

Mandatory White Bagging and Brown Bagging Policies Threaten Patient Access to Care

White bagging and brown bagging: What you need to know

Patients typically receive medications administered by their physician, such as an IV infusion, from the practice or hospital pharmacy affiliated with their practice, which allows physicians to have control of and make changes to their patients' treatment plans. "White bagging" and "brown bagging" are policies used by payers and pharmacy benefit management companies (PBMs) that, when mandated by payers, threaten timely access to care for patients.

Mandatory white bagging occurs when a specialty pharmacy affiliated with the payer ships a medication directly to the hospital or physician's office for administration. Brown bagging occurs when a specialty pharmacy ships the medication directly to the patient, who then must bring it to the hospital or physician's office for administration.

The American Medical Association (AMA) and Association for Clinical Oncology (ASCO) oppose the mandatory use of white and brown bagging policies and encourage all state medical associations and state policymakers to support legislation that prohibits the mandatory use of white and brown bagging policies.

Mandatory white bagging and all brown bagging policies are harmful to patients and providers because:

- **They lead to delays in treatment if dosage changes are necessary** as physicians cannot make changes to the dosage due to factors such as patient weight, comorbidities, test results, or other clinical data. This delays care for patients who must wait for new medication to be delivered by the payer's specialty pharmacy and return later—potentially causing irreparable harm;
- **They increase drug waste and administrative burden** as the unused portion of the medication cannot be used for another patient and physicians' practices bear the burden of disposing the medication pursuant to all applicable state and federal rules;
- **They can increase patients' out-of-pocket costs** because mandatory white bagging and brown bagging are often considered a pharmacy benefit rather than a medical benefit;
- **Brown bagging can result in toxic patient reactions** as patients may not be able to safely receive, store, and transport the medication, which can affect the integrity of the medication.

Payer and PBM policies like mandatory white bagging and brown bagging disrupt the patient experience and hinder physicians' ability to deliver timely and consistent high-quality, patient-centered care. While some physicians engage in voluntary white bagging within their health system and have found satisfactory arrangements, the AMA and ASCO oppose its mandatory imposition.

Legislative solutions to protect patients and providers from mandatory white and brown bagging

As of July 2025, 12 states have banned mandatory white bagging and brown bagging policies. The AMA and ASCO support state-level efforts to protect timely access to physician-administered medications and urge policymakers to consider key elements from recently enacted laws in states such as [Alaska](#), [Louisiana](#), [Mississippi](#), and [North Dakota](#).

These elements include, but are not limited to:

- Defining “clinician-administered drug”;
- Requiring payers and PBMs to authorize, approve, and pay a physician for providing a covered physician-administered drug that is obtained from a pharmacy that is not a network pharmacy;
- Preventing payers or PBMs from requiring physician-administered drugs to be dispensed by a selected pharmacy directly to a health care setting for administration or to a patient with the expectation they will transport the medication to a health care setting for administration by a participating physician;
- Banning payers or PBMs from reducing or restricting reimbursement because a physician-administered drug was dispensed by a non-selected pharmacy;
- Protecting patients from higher out-of-pocket costs, coverage limitations, and other financial penalties for obtaining a physician-administered drug from a pharmacy not selected by the payer or PBM; and
- Allowing patients to obtain a physician-administered drug from their provider of choice by preventing inducement, steering, and other financial incentives from payers.

For additional information

If your state is interested in pursuing legislation to prohibit mandatory white bagging and brown bagging policies, please contact Daniel Blaney-Koen, JD, Senior Attorney, American Medical Association at daniel.blaney-koen@ama-assn.org or Nick Telesco, State Advocacy Specialist, Association for Clinical Oncology, at nicholas.telesco@asco.org.

For a more detailed understanding of our policy on this issue, we invite you to read the [ASCO Position Statement on White Bagging](#) and AMA policies opposing mandatory [white bagging](#) and [brown bagging](#).