Background

The complex anti-cancer treatments have expanded rapidly from chemotherapies to oral and injectable therapies. The evolution of cancer treatment also brought a new approach to supply chain concerns called “bagging” practice.

**White bagging:** the distribution of the medication is from a specialty pharmacy approved by the payer to the physician’s office, hospital, or a clinic for administration.

**Brown bagging:** the medication is dispensed from a specialty pharmacy to the patient, who then will carry to the place of administration.

**Clear bagging:** the distribution of the medication is from the provider’s internal specialty pharmacy to the place of administration.

These “bagging” models of distribution can be beneficial because it allows pharmacists and providers working together in patient-centered care. However, many concerns are being addressed related to the risk of the medication’s integrity, patient’s safety, and financial burden.

Evaluate the integrity, safety, and financial risks by analyzing the supply chain of oncology drugs that are associated with white, brown, and clear bagging dispensing requirements.

Objective

Evaluate data of oncology drugs that are associated with “bagging” practice.

Methods

- Evaluate data of oncology drugs that are associated with “bagging” practice.
- Analyze clinicians’ major concerns of integrity, safety, and financial aspects associated with “bagging” practice.

Data Evaluated

Drug Sourcing for Infused Therapies, Oncology vs. Non-Oncology, by Practice Type and Source, 2019

- **Buy-and-bill:** Practice purchases drug from distributor
- **White bagging:** Specialty pharmacy supplies drug to practice
- **Brown bagging:** Specialty pharmacy dispenses drug to patient, who transports it to practice

Risks Associated with “Bagging”

- Oncology medications not appropriately stored by patient may become a concern to clinicians administering the medication.
- Medications may not arrive on time delaying care.
- Duplication therapy and time impacted involved in transportation.
- Liability concerns related to the integrity of these medications.
- Drug waste if the dose of the therapy needs to be modified due to weight change or another specific dosing requirement.
- Responsibility/waste if there is an issue with the product (infiltrates/particulate).

Discussion

The 2019 MMIT Survey, along with previous reports and surveys from other institutions, has been showing an increase in bagging practice. In fact, some data shows that oncology infusion “bagging” has doubled the percentage since 2013. The Zitter Health Insight’s 2013 survey of managed care executives reported that 31% of intra-venous oncology drugs were dispensed by a specialty pharmacy. In addition to the increase of bagging practice, the rise of new oncology-approved drugs is concerning many clinicians. Indeed, six hundred specialty drugs are expected to receive FDA approval in 2022. Although little research has been done to evaluate the risks associated with “bagging” dispensing requirements and model of distribution, the safety, integrity, and financial risks associated with “bagging” are a major concern between clinicians. They can limit patient-centered care as well as contest the juridical extent such as Drug Supply Chain Security Act (DSCSA) that ensure drug product integrity during handoffs in the supply chain.

Conclusion

Given the rapid evolution of oncology medication approvals and “bagging” practice, more research of its risks, and file complaints with regulatory agencies are worthwhile to ensure high-quality care in the treatment of cancer. Although it can be beneficial to some extent, patient safety is a current major concern. Due to safety risks, the “bagging” practice should be reevaluated by FDA and governing agencies.