


The White Bag Dilemma

“Imagine a restaurant where everyone with a reservation has sent bags and boxes of raw food and ingredients from numerous vendors for the restaurant’s staff to prepare and cook.”

– Rita Shane, PharmD, FASHP, FCSHP

The White Bag Problem



Number of bags to
treat 25 patients

70% of drugs
require sterile
compounding

- Medications used to treat patients with **cancer and complex diseases** are no longer permitted to be acquired by hospitals and clinics that provide care for these patients
- Health plans require that medications come from designated pharmacies that send the medications to the hospitals and clinics
 - **Source of medication and temperature stability cannot be verified**
- Medications needed for **urgent treatment are unavailable**
- Medications that require **dose changes cannot be made** resulting in delays in care
- Patients do not know that these medications, primarily being given intravenously, and at times, by an injection, aren't being dispensed from the hospital or clinic where they receive care
- **Medications need to be prescribed twice:** once in the electronic health record and then another time to be sent to the outside pharmacy.

The Whitebagging Process

One bag for each patient

Whitebagging At-a-Glance

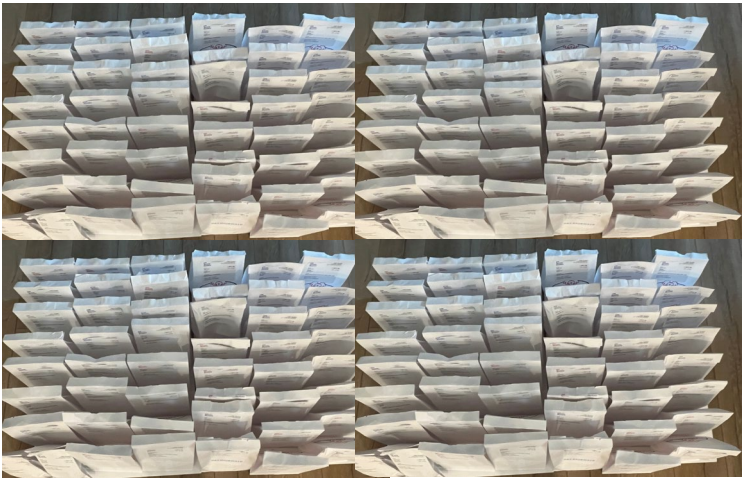
Daily Patient Schedule
 Approx. 200 cancer and infusion patients/day across 4 sites

200
 white-bagged, patient-specific medications DAILY; many required refrigeration

6,000
 white-bagged, patient-specific medications MONTHLY

 **REFRIGERATE**

Visit Date	Time	Patient	Provider/Resource	Appt Notes
6/16/22	7:30AM	Dr. Modesto Russel	THO	Acterma
6/16/22	7:30AM	Norbert Gu*ann DDS	THO	Adakveo
6/16/22	7:30AM	Mr. Ettie McCullough	THO	Aldurazyme
6/16/22	7:30AM	Cathryn Johnston	THO	Amondys-45*
6/16/22	7:30AM	Kaleigh Ratke	THO	Avsola
6/16/22	8:00AM	Ima McCullough	THO	Benlysta
6/16/22	8:00AM	Lillie Thompson DVM	THO	Brineura
6/16/22	8:00AM	Aron Keeling	THO	Cerezyme
6/16/22	8:30AM	Jerad Farrell	THO	Cimzia
6/16/22	8:30AM	Jorge Zboncak	THO	Elaprase
6/16/22	8:30AM	Mar... Pr...	THO	El...
6/16/22	8:30AM	Ho...	THO	E...
6/16/22	8:30AM	Le...	THO	E...
6/16/22	8:30AM	Woodrow Beer DVM	THO	Luxturna
6/16/22	8:30AM	Shania Russel	THO	Lemtrada
6/16/22	8:30AM	Ava Schroeder	THO	Lanzimera (trastuzumab)
6/16/22	8:30AM	Lizeth Rath	THO	Prexus
6/16/22	8:30AM	Delbert Jaskolski	THO	Maptro
6/16/22	8:30AM	Linda Schmitt	THO	IV
6/16/22	8:30AM	Stylen Maggio	THO	IV
6/16/22	8:30AM	Mira Kassulke	THO	IV
6/16/22	2:00PM	Carlee Quizon	THO	IV
6/16/22	2:00PM	Kavlie Little	THO	IV



Behind-the-Scenes: Step 1

Locating the medication

Patient has a white-bagged medication sent for treatment at a health-system

Shipment Arrival



Loading Dock



Delivery



Step 2: Tracking down the medication

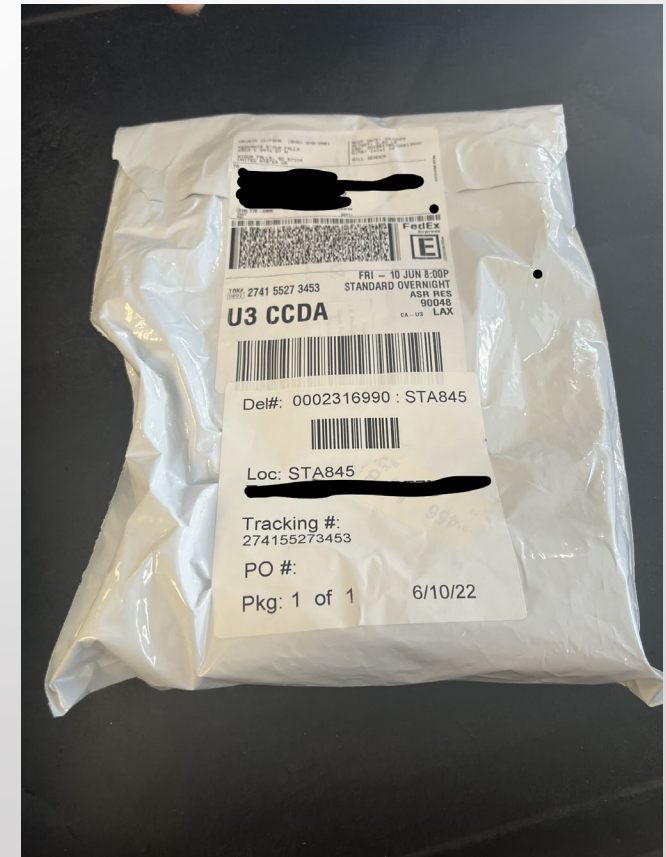
Tracking Information

- 10AM: Package was delivered to loading dock without pharmacy point of contact indicated on the package (only patient name).
- 3PM: Pharmacy staff searched through boxes at loading dock to find the medication
- **Impact: 5-hour delay**



This is a refrigerated medication. How do we verify this was refrigerated as required during transit?

How do we know this contains a medication for a patient? The recipient on the bag is patient's name!



Step 3: Inventory Management

Manual daily inventory tracking to ensure drugs available for treatment.

Need to open each bag to determine:

- expiration date
- recalls
- storage requirements

June 17th, 2022 Appointment Supply Tracker						
Site	Patient	Drug	Dose	Vial Size	QTY Received	QTY Pending Delivery
THO	John Doe	Pembro-lizumab	400mg	100mg	4 vials	0 vial
SOCCI	Jane Doe	Pembro-lizumab	200mg	100mg	0 vial	2 vials
THO	Alex Doe	Pembro-lizumab	400mg	100mg	2 vials	2 vials
SOCCI	Tee Nee	Pembro-lizumab	200mg	100mg	2 vials	0 vial

Patient JW has advanced kidney cell cancer being treated with *bevacizumab* infusion

1. JW checks-in at clinic's front desk
2. JW undergoes same-day clinical assessment (labs evaluation, etc.):
 - JW's weight has significantly increased since last treatment, necessitating a higher dose
3. JW's final medication dose needs to be **increased** (weight-based dosing)
4. Pharmacist look for JW's white-bagged medication to sterile compound
5. Specialty pharmacy had sent vials based on JW's previously documented weight/dose.
6. Reschedule JW for later infusion date to obtain additional vials of medication for her newly calculated dose

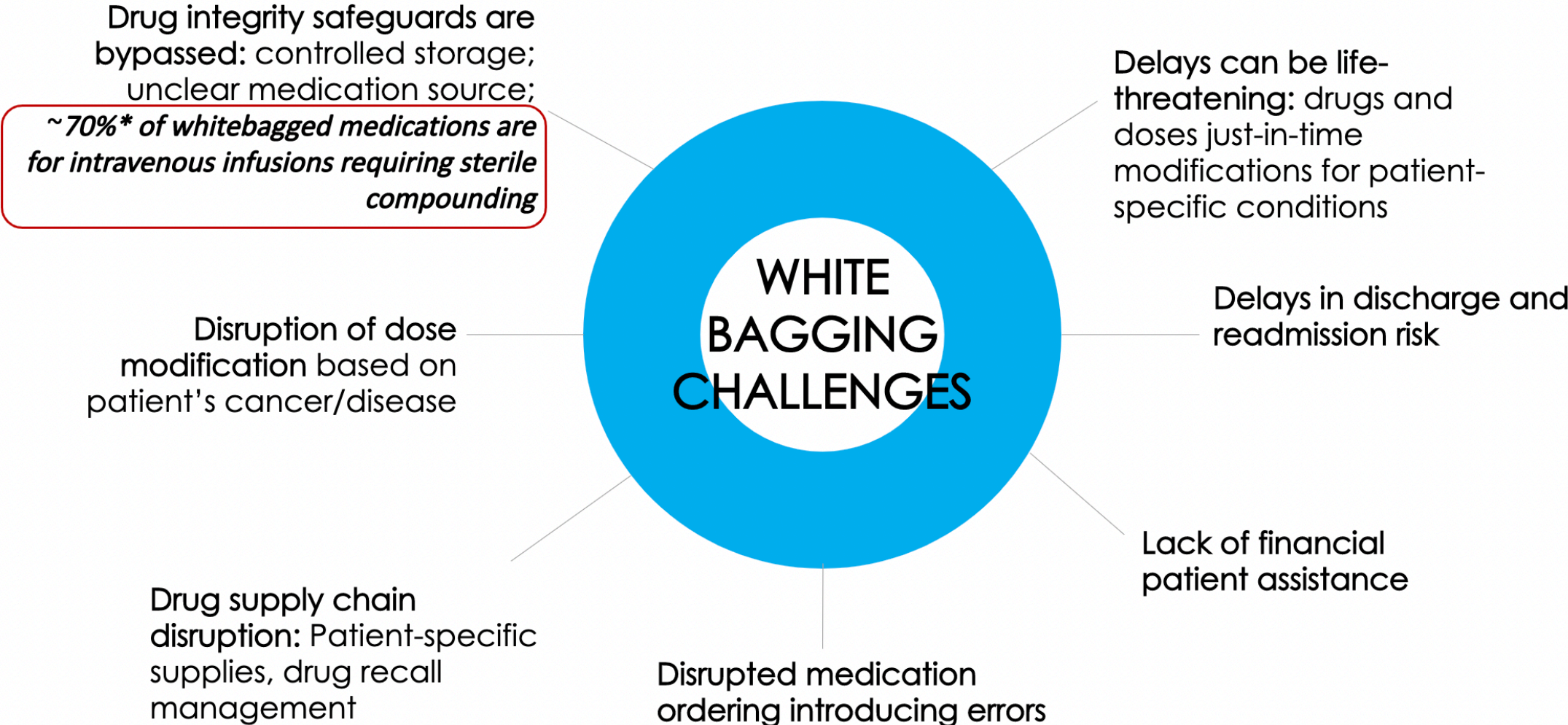
Unclear if drugs were refrigerated during transit



Approx. **70%** of white bagged drugs require sterile compounding



Whitebagging practice adds additional operational burdens on health systems and compromises patient safety



*Estimates based on 3 payers: Anthem, UHC, and Cigna

https://www.anthem.com/docs/public/inline/MSP_Drug_List.pdf (Accessed 3/8/2022)
<https://www.uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/UHC-Admin-Drug-Chart.pdf> (Accessed 3/8/2022)
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