

WHITE BAGGING ISSUES

On the following pages please find examples of how white bagging is impacting the choice, care, cost, and safety of your constituents.

While our coalition wishes we could say it was hard to find examples of the impacts white bagging has on care, it was quite the opposite. White bagging is causing these issues every day across our state.

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March 2022 - Children's Minnesota

Children's Minnesota – Children's Minnesota provides care exclusively to children at two free-standing hospitals, 12 primary and specialty clinics and six rehabilitation sites. Children's Minnesota is the largest pediatric cancer and blood disorders program in the upper Midwest. These examples are from our hematology/oncology infusion center in Minneapolis, but our specialists serve Children from all geographic regions of Minnesota.

EXAMPLES

- Example #1: Five-year-old boy with acute lymphocytic leukemia (ALL) forced to receive IVIG via white bag and go to standalone infusion center that doesn't regularly serve pediatric patients. Coordination delayed care by weeks. Additionally, sub-optimal care occurred by the patient getting treatment from infusion center staff that do not regularly take care of pediatric patients.
- Example #2: Pediatric patient with acute lymphocytic leukemia (ALL) forced to receive IVIG via white bag. There were issues with the pharmacy benefit not communicating with the medical benefit side of her plan. Multiple **days** of health care staff and parent time were wasted in trying to coordinate care and obtain medication for this patient.

If you have questions on these examples, feel free to contact Mallory Snyder by email (mallory.snyder@childrensmn.org.)

Thank you for your consideration to this very important issue,

Mallory Snyder, PharmD, MPH, MS
Pharmacy Business Manager

WHITE BAGGING ISSUES

January 2022 - Essentia Health – St. Mary's Detroit Lakes

Essentia Health – St. Mary's Detroit Lakes is a 36-bed hospital and level III trauma center. We have 9 primary care clinics servicing rural communities in Becker, Hubbard, Mahnomen, and Otter Tail Counties. We have two infusion centers located in Detroit Lakes and Park Rapids Minnesota. Our Detroit Lakes infusion center administers around 1,000 medications per month.

EXAMPLES

- Example #1: The patient required a routine infusion of Infliximab for severe ulcerative colitis. He has had to be rescheduled multiple times due to medication not arriving before his appointments. He is frustrated with the system and is constantly worried about if his medication is available.
- Example #2: The patient's Pembrolizumab for cancer did not arrive before their infusion appointment. The patient had to be rescheduled and their treatment plan modified. This caused the patient significant concern. She was worried about the efficacy of her treatment regimen. She was dissatisfied with her care. She blamed our local infusion team. The patient thought that she could get better care at a larger oncology system. We spent a significant amount of time explaining how the process failed her.
- Example #3: Patient required to have a brand of product that was not formulary for the pharmacy department. This caused risk for compounding and preparation error.
- Example #4: Our pharmacy buyer spent over 2 hours trying to connect with a white bagging supplier. She had to get the patient on the phone with the company. The coordination of this call resulted in delays in shipping to clinics. The time she spent on hold and coordinating with the patient resulted in reduced productivity.

If you have questions on these examples, feel free to contact me with any questions!

Nicholas (Cole) Helbling, Pharm.D. BCPS
Pharmacy Operations Senior Manager – West

WHITE BAGGING ISSUES

March 2022 - Essentia Health – Duluth

Essentia Health Infusion Pharmacy- Duluth is an ambulatory infusion pharmacy servicing the Essentia Health Infusion Center in Duluth, MN. We are also involved in medication distribution and clinical care for both Essentia Health as well as Non-Essentia infusion sites in the entire region of Northeastern Minnesota as well as Northwestern Wisconsin. We provide a broad range of services not only associated with Oncology but also any patient that requires outpatient infusions which include but are not limited to Rheumatology, Gastroenterology, and Neurology. The safety and clinical outcomes of our patients is of the utmost importance to us. We treat every patient as if they are our own family members.

EXAMPLES

- **Delay in care:** Our Health Care Systems go to great lengths to provide access to highly trained physicians and diagnostic facilities. We have invested in teams that help patients navigate and deal with the complicated process of getting their health conditions dealt with in a timely manner. Countless times we see patients that are seen on an emergent basis by our highly trained physicians, diagnosis made, infusion appointments made, benefits investigated, all in a timely manner. If the benefits reveal that white bagging is mandated this highly streamlined and efficient system with gets derailed. The specialty pharmacies that supply the white bag medication are not integrated into our electronic record systems. Some require a paper prescription which for the most part has been done away with in the modern health care system. I called the pharmacy multiple days to check on the progress. When I called for the third time, even though I gave them the patients name, birthdate, and zip code, they claimed they could not find the patient. I had to tell the representative numerous times that I had just called on the patient two times the previous week. They finally found the patient. The order had not been processed because they were trying to get a hold of the patient for insurance information. This is despite the fact that when our prior authorization investigators investigated this- it was the actual insurance company that mandated we utilize white bagging! Currently the patient is waiting for this to be processed. The delay has been at least two weeks.
- **Increased hospitalizations:** Many health care providers spend countless years in training to provide optimal care to the patients they serve. On more than one occasion patients have ended up in the hospital due to the delay in obtaining medication. This is especially true for patients suffering from ulcerative colitis and Chron's disease. In a recent situation, the provider felt that the delay in arranging the White Bag medication may have led to the patients need for hospital admission.
- **Patient Cost:** I hear the stories from the patients regarding the frustration, confusion, and even anger surrounding this subject. Patients have very busy and complex lives juggling jobs, childcare, care of elderly family, the list goes on and the last thing they need is waiting on the phone with a specialty pharmacy to provide information they have given countless times or to have their appointments cancelled and rescheduled due to delays in getting their White Bag med arranged, scheduled, and delivered. I recently had a patient call me as they were getting a large number of medications and a new medication was being added to his chemo regimen. Two of his medications are required to be white bagged but for some reason the new medication was not required to be. At first this seemed like a good idea to him but in the end resulted in a very high copay for him. He could just not understand how the insurance companies could pick and choose like this. Like many patients, he had spent a large amount of time on the phone trying to get answers. He was very frustrated and exasperated.

Over my 30 plus years as a pharmacist I have seen a multitude of situations that adversely affect patient care and outcomes. White Bagging is certainly one of them. I agree with the objective to help lower drug costs for patients which is a concern for all of us. Unfortunately, the current White Bagging process is not lowering drug costs for the patient and is also causing a lot of distress, delays, and frustration for many of our patients.

If you have questions on these examples, feel free to contact me by phone or email.

Thank you for your consideration to this very important issue,

Paul Schillo, RPh
Pharmacist in Charge-Essentia Health Infusion Center Pharmacy Duluth
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WHITE BAGGING ISSUES

February 2022 - North Memorial Health

North Memorial Health is a network of 25 specialty and primary care clinics, urgent and emergency care offerings, medical transportation services, two hospitals—North Memorial Health Hospital and Maple Grove Hospital, 350+ care providers and 6,000+ team members that are dedicated to delivering a more connected experience for our customers.

EXAMPLES

- Example #1: A recent patient received an order for a growth factor post her chemotherapy regimen. Her insurance required that she receive the medication under a white bagging mandate through the insurer's contracted specialty pharmacy. It took 7 days for us to receive the medication due to the prior authorizations for her chemotherapy regimen, which growth factor use is part of, not applying to the pharmacy benefit. When certain medications are required to be dispensed under white bagging mandates that are part of a large medication treatment regimen, prior authorizations need to be obtained under both medical and pharmacy benefits. This often results in significant interruptions / delays in treatment such as noted in the example above.
- Example #2: We recently were informed that a patient's insurance plan changed their processes and a patient now needed to receive medication he was already receiving through the plan's contracted specialty pharmacy. The patient was in the middle of a treatment regimen, and we had already administered and medication and billed under medical benefits. The bill was subsequently denied and led to a high dollar balance. This has left the patient upset about receiving a high dollar bill, along with longer wait times at infusion visits due to the additional steps we need to take when administering a medication received from an outside specialty pharmacy under a white bagging mandate versus our standard infusion center workflows where we buy and bill for the medication.
- Example #3: We had a recent incidence in which a payor mandated white bagging of a medication that was not on our infusion center formulary. We had to delay the start of her chemotherapy treatment a week so that we could build this medication (a biosimilar) in our electronic medication record (EMR) and update the treatment plan in our EMR to accurately reflect the use of this non-formulary medication.

If you have questions on these examples, feel free to contact me with any questions!

Paul Krogh, PharmD, MS, BCPS
System Director – Pharmacy Services

WHITE BAGGING ISSUES

January 2022 - VitreoRetinal Surgery, PLLC

VitreoRetinal Surgery, PLLC is a group of Ophthalmologist subspecialized in treatment of blinding disease of the retina, vitreous and macula. Our patients typically need injections into the back of their eye for age-related macular degeneration (leading cause of blindness in patients over 65), diabetic retinopathy, and vein occlusions. Patients typically require injections every 4-6 weeks. Without these injections, patients would lose vision. A delay in obtaining drugs for their injections can cause vision loss, which may be irreversible.

EXAMPLES

- 1. We ordered drug through White Bagging as required by PBM. Received the drug with a very short expiration date. Patient did not require an injection at the time of his visit and his drug expired. Patient has paid his portion of the drug. Mandated specialty pharmacy recommended we throw away the expired drug. We asked them to send a new drug with a longer expiration date. Specialty pharmacy refused to help us obtain a new drug. As it stands right now, patient will have to pay for both the expired drug and the new drug with no recourse. Had we been able to buy and bill this patient would have saved a significant amount of money. This has been going on for over 4 weeks. We've spoken to 4 different pharmacists and none of them have any ideas on how to help this patient.*
- 2. We call the insurance company to obtain a prior authorization for an injectable drug. We are told no prior auth is needed. We then inject the drug and bill insurance. Upon receiving the EOB we find out the drug is denied because it needed to be purchased via White Bagging. Insurance company doesn't notify provider this patient requires drug to be obtained from mandated Specialty.*
- 3. We've requested a prior authorization and was given the PA. One week later we receive a letter stating the drug was approved, but it meets the criteria for White Bagging. Patient was seen and injected between the time the PA was approved and the letter showed up stating it required White Bagging.*
- 4. While attempting to get a drug through White Bagging we were told they are "out of stock" on that drug. We have plenty of this drug in stock but can't treat this patient with one of those injectable drugs. The patient is now forced to either delay their care to wait for stock from their mandated white bagged medication or pay out of pocket for the medication on our shelf.*

If you have questions on these examples, feel free to contact me.

Thank you for your consideration to this very important issue,

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WHITE BAGGING ISSUES

February 2022 – Fargo based care

*My name is Jessina Mohl and I am a pharmacist that practices in **Fargo, ND**. I have practiced in both a clinic setting and Infusion center in a large Community Hospital for the last 6 years where we have held the hard line of not allowing white bagging in most situations in our facility in hopes that it would be a signal to our payers to change their policies. Here are some of the issues we have seen.*

EXAMPLES

1. Vivitrol is a medication to help combat opioid and alcohol addiction given every 4 weeks as an injection in the clinic. Billing is very difficult to begin with given social situations for patients. We had a situation with a patient where on initiation we received notification from the insurance company that no PA was required, but no verbiage that it was restricted to be filled by White Bagging. We administered in clinic (Buy and Bill) for 4 months before we were able to figure out that this was the issue. We had called the insurance company on multiple occasions over a 2-month period to figure out why the charge was not being paid and the only advice we kept getting was to resubmit. Finally, a pharmacist that works with these types of situations had to call the insurance and specifically ask if it was a drug that should be going through white bagging before it was confirmed that was the situation. By the time that we got the billing straightened out unfortunately the patient had relapsed (he had been without medication for 2 weeks).
2. Botox is a medication that is given for many reasons in clinic to help adult (Migraine and muscle Spasticity) and pediatric patients (Muscle Spasticity). It was generally Buy and Bill in the clinic, but recently we had 1 payer insist on using white bagging to dispense the medication. We have exhausted all options of trying to contract with this payer and they were not budging on making this a White Bagging medication. I have not been privy to what the end result of this was but the decision was going to have to be to allow white bagging for this one instance or send these patients to a facility that allows white bagging which then further complicates their care.
3. We have had a patient who had travelled about 2 hours in order to get a white bagged medication in the infusion center. We had confirmed that it was being shipped and the delivery date, but it did not ship when they had told us it had. The patient was in the infusion chair and ready and we had to reschedule her for a different day thus prolonging her symptoms and causing undue travel to the patient.

If you have questions on these examples, feel free to contact me.

Thank you for your consideration to this very important issue,

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