



[DATE]

[Clinician Name]
[123 Clinician Way]
[City, State 12345]

[Your Name]
[123 Employee Street]
[City, State 12345]

**SAMPLE LETTER:
Provider to Patient about
Specialty Pharmacy Mandates
or “White Bagging”**

This sample letter is meant to serve as a guide, and the talking points provided are examples. Be sure to include your personal experience.

Dear **[Patient Name]**,

I am writing today to inform you that starting **[date]**, we can no longer care for patients with **[Insurance Company Name]**. Our infusion office can no longer accept patients whose insurance companies, like **[Insurance Company Name]**, require us to purchase medications from specialty pharmacies, a practice known as “white bagging.” Our practice has struggled in reaching this decision, but we are financially unable to continue working with **[Insurance Company Name]**.

The administrative burden associated with specialty pharmacy requirements is unsustainable for our practice. Our office cannot continue to dedicate the required resources, staff and time to monitor and execute specialty pharmacy demands. A typical process for just one treatment includes obtaining prior authorization through **[Insurance Company Name]**, providing a copy of the drug order to the specialty pharmacy for review, waiting on approval, following up with both parties, ordering the medication, waiting for the medication to arrive from the specialty pharmacy and finally, addressing errors associated with the order, which are extremely common. Our practice has spent an exorbitant amount of time trying to get in touch with specialty pharmacies after a mistake has been made or when there has been a communication breakdown between **[Insurance Company Name]** and the pharmacy. We are an infusion provider, and yet we are forced to play a logistics management role that delays us from caring for our patients.

Specialty pharmacy mandates preclude timely care. As a healthcare provider, we are dedicated to getting patients the right care at the right time. However, specialty pharmacies are middlemen who disrupt our process and delay your treatment. We have found that issues related to shipping, including incorrect quantities of drugs and drug waste, are rampant and dangerous within the business practices of **[Specialty Pharmacy]**. From receiving less volume than ordered to shipping delays with no explanation, we feel that our reputation is now on the line and has led to patients missing treatments and dealing with resulting disease flares. **[Include any specific specialty pharmacy disasters your practice has dealt with here]**. Our office is able to provide efficient and high-quality care when we can pull medications from our own inventory, but **[Insurance Company’s Name]** will not allow us to carry out our best practices.

[Insurance Company’s Name]’s specialty pharmacy mandate adds unnecessary waste and costs to our practice. When using a specialty pharmacy, you are responsible for paying for your treatment before you receive it, and even before it is shipped to our office. If for any reason you are unable to receive treatment due to a



change in weight or other health factor, by law, the drug cannot be returned. **Under this model, we are forced to throw away medicine.** These medications cost thousands of dollars and wasting them is completely avoidable and unacceptable. As a practice, we cannot continue throwing away medications due to simple dosage adjustments. The subsequent treatment delays associated with this waste puts patients at risk for disease flares and requires patients to purchase medications multiple times for what should have been one appointment. As a healthcare provider, we aim to put patients first. We suggest that, as a customer of **[Insurance Company Name]**, you contact **[Insurance Company Name]** immediately to see if any changes can be made to your plan. If the choice to use a specialty pharmacy was made by your employer, we recommend contacting your employer's HR department directly and ask for assistance in changing your plan to allow us to continue caring for you.

[Practice Name] has prided itself on providing the highest quality care at the lowest cost for our patients, but we will have to close our doors if we are forced to abide by wasteful and dangerous specialty pharmacy requirements. If you are able to remove the specialty pharmacy requirement from your plan, we would be delighted to welcome you back to our clinic for treatment. **[Elaborate with a sentence on how much your patients mean to you].**

Sincerely,

[Signature]

[Your Name]

[Your Contact Information, if desired]