPA acknowledges that there are positive aspects to white bagging, we oppose the components identified in this issue brief that have a negative impact on patient care. In particular, we are concerned with the following areas:

- Additional burden to the patient, including both financial burden and additional time spent coordinating care.



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- Delays in care that are caused by changes in medication regimen, supply chain issues, or delays in shipment of the drug.
- Patient safety issues caused by medication error or unsafe handling and storage of the drug.

These issues must be addressed to ensure that white bagging does not negatively impact patient care.