Cancer therapy is evolving and new treatments are being developed at an almost breakneck pace. The past five years have seen the approval of 63 new oncology drugs, targeting 24 different cancer subtypes. Of the 217 new indications approved by the U.S. Food and Drug Administration (FDA) from 2015–2017 for existing drugs, 67 were for cancer therapies.

More signs of burgeoning growth:

- Global spending on cancer therapies and related drugs reached $133 billion in 2017 — up 60 percent from a decade ago — and is expected to reach as much as $200 billion over the next five years
- U.S. spending on oncology drugs has doubled since 2012 to almost $50 billion in 2017, with two-thirds of the growth coming from drugs launched since 2012
- List prices for new cancer drugs continue to rise. The median cost of a new cancer drug was more than $150,000 a year in 2017, compared to $79,000 in 2013
- More than 700 cancer drugs are in late-stage development — representing an increase of more than 60 percent over the past decade
- More than 50 percent of FDA designated “breakthrough therapies” are oncology drugs
- Oncology drugs now make up more than 40 percent of the overall drug pipeline

And it is not only drug development that has accelerated. By 2014, oncology-related scientific publications at just the top three producing nations (U.S., China, and Japan) topped 60,000 per year, and global research on cancer was growing at a rate of almost 10 percent per year.

NCCN publishes the most widely used clinical guidelines for cancer and more than 500 updates a year

While new treatment options and scientific developments are a potential boon for patients, in the short run they can also be challenging to practitioners trying to keep up with the latest and best choices for their patients. The not-for-profit National Comprehensive Cancer Network (NCCN) produces the most widely used clinical practice guidelines for oncology, and publishes roughly 500 updates to those guidelines each year. That is a help — but according to a recent survey, almost half of all oncologists do not employ guidelines and pathways in their practices.

With a constant influx of new treatment options and such a rapidly evolving field, the challenge for payors is how to ensure plan members receive the most appropriate treatment at the right time, helping them preserve patient access while also managing rapidly escalating costs.
Oncology treatment also poses some unique challenges:

1. Cancer therapy often crosses the line between the medical and pharmacy benefit, making it harder to track adherence to guidelines, protect against drug interactions, and ensure that treatment is delivered in the most appropriate, cost-effective setting. Many cancer drugs are extremely toxic, creating relatively severe, sometimes debilitating side effects — nausea, vomiting, fatigue, and diarrhea — which need to be observed, tracked, and managed. These and other complications of therapy lead to a high rate of intolerance for cancer drugs and premature discontinuation of treatment, which in turn can lead to waste and, more importantly, poorer treatment outcomes.

2. Cancer is a disease that affects patients in every phase of life. It can lead to social isolation, financial challenges, anxiety, and mental and physical comorbidities. Even something as simple as securing transportation to the doctor’s office or infusion center can become an overwhelming obstacle and disrupt the course of treatment. Patients require a different level of support than in almost any other condition.

To help better manage care, as well as pharmacy and medical costs for oncology, CVS Health has developed an integrated condition-specific strategy that addresses the full range of challenges presented by cancer care today. Our approach includes a range of solutions from ensuring optimal use of diagnostics to holistic patient care, and from “smart” prior authorization (PA) to value-based management strategies. This integrated, benefit-agnostic, portfolio approach helps better manage and coordinate patient care, thus enabling cost savings for clients. Payors who implement all of the components of the program can save up to $8 million per one million lives annually.*

**Program Highlights Include:**

**Plan Design**

Traditional plan designs allocate drugs to three or four tiers, with higher tiers requiring members to pay higher copays or coinsurance. Specialty drugs usually fall into a single tier — tier four — with no real effort to distinguish between more and less desirable drugs. CVS Health now offers multi-tier formulary design within specialty therapy classes to encourage the use of generic equivalents and the expected wave of impactful biosimilars.

**PA Tied to NCCN Guidelines**

As treatment options for cancer proliferate, it is difficult to ensure that physicians are choosing the most evidence-based treatments for increasingly narrowly defined conditions. Beginning later this year, CVS Health will offer a single-step, cross-benefit, full-regimen PA process linked to the recommendations contained in the NCCN Clinical Practice Guidelines. It also allows physicians to get an automated approval for an entire treatment regimen, even one that includes elements covered under both medical and pharmacy benefits.

**Infusion Support**

CVS Specialty can deliver savings for members and payors by moving treatments, including both supportive care and chemotherapy, away from expensive outpatient hospital settings to other, more cost-effective sites of care. Services underlying this movement include medication delivery to a physician office, home or ambulatory infusion services, and chemo pre-mix (for provider offices that would like to infuse in office but have compounding limitations).

**Patient Support**

Our AccordantCare nurses help provide holistic care that goes beyond just drug therapy. They counsel members on all facets of their oncology care, such as symptom management, comorbidity management, and overall care plan compliance. Through technology and data sharing, we seamlessly connect all stakeholders to help enhance the patient engagement, ease transitions or care, and drive to better, more informed shared decision-making. Together, these efforts have consistently helped lower costs and improve outcomes.
Cancer remains an exceptionally difficult disease to manage. It is life-threatening and life-altering for patients, as well as increasingly complex for doctors and patients alike. Our integrated approach helps eliminate some of the complexity and puts patients on the path to better health through more effective, efficient treatment tailored to their specific needs, while helping payors control the high cost of therapy and enhancing or maintaining the quality of care.

Do you want to learn more about the changing oncology treatment market and managing costs? Ask Us

THIS INSIGHT ADDRESSES:

High-Cost Drugs  Specialty Drugs  Oncology  Utilization Management  Care Management

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A Foundational Approach to Specialty Cost Management
Managing the Thriving Specialty Pipeline
Supplemental Indications Add Uses, Expand Market

Explore Programs

Specialty Cost Management
Medical Benefit Management
Patient Care

2. CVS Health pipeline team analysis, March 2018.

*CVS Health Internal Data Analysis, 2018. Savings will vary based upon a variety of factors including things such as plan design, demographics and programs implemented by the plan.

CVS Health uses and shares data as allowed by applicable law, and by our agreements and our information firewall.


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