

<b>Operational Policy</b>		
SUBJECT: <b>Specialty Drugs Shipped from Pharmacies to Providers and Facilities</b>	DEPARTMENT: <b>Pharmacy</b>	
ORIGINAL EFFECTIVE DATE: <b>03/23</b>	DATE(S) REVIEWED/REVISED: 02/24, 09/24 (CMP/AA)	
EFFECTIVE DATE: <b>1/1/2025</b>		
APPROVED BY: <b>Oregon Region Pharmacy and Therapeutics Committee</b>	NUMBER: <b>ORPTCOPS145.1224</b>	PAGE: <b>1 of 10</b>

**SCOPE:**

Providence Health Plan and Providence Health Assurance as applicable (referred to individually as “Company” and collectively as “Companies”).

**APPLIES TO:**

Fully Insured					
<u>Individual</u>	<u>Small Group</u>	<u>Large Group</u>	<u>Self-Insured</u>	<u>Medicare</u>	<u>Medicaid</u>
<input checked="" type="checkbox"/> Oregon On Exchange	<input checked="" type="checkbox"/> Oregon On Exchange (SHOP)	<input checked="" type="checkbox"/> Oregon	<input checked="" type="checkbox"/> ASO	<input type="checkbox"/> Medicare	<input checked="" type="checkbox"/> Medicaid
<input checked="" type="checkbox"/> Oregon Off Exchange	<input checked="" type="checkbox"/> Oregon Off Exchange (SHOP)	<input checked="" type="checkbox"/> Washington	<input type="checkbox"/> PBM		
<input checked="" type="checkbox"/> Washington Off Exchange					
<input type="checkbox"/> APPLIES TO ALL ABOVE LINES OF BUSINESS					

**POLICY:**

The Company allows prescribing providers and facilities to order a specialty or oncology medication for a specific patient that will be distributed from a pharmacy to the prescribing providers office or facility, where it will then be prepared and administered to the patient. This is referred to as “white bagging”.

Instead of the traditional buy and bill method, white bagging may benefit a prescribing provider or facility by:

- Decreasing administrative burden of ordering, receiving, and storing expensive medications.
- Eliminating up-front acquisition costs of medications and subsequent billing for medications, as billing and reimbursement will be between the Company and the pharmacy.
- Convenient delivery of medications to the prescribing provider’s clinic or facility.

Additionally white bagging allows for improved safety and quality by:

- The pharmacist will be checking the dose, strength, drug interactions, and indications.
- Pharmacists are an additional resource for the healthcare personnel to call if they have any further questions about the medications.

<b>Operational Policy</b>		
SUBJECT: <b>Specialty Drugs Shipped from Pharmacies to Providers and Facilities</b>	DEPARTMENT: <b>Pharmacy</b>	
ORIGINAL EFFECTIVE DATE: <b>03/23</b>	DATE(S) REVIEWED/REVISED: 02/24, 09/24 (CMP/AA)	
EFFECTIVE DATE: <b>1/1/2025</b>		
APPROVED BY: <b>Oregon Region Pharmacy and Therapeutics Committee</b>	NUMBER: <b>ORPTCOPS145.1224</b>	PAGE: <b>2 of 10</b>

- Shipping of medications will be directly from the pharmacy to the providers office or facility and will be packaged consistent with manufacturer recommendations.

White bagging is voluntary, but highly encouraged due to the above safety, quality, and efficiency gains providers will experience

This intent of this policy is to define *when* medication and pharmacies are eligible for white bagging.

**DEFINITIONS:**

**Facilities:** Health facilities range from small clinics and doctor's offices to urgent care centers and large hospitals with elaborate emergency rooms and trauma centers. In general, any location where healthcare is provided.

**Oncology Medications:** Drugs for the treatment of cancer or those administered in an enrollee's oncology clinic for the treatment of cancer-related complications

**Prescribing provider:** A health care provider who can write a prescription for a medication to diagnose, treat, or prevent a medical condition.

**Prior Authorization:** The process to review a prescription medication for coverage before it is dispensed. The prior authorization process is initiated by the prescribing medical provider. Many factors – including the potential for serious health risks, FDA-approved indications and cost-effectiveness – are considered before making the decision to require prior authorization of a prescription medication. A limited number of medications require prior authorization review; any medications requiring prior authorization are indicated as such in the Providence formulary.

**Reimbursement:** The action of paying back money to the pharmacy or provider who has already provided the medication or service.

**Specialty Medication:** Specialty medications are high-cost prescription medications used to treat complex and chronic conditions. Specialty medications sometimes require special handling and administration (typically injection or infusion), and patients using a specialty medication may need careful oversight from a health care provider who can watch for side effects and ensure that the medication is working as intended. For further information about Specialty Medication definitions, please refer to the “Specialty Drug Definition and Benefit Administration” policy (ORPTCOPS061)

<b>Operational Policy</b>		
SUBJECT: <b>Specialty Drugs Shipped from Pharmacies to Providers and Facilities</b>	DEPARTMENT: <b>Pharmacy</b>	
ORIGINAL EFFECTIVE DATE: <b>03/23</b>	DATE(S) REVIEWED/REVISED: 02/24, 09/24 (CMP/AA)	
EFFECTIVE DATE: <b>1/1/2025</b>		
APPROVED BY: <b>Oregon Region Pharmacy and Therapeutics Committee</b>	NUMBER: <b>ORPTCOPS145.1224</b>	PAGE: <b>3 of 10</b>

**White bagging:** Prescribing providers and facilities order a specialty or oncology medication for a specific patient that will be distributed from a pharmacy to the prescribing providers office or facility, where it will then be prepared and administered to the patient.

**PROCEDURE:**

This policy is subject to applicable state laws and regulations.

1. Non-Oncology Specialty Medications

[Table 1](#) lists medications that are suitable for distribution from the specialty pharmacy to a prescribing provider or facility to administer. The infusible medications must have simple admixture steps. If a provider would like a medication white bagged that is not listed in [Table 1](#), they will call the below mentioned specialty pharmacies to determine feasibility. The specialty pharmacies will investigate logistics, stability, ease of mixing and other properties in determining if the medication will be dispensed for white bagging. Not all specialty medications are suitable for white bagging and the specialty pharmacy will make the final determination and inform the provider in a reasonable amount of time of that decision.

*Prescribing providers or facilities*

The prescribing provider or facility may order a specialty medication from the Company’s contracted preferred Specialty pharmacies (see [Appendix 1](#) for specialty pharmacy contact information). These specialty pharmacies are independent contractors to provide services to members of the Company.

2. Oncology Medications

If white bagged, must use in network pharmacies listed in [Table 1](#), except for the below provisions:

- For Oregon fully insured and Oregon ASO groups who are required to/tend to follow Oregon state mandates, Oregon House Bill (HB) 4012 allows oncology providers to prescribe oncology medications to be shipped from an out of network pharmacy of their choosing when the oncologist determines that:
  - A delay in care would make disease progression probable
  - The use of a pharmacy within the health benefit plan issuer’s provider network would:
    - Make death or patient harm probable; or
    - Potentially cause a barrier to the enrollee’s adherence to or compliance with the enrollee’s plan of care; or
  - The timeliness of the delivery or dosage requirements necessitate delivery by a pharmacy that is outside of the health benefit plan issuer’s provider network.

<b>Operational Policy</b>		
SUBJECT: <b>Specialty Drugs Shipped from Pharmacies to Providers and Facilities</b>	DEPARTMENT: <b>Pharmacy</b>	
ORIGINAL EFFECTIVE DATE: <b>03/23</b>	DATE(S) REVIEWED/REVISED: 02/24, 09/24 (CMP/AA)	
EFFECTIVE DATE: <b>1/1/2025</b>		
APPROVED BY: <b>Oregon Region Pharmacy and Therapeutics Committee</b>	NUMBER: <b>ORPTCOPS145.1224</b>	PAGE: <b>4 of 10</b>

If the oncologist believes any of the above will occur, their choice is not limited to the two specialty pharmacies listed in [Table 1](#) as with non-oncology medications. The member will not be penalized monetarily if the oncologist obtains their medication from an out of network pharmacy for healthcare professional required administration in the clinic or facility.

### 3. Providers or Facilities

The prescribing provider or facility will be responsible for a well-trained staff to admix or prepare, according to manufacturer guidelines, and administer the medication safely to the patient. The pharmacy will be able to answer any questions they may have regarding the medication.

The prescribing provider or facility can bill for the administration of the medication only. The prescribing provider or facility may not bill for the cost of the medication because they did not purchase it or dispense from their own supply (as would be the practice of buy and bill).

- For correct processing of the administration claim the prescribing provider or administering facility must include the HCPCS billing code for the medication with a billed amount of \$0.01, so that the administration can be tied accurately to the medication that was administered.

### 4. Pharmacy

The pharmacy will bill the health plan under the member's medical benefit because the medication will be administered in the healthcare setting. The pharmacy that dispenses the medication to the providers office or facilities will submit a claim for reimbursement of medication costs to the healthcare provider directly.

Medications are subject to cost-sharing and utilization management, as outlined in formulary and/or benefit documentation.

- If prior authorization is needed, the pharmacy will submit forms and recent chart notes on behalf of prescriber for the prior authorization. If the specialty pharmacy does not have access to the clinical information (e.g., chart notes), they will inform the prescribing provider that the provider will instead need to submit a prior authorization for the prescribed medication.

The pharmacy will dispense (ship or deliver in accordance with manufacturer guidelines) the prescribed medication to the prescribing provider or facility with patient-specific labeling (after prior authorization is approved, if applicable).

<b>Operational Policy</b>		
SUBJECT: <b>Specialty Drugs Shipped from Pharmacies to Providers and Facilities</b>	DEPARTMENT: <b>Pharmacy</b>	
ORIGINAL EFFECTIVE DATE: <b>03/23</b>	DATE(S) REVIEWED/REVISED: 02/24, 09/24 (CMP/AA)	
EFFECTIVE DATE: <b>1/1/2025</b>		
APPROVED BY: <b>Oregon Region Pharmacy and Therapeutics Committee</b>	NUMBER: <b>ORPTCOPS145.1224</b>	PAGE: <b>5 of 10</b>

- The pharmacy must package the medication for delivery to ensure product integrity and temperature control of the medications in transit.
- The medication shipment will not include the IV bags, lines, and other administrative supplies. These items will need to be supplied by the prescribing provider or facility.
- Pharmacy coordinates the delivery to ensure that there will be someone at the provider's facility to sign for the medications.
- The Pharmacy will have transparency and accountability for the chain of custody for white-bagged medications, subject to state law and the Company's review as needed.

To mitigate wastage, the pharmacy will need to do the following two steps when dispensing:

- If the medication is to be admixed, compounded or prepared in any way by the facility's staff, it is the specialty pharmacy's responsibility to send out a dosage that is the smallest amount possible above the prescribed amount. This safety measure will be monitored and addressed as needed with the specialty pharmacies if wastage discrepancies are identified.
- Verify the date of administration in the provider's office with the member, as the claim will be processed at the time of dispense (not the date of administration at the provider's office). The medication will not be able to be returned after dispense if not used for that specific member.

5. Medications that can be self-administered will follow the "Self-Administered Drugs Exclusion Policy" (ORPTCOPS144).

#### REFERENCES:

1. American Society of Health System Pharmacists. Key Elements of White Bagging Policy. July, 2021 <https://www.ashp.org/advocacy-and-issues/key-issues/other-issues/additional-advocacy-efforts/five-key-elements-of-effective-white-bagging-policy>
2. Commonwealth of Massachusetts Report to the Massachusetts Legislature. View of Third-Party Specialty Pharmacy Use for Clinician Administered Drugs. July 2019 [https://cdn.ymaws.com/www.mashp.org/resource/resmgr/files/white\\_bagging\\_Brown\\_baggging.pdf](https://cdn.ymaws.com/www.mashp.org/resource/resmgr/files/white_bagging_Brown_baggging.pdf)
3. National Association of Boards of Pharmacy (NABP). White and brown bagging: Emerging practices, emerging regulation. April 2018. <https://insidehealthpolicy.com/inside-drug-pricing-daily-news/law-firm-forms-coalition-hospitals-against-%E2%80%98white-bagging%E2%80%99>

<b>Operational Policy</b>		
SUBJECT: <b>Specialty Drugs Shipped from Pharmacies to Providers and Facilities</b>	DEPARTMENT: <b>Pharmacy</b>	
ORIGINAL EFFECTIVE DATE: <b>03/23</b>	DATE(S) REVIEWED/REVISED: 02/24, 09/24 (CMP/AA)	
EFFECTIVE DATE: <b>1/1/2025</b>		
APPROVED BY: <b>Oregon Region Pharmacy and Therapeutics Committee</b>	NUMBER: <b>ORPTCOPS145.1224</b>	PAGE: <b>6 of 10</b>

4. Pearson C, Schapiro L and Pearson D. Sept 2023. White bagging, brown bagging and site of service policies: best practices in addressing provider markup in the commercial insurance market. Journal of Comparative Effectiveness Research. doi: [10.57264/cer-2023-0128](https://doi.org/10.57264/cer-2023-0128)
5. Injectable Drugs Administered in the Physician's Office, Coding Policy 21.0
6. Specialty Drug Definition and Benefit Administration Operational policy, ORPTCOPS061
7. Oregon State Legislature. 2024 Regular Session. Committee on Behavioral Health and Health Care. HB 4012  
<https://olis.oregonlegislature.gov/liz/2024R1/Downloads/MeasureDocument/HB4012/Enrolled>

**Appendix 1. Contracted Specialty Pharmacies eligible for White Bagging for Non-Oncology Medications:**

Credena Health Specialty Pharmacy

- Phone: 855-360-5476
- Fax: 503-215-8455

Accredo Health Group

- Phone: 877-222-7336
- Fax: 866-579-4655

**Table 1. Specialty medications eligible for White Bagging:**

<b>Brand Name</b>	<b>Generic Name</b>	<b>HCPCS Code</b>	<b>Specialty Pharmacy with Access to Medication</b>
Actemra®	tocilizumab	J3262	Credena Health Specialty Pharmacy Accredo Health Group
Adakveo®	crizanlizumab	J0791	Credena Health Specialty Pharmacy
Aldurazyme®	laronidase	J1931	Credena Health Specialty Pharmacy Accredo Health Group
Apretude®	cabotegravir	J7039	Credena Health Specialty Pharmacy Accredo Health Group
Amvuttra®	vutrisiran	J0225	Accredo Health Group
Aralast® NP, Prolastin-C®, Zemaira®	alpha-1 proteinase inhibitor	J0256	Accredo Health Group

<b>Operational Policy</b>		
<b>SUBJECT:</b> <b>Specialty Drugs Shipped from Pharmacies to Providers and Facilities</b>	<b>DEPARTMENT:</b> <b>Pharmacy</b>	
<b>ORIGINAL EFFECTIVE DATE:</b> <b>03/23</b>	<b>DATE(S) REVIEWED/REVISED:</b> 02/24, 09/24 (CMP/AA)	
<b>EFFECTIVE DATE:</b> <b>1/1/2025</b>		
<b>APPROVED BY:</b> <b>Oregon Region Pharmacy and Therapeutics Committee</b>	<b>NUMBER:</b> <b>ORPTCOPS145.1224</b>	<b>PAGE:</b> <b>7 of 10</b>

<b>Brand Name</b>	<b>Generic Name</b>	<b>HCPCS Code</b>	<b>Specialty Pharmacy with Access to Medication</b>
Aranesp®	darbepoetin alfa	J0881	Accredo Health Group Credena Health Specialty Pharmacy
Benlysta®	belimumab	J0490	Credena Health Specialty Pharmacy Accredo Health Group
Cabenuva®	cabotegravir and rilpivirine	J0741	Credena Health Specialty Pharmacy Accredo Health Group
Cerezyme®	imiglucerase	J1786	Credena Health Specialty Pharmacy Accredo Health Group
Cimzia®	certolizumab pegol	J0717	Credena Health Specialty Pharmacy Accredo Health Group
Cinqair®	reslizumab	J2786	Credena Health Specialty Pharmacy Accredo Health Group
Crysvita®	burosumab-twza	J0584	Accredo Health Group
Cutaquig®	immune globulin subq	J1551	Credena Health Specialty Pharmacy Accredo Health Group
Cuvitru®	immune globulin subq	J1555	Accredo Health Group
Elaprase®	idursulfase	J1743	Credena Health Specialty Pharmacy Accredo Health Group
Elelyso®	taliglucerase alfa	J3060	Accredo Health Group
Entyvio®	vedolizumab	J3380	Credena Health Specialty Pharmacy Accredo Health Group
Evenity®	romosozumab	J3111	Credena Health Specialty Pharmacy Accredo Health Group
Fabrazyme®	agalsidase beta	J0180	Accredo Health Group
Fulphila®	pegfilgrastim-jmdb	Q5108	Credena Health Specialty Pharmacy Accredo Health Group
Givlaari®	givosiran	J0223	Accredo Health Group
Glassia®	alpha-1 proteinase inhibitor	J0257	Accredo Health Group
Granix®	tbo-filgrastim	J1447	Credena Health Specialty Pharmacy Accredo Health Group

<b>Operational Policy</b>		
<b>SUBJECT:</b> <b>Specialty Drugs Shipped from Pharmacies to Providers and Facilities</b>	<b>DEPARTMENT:</b> <b>Pharmacy</b>	
<b>ORIGINAL EFFECTIVE DATE:</b> <b>03/23</b>	<b>DATE(S) REVIEWED/REVISED:</b> 02/24, 09/24 (CMP/AA)	
<b>EFFECTIVE DATE:</b> <b>1/1/2025</b>		
<b>APPROVED BY:</b> <b>Oregon Region Pharmacy and Therapeutics Committee</b>	<b>NUMBER:</b> <b>ORPTCOPS145.1224</b>	<b>PAGE:</b> <b>8 of 10</b>

<b>Brand Name</b>	<b>Generic Name</b>	<b>HCPCS Code</b>	<b>Specialty Pharmacy with Access to Medication</b>
Hizentra®	immune globulin subq	J1559	Accredo Health Group
Hyqvia®	immune globulin subq	J1575	Accredo Health Group
Ilaris®	canakinumab	J0638	Credena Health Specialty Pharmacy Accredo Health Group
Inflectra®	infliximab-dyyb	Q5103	Credena Health Specialty Pharmacy Accredo Health Group
Kanuma®	sebelipase alfa	J2840	Credena Health Specialty Pharmacy Accredo Health Group
Krystexxa®	pegloticase	J2507	Credena Health Specialty Pharmacy Accredo Health Group
Leqvio	inclisiran	J1306	Credena Health Specialty Pharmacy
Eliqard®, Fensolvi®, Lupron Depot®, Camcevi®	leuprolide	J1950, J1951, J1952, J9217	Accredo Health Group Credena Health Specialty Pharmacy
Lumizyme®	alglucosidase alfa	J0221	Accredo Health Group
Mepsevii®	vestronidase alfa-vjvk	J3397	Accredo Health Group
Naglazyme®	galsulfase	J1458	Accredo Health Group
Neulasta®	pegfilgrastim	J2506	Credena Health Specialty Pharmacy Accredo Health Group
Neupogen®	filgrastim, excludes biosimilars	J1442	Credena Health Specialty Pharmacy Accredo Health Group
Nexvazyme®	avalglucosidase alfa- ngpt	J0219	Accredo Health Group
Nivestym®	filgrastim-aafi	Q5110	Credena Health Specialty Pharmacy Accredo Health Group
Nplate®	romiplostim	J2796	Accredo Health Group Credena Health Specialty Pharmacy
Nulojix®	belatacept	J0485	Accredo Health Group Credena Health Specialty Pharmacy after 3/2/24

<b>Operational Policy</b>		
SUBJECT: <b>Specialty Drugs Shipped from Pharmacies to Providers and Facilities</b>	DEPARTMENT: <b>Pharmacy</b>	
ORIGINAL EFFECTIVE DATE: <b>03/23</b>	DATE(S) REVIEWED/REVISED: 02/24, 09/24 (CMP/AA)	
EFFECTIVE DATE: <b>1/1/2025</b>		
APPROVED BY: <b>Oregon Region Pharmacy and Therapeutics Committee</b>	NUMBER: <b>ORPTCOPS145.1224</b>	PAGE: <b>9 of 10</b>

<b>Brand Name</b>	<b>Generic Name</b>	<b>HCPCS Code</b>	<b>Specialty Pharmacy with Access to Medication</b>
Nyvepria®	pegfilgrastim	Q5122	Credena Health Specialty Pharmacy Accredo Health Group
Ocrevus®	ocrelizumab	J2350	Credena Health Specialty Pharmacy Accredo Health Group
Orencia®	abatacept	J0129	Credena Health Specialty Pharmacy Accredo Health Group
Prolia®	denosumab	J0897	Credena Health Specialty Pharmacy Accredo Health Group
Reblozyl®	luspatercept	J0896	Credena Health Specialty Pharmacy
Remicade®	infliximab	J1745	Credena Health Specialty Pharmacy Accredo Health Group
Renflexis®	infliximab-abda	Q5104	Credena Health Specialty Pharmacy Accredo Health Group
Sandostatin® LAR Depot	octreotide depot IM	J2353	Credena Health Specialty Pharmacy Accredo Health Group
Saphnelo®	anifrolumab-fnia	J0491	Credena Health Specialty Pharmacy
Simponi Aria®	golimumab	J1602	Credena Health Specialty Pharmacy Accredo Health Group
Soliris®	eculizumab	J1300	Accredo Health Group
Somatuline® Depot	lanreotide	J1930	Credena Health Specialty Pharmacy Accredo Health Group
Sunlenca®	lenacapavir	J1961	Credena Health Specialty Pharmacy
Synagis®	palivizumab	J3490	Credena Health Specialty Pharmacy Accredo Health Group
Tepezza®	teprotumumab-trbw	J3241	Credena Health Specialty Pharmacy Accredo Health Group
Trogarzo®	ibalizumab-uiyk	J1746	Accredo Health Group
Tysabri®	natalizumab	J2323	Accredo Health Group
Udenyca®	pegfilgrastim-cbqv	Q5111	Credena Health Specialty Pharmacy Accredo Health Group

<b>Operational Policy</b>		
SUBJECT: <b>Specialty Drugs Shipped from Pharmacies to Providers and Facilities</b>	DEPARTMENT: <b>Pharmacy</b>	
ORIGINAL EFFECTIVE DATE: <b>03/23</b>	DATE(S) REVIEWED/REVISED: 02/24, 09/24 (CMP/AA)	
EFFECTIVE DATE: <b>1/1/2025</b>		
APPROVED BY: <b>Oregon Region Pharmacy and Therapeutics Committee</b>	NUMBER: <b>ORPTCOPS145.1224</b>	PAGE: <b>10 of 10</b>

<b>Brand Name</b>	<b>Generic Name</b>	<b>HCPCS Code</b>	<b>Specialty Pharmacy with Access to Medication</b>
Ultomiris®	ravulizumab-cwvz	J1303	Accredo Health Group
Uplizna®	inebilizumab	J1823	Accredo Health Group
Viltepsa®	viltolarsen	J1427	Credena Health Specialty Pharmacy Accredo Health Group
Vimizim®	elosulfase alfa	J1322	Accredo Health Group
VPRIV®	velaglucerase alfa	J3385	Accredo Health Group
Xembify®	immune globulin subq	J1558	Accredo Health Group
Zarxio®	filgrastim-sndz	Q5101	Credena Health Specialty Pharmacy Accredo Health Group
Ziextenzo®	pegfilgrastim-bmez	Q5120	Credena Health Specialty Pharmacy Accredo Health Group