



Recent Trends in White Bagging and Brown Bagging

BY KRISTIN FERGUSON, DNP, RN, OCN

Over the last several months, ACCC members have experienced a rising trend of payer-mandated white and brown bagging.

“White bagging” is the term used when payers require certain drugs to come from a specific specialty pharmacy and be shipped directly to a practice, hospital, or clinic for administration. Often these drugs are billed under pharmacy benefits instead of medical benefits, as is generally the case under the buy-and-bill model where providers purchase and stock drugs that they then administer to patients after physician orders are entered.

“Brown bagging” is the term used when payers mandate that drugs be shipped directly to patients’ homes. Under this model, patients are required to bring the drug to the infusion center, clinic, or practice for administration; self-administer the drug at home; or have home health nursing administer the drug in their home.

Payers say these two models improve utilization management; however, many oncology providers and support staff believe that due to the complexity of anticancer drugs, which often require dose adjustments and treatment delays, white bagging and brown bagging can:

- Delay patient care.
- Increase safety concerns about drug quality.
- Result in drug waste.
- Create unnecessary administrative burden.
- Have a negative impact on care coordination.

Concerns also exist around drug integrity, home infusion, and patient burden.

Workflow and Patient Safety Concerns

Many patients visit with their medical oncologists and have labs drawn on the same day they receive treatment in an infusion center or physician’s office. This practice ensures that their body is healthy enough to receive the next dose of chemotherapy or immunotherapy. Sometimes, due to a new side effect observed or an abnormal lab, a physician may decide to hold or reduce the dose of a drug. If the drug is coming from an outside specialty pharmacy directly to the clinic or to the patient first, the drug may go to waste if the physician determines that the patient cannot safely receive the drug that day. Due to expiration requirements, drugs cannot always be saved for the next treatment date.

Many ACCC members report that white bagging can increase patient wait times when the drug is not delivered on the treatment date or the drug is delivered to an area of the clinic or hospital where oncology staff is not present. When this happens, drugs can sit in temperatures not recommended for viability or not reach the correct department at all.

With white and brown bagging, because the drug is not initially overseen in a program’s oncology pharmacy, providers who must administer the drug may have concerns about how the drug was mixed and whether the correct drug is in the bag or syringe. Liability concerns, should patients have a reaction, are prevalent. With white and brown bagging, clinic staff do not have control over drug handling, temperature,

how long ago a drug is mixed, and the drug’s expiration date, leading to potential safety implications for patients.

Specialty pharmacies typically do not have full access to patients’ medication histories and electronic health records, resulting in situations where drugs are sent to or for patients without necessarily having undergone safety checks and balances.

Specific to home infusions, revenue loss is of concern as well to cancer program and practice administrators, who budget for staff, equipment, and other costs based on revenue generated from drug administration.

Looking at home infusion from the patient perspective, though many believe that patients prefer receiving therapy at home (one reason why more brown bagging has been emerging during the COVID-19 pandemic), most oncology drugs cannot be given safely at home due to fear of an infusion reaction, as well as risk to other individuals in the home who may potentially be exposed to hazardous drugs.

Recent Trends

Members in several states have sent ACCC different payer notifications about changing requirements for certain drugs, many of them supportive therapies, requiring that these drugs come from specialty pharmacies prior to delivery to the clinic (white bagging) or requiring that these drugs be delivered directly to patients’ homes (brown bagging).

John Montville, executive director, Oncology Service Line at Bon Secours Mercy Health in Paducah, Ky., worries that payers are “launching these requirements in sporadic places first” and fears that their goal

is to roll out these requirements nationwide. How health systems and oncology practices respond to these increasing payer requirements will likely determine whether the increase in white and brown bagging continues.

The delivery of oncology care in the home is another concerning and related trend. For providers, home oncology care shares many of the same concerns of white and brown bagging, in addition to unique challenges, such as home staff not having adequate oncology training and a lack of supportive care in the home if an infusion reaction or adverse event occurs during or immediately after drug administration.

So, What Can Providers Do?

Some cancer programs are refusing to accept payer contracts or to treat patients whose insurance has white and brown bagging requirements, which, unfortunately, decreases access to care for patients with cancer. However, with concerns over drug safety, integrity, and liability, many cancer care providers feel they have no choice.

Others are using legislative means to fight these payer requirements at the state level. Jorge Garcia, PharmD, MS, MHA, MBA, FACHE, assistant vice president at Baptist Health Florida and member of the ACCC Board of Trustees, states:

“We are currently organizing to advocate about this in Florida through professional organizations and state boards. We want to establish guidelines for promoting safer pharmaceutical procurement practices. A letter from the Florida Society of Health System Pharmacies will be presented at the Board of Pharmacy in Florida outlining our various concerns with these [white and brown bagging] practices, specifically quality and safety concerns. As a healthcare leader, I do not feel these practices are in the best interest of quality patient care, timely care, or patient safety.”

ACCC will continue to monitor and update members about issues related to white and brown bagging. Meanwhile, if your cancer program or practice is experiencing workforce, reimbursement, or cancer care delivery trends, issues, and/or challenges, please feel free to email me at kferguson@acc-cancer.org. I look forward to hearing your thoughts and learning more about how ACCC can help.



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