

September 15, 2021

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Kristin Johnson
Chief Human Resources Officer
Edward Jones
12555 Manchester Road
Saint Louis, MO 63131

Dear Kristin,

The Coalition of State Rheumatology Organizations (CSRO) is comprised of over 40 state and regional professional societies whose mission is to advocate for excellence in the field of rheumatology, ensuring access to the highest quality of care for the management of rheumatologic and musculoskeletal disease. It is with this in mind that I write to you personally, as president of the CSRO, regarding the use of *white bagging* mandated by Express Scripts and their specialty pharmacy Accredo.

Currently, a patient employed by Edward Jones under the care of Dr. Steven Baak at The Arthritis Center is being subjected to this requirement to have their *physician-administered* medication “white bagged.” Dr. Baak has been unable to attain an override of this requirement after lengthy communications with Accredo. It is my hope that you will intercede on Dr. Baak’s behalf with Express Scripts/Accredo, because the practice of white bagging falls below the appropriate standard of care for patients.

To provide some background, under the standard of care “buy and bill” system for provider administered medications, a physician obtains the medication from the wholesaler, then stores it, prepares it and administers it to the patient under strict conditions. In other words, in this system, the medication is under the watchful eye of the physician’s office throughout the entire process.

White bagging is a practice that pharmacy benefit managers, such as Express Scripts, have started implementing that inserts a middleman into the process, which can cause harm and create costly waste. Under this practice, the medication is shipped to and handled by a middleman, where it is processed and then stored and then shipped again to the physician. Additionally, with white bagging, the medication can only to be used for a specific patient on a specific date.

While the difference may seem immaterial at face value, the risk to the patient can actually be quite large for a number of reasons:

- Under the white bagging model, providers are unable to avert adverse events caused by lack of internal oversight. White-bagging removes our ability to control the handling, preparation, and storage conditions of the drug prior to administration. Improper handling on the part of anyone in the supply chain (a not infrequent occurrence) can have serious consequences for our patients/your employees.

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- The requirement to white bag drugs increases drug wastage, a cost that will be passed on to you as an employer that self-funds their benefits. Under white bagging, drugs must be assigned to a specific patient and date range prior to administration, whereas under the buy and bill model, drugs do not have to be assigned until the time of administration. Providers are legally unable to administer a drug assigned to one patient to a different patient. As a result, if any change in therapy is required, the white bagged drug will end up as waste. Such changes are frequently necessary if a situation arises requiring dosing changes, a pause, or even discontinuation of therapy. The buy and bill model avoids this pitfall completely.
- Because many physicians do not accept white bagged medication, health plans try to force patients to change providers. This has a negative downstream impact on patients' overall quality of life when they are forced to leave a provider with whom they have a longstanding relationship. I have many patients that I have seen for over 20 years. It would be devastating for them to forcibly be changed to a different rheumatologist

In this specific instance, the patient – your employee – has experienced a delay in care of over 48 days due to Accredo's unwillingness to allow Dr. Baak to buy and bill the patient's medication. Delays of this sort can be catastrophic to stabilizing rheumatological conditions, resulting in increased healthcare expenses along with severe pain and discomfort for patients – in this case, an Edward Jones employee.

CSRO has begun educating employers on these tactics and explaining how harmful they are to patients. Uprooting a patient from a rheumatologist that has taken care of them and established a relationship with them, is harmful to the patient physically, emotionally and ultimately monetarily. The downstream costs for patients with rheumatologic conditions that are not managed properly add up, with not only muscular-skeletal adverse events, such as increased joint replacements, but also with cardiovascular events such as increased occurrences of heart attacks, for patients whose disease activity is not controlled.

For these reasons we urge you to intercede on Dr. Baak's and your employee's behalf so that your employee can continue to receive care from their provider of choice with whom they have an established relationship. In addition, we urge you to reconsider the use of white bagging for your employees more broadly.

I am happy to share additional information on the practice of white bagging and how Edward Jones can address it with your insurance providers, or answer any other questions about access to care. Feel free to contact me at MadelaineFeldman@gmail.com.

Sincerely,



Madelaine A. Feldman, MD, FACR
President, Coalition of State Rheumatology Organizations