Health Plan Cancer Concerns in 2019
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BACKGROUND
- Cancer is costly and managed by a variety of treatments that include: traditional and robotic surgery, radiation, chemotherapy, and immunotherapy
- Pharmaceutical treatments for cancer are shifting from chemotherapy, with limited effectiveness and side-effect profiles, to effective, targeted immunotherapies with fewer side-effects, multiple treatment pathways along and in combination, and receiving fast-track approvals
- The onslaught of newer Oncology therapies increased health plan economic concerns
- Coinsurance and benefit limitations can leave a patient in “financial” Toxicity but these newer agents produce outcomes that justify coverage
- Efforts utilizing Immuno-Oncology such as chimeric antigen receptor (CAR)-T (gene) therapy and tumor agnostic treatments specifically targeted at cancers that contain certain molecular signatures are revolutionizing therapy
- In early 2019 there were 665 CAR-T therapies in trials and 3 marketed tumor agnostic drugs used in combination with other oncology agents
- New trends in the development of anticancer drugs include: immunotherapies, monoclonal antibodies, adoptive-cell therapies, and new vaccines
- Cancer care is an iterative process with significant off label use
- To help support the new tests and therapies, guidelines are published in the US by organizations including the:
  o National Comprehensive Cancer Network (www.NCCN.org)
  o American Society of Clinical Oncology (www.ASCO.org)
  o Association for Value Based Care (www.avcoonline.org)
  o Society of Surgical Oncology (www.SurgOnc.org)
  o American College of Radiology (www.ACR.org)
  o Society of Gynecologic Oncology (www.SGO.org)
  o Increased patient survival from various cancers has resulted in new diagnostic tests and therapies to manage maintenance and follow-up care for survivors
- Based on recent programs with US payors, Medical Directors, and sponsors (pharmaceutical companies, medical device, and health technology companies), the authors and their organizations decided to conduct a survey of Medical Directors of Accountable Care Organizations (ACOs) and Disease Management Organizations (DMOs) involved with Pharmacy and Therapeutics (P&T) Committees on cancer-related oncology

OBJECTIVES
- To determine oncology areas that are most concerning to managed care plans

METHODS
- An interactive survey invitation was sent to senior officers of US health plans and PBMs covering: officer*plan information, cancer ranking (2018-2020), benefit design, cancer management, concerns today and in 5 years from budgetary and medical points of view (POV)
- Results compared with prior surveys

RESULTS
- A total of 83 respondents working for Health Plans, I&D, ACOs, PBPs and SPOs completed the survey
- 36.3% worked for health plans, 13.3% PBMs, 9.5% Integrated Delivery Networks (IDNs), 2.4% for Preferred Prescriber Organizations (PPOs) and 0.1% for Medicare (71%, PDP-only=51%)
- Plans could cover multiple types of members: 
  o Employer/Self-funded=79%
  o Medicaid (Traditional=27.8%, HMO/PPO=72.3%)
  o Medicare (71%, PDP-only=51%)
  o IDN=6.1%, 3480 Qualified=43.8%
- The respondents’ roles are shown in Figure 1

Figure 1: Respondent Roles

- Plans reported managing cancer therapies in a variety of ways as shown in Figure 2

Figure 2: Ranking of Cancer Types by Concern (lowest=2.9 to highest=11.1)

- Oncology outranked other newer expensive therapies as a financial concern
- Combination oncology therapy was ranked first=46% o CAR-T second 35.3%

Figure 4: Percent of Respondents Identifying Cancer as a Top Concern

CONCLUSIONS
- There is an increased emphasis in Oncology care management by ACOs and DMOs
- Cancer therapy is shifting from traditional chemotherapies toward targeted immunotherapies
- The potential cost implications of these new therapies require payors and Medical and Pharmacy Directors to adapt and evaluate these newer agents and pathways along the same rapid timelines as they become available
- Constant improvements in Oncology agents and the movement to Immuno-Oncology has great cost implications that require plans to focus on benefit design, adopt newer agents and utilize pathways

REFERENCES
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- American Society of Clinical Oncology. 2019. Available at www.ASCO.org

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