

BACKGROUND & OBJECTIVE

- Historically, health plans have rarely imposed restrictions on oncology treatments. However, recent research indicates an increasing reliance on utilization management (UM) tools to manage costs and ensure effective care.
- Our study examines the prevalence, types, and trends of utilization management (UM) in oncology treatments from 2017 to 2024, as well as the evidence used in coverage decisions by commercial health plans.

METHODS

Data Source

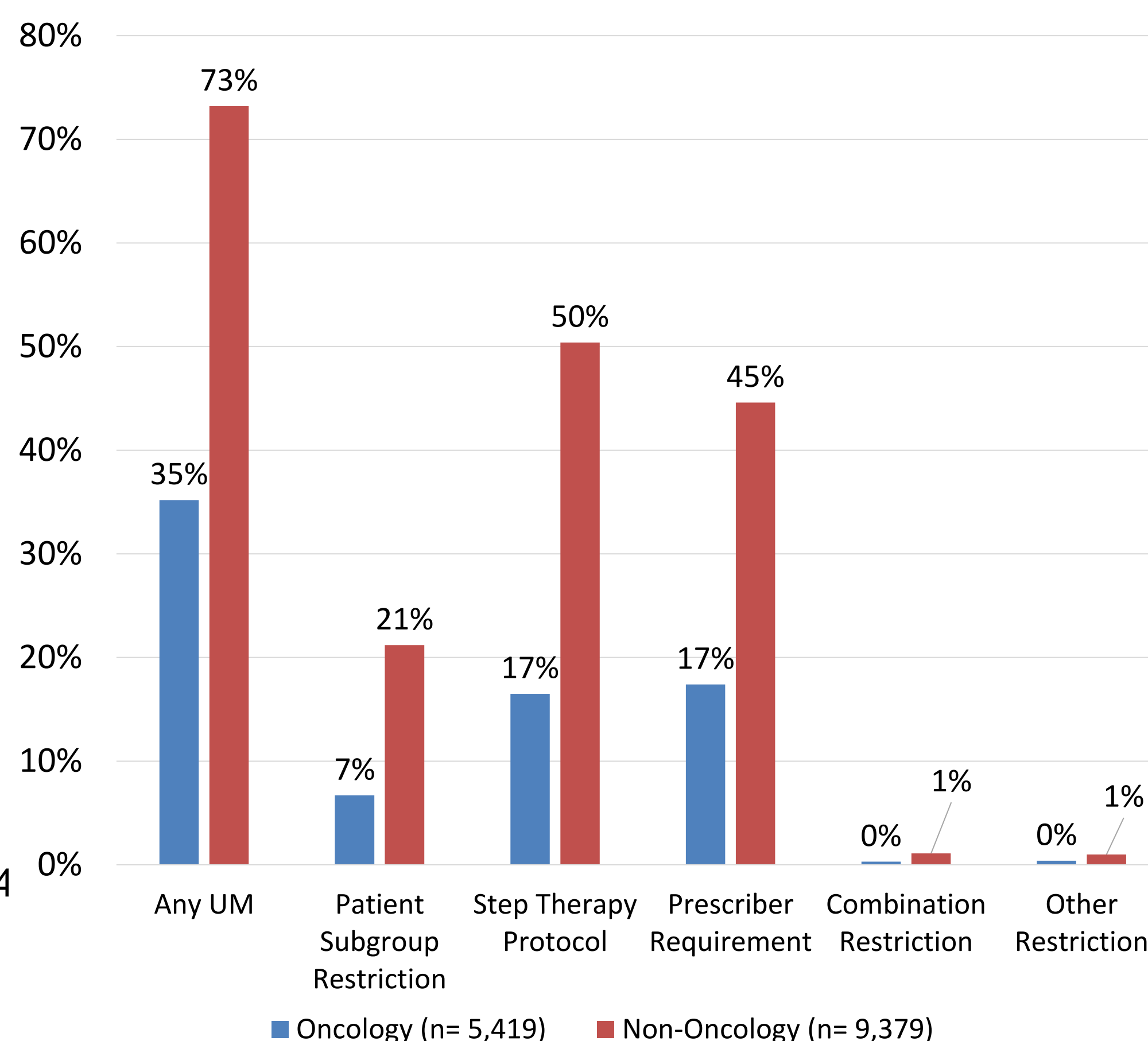
- The Tufts Medical Center Specialty Drug Evidence and Coverage (SPEC) Database tracks specialty drug coverage decisions from 18 major U.S. commercial health plans. It categorizes restrictions into four types:
 - ✓ *Patient subgroup* criteria – Patients must meet specific clinical criteria (e.g., symptom severity or duration).
 - ✓ *Step therapy* – Patients must first try an alternative drug or treatment.
 - ✓ *Prescriber requirements* – A specific type of physician must prescribe the drug.
 - ✓ *Any other type of* – Additional conditions, such as requiring combination therapy.

Analyses

- We conducted the following analyses:
 - ✓ Utilization management (UM) practices for oncology and non-oncology drugs, including variations based on drug characteristics and health plan as of August 2024.
 - ✓ Changes in oncology drug coverage from 2017-2024
 - ✓ Evidence cited by health plans, including real-world evidence and NCCN guidelines.

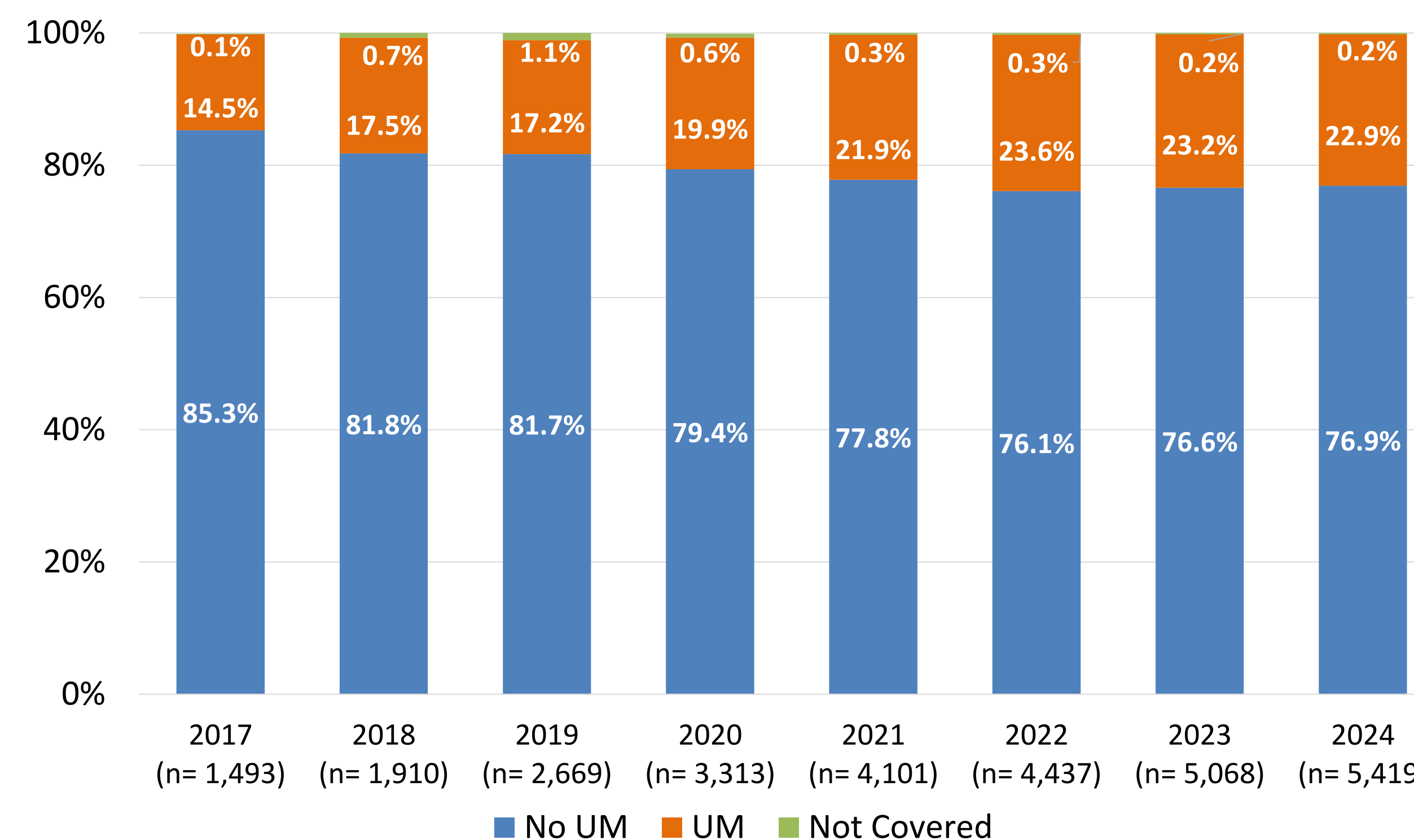
- We analyzed 5,419 coverage decisions for 363 oncology drug-indication pairs and 9,379 decisions for 651 non-oncology pairs.
- As of August 2024, 35% of oncology and 73% of non-oncology coverage decisions included UM. Among oncology decisions, prescriber requirements and step therapy protocols were the most common UM strategies, each applied in 17% of cases (Figure 1).
- UM was more frequently applied to biosimilars, biologics, cell and gene therapies, and treatments for adults. The prevalence of UM varied across health plans (12% to 40%), with 11 out of 18 plans implementing UM in more than 20% of oncology coverage decisions.
- Between August 2017 and August 2024, the use of UM (excluding prescriber requirements) for oncology treatments increased from 14.5% to 22.9% (Figure 2).

Figure 1. Use of UM (& type of UM criteria), oncology vs. non-oncology drugs



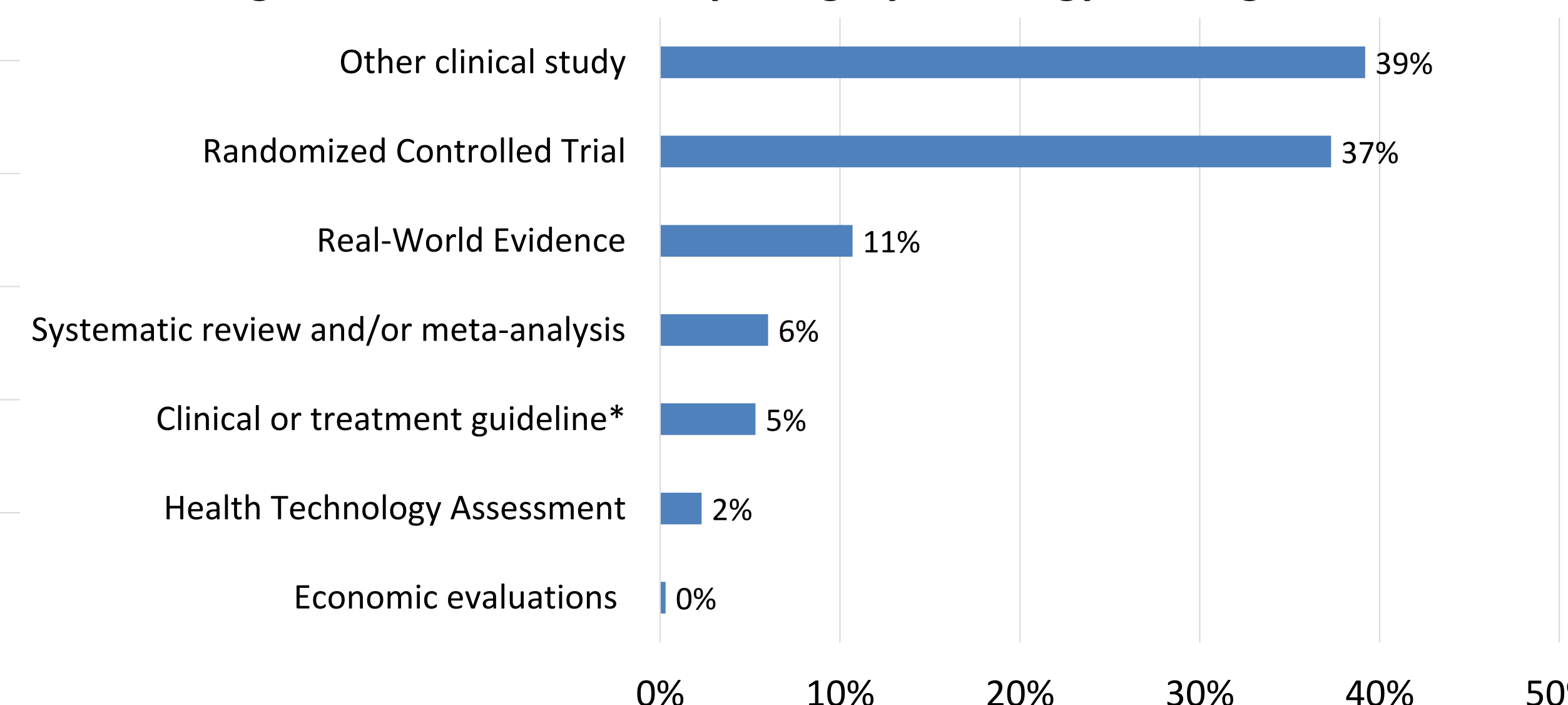
RESULTS

Figure 2. Use of UM, oncology drugs



- Health plans most frequently cited “Other Clinical Studies” (39%), followed by randomized controlled trials (RCTs) (37%) and real-world evidence (11%) (Figure 3) in oncology coverage decisions.
- While most health plans develop their own policies, many reference NCCN guidelines (53% for pharmacy benefits, 67% for medical benefits). Some plans defer to FDA/NCCN recommendations, while others do not incorporate NCCN guidelines in their decision-making.

Figure 3. Evidence cited by category, oncology coverage decisions



LIMITATIONS

- Findings may not generalize to other plans, plan types or drugs not included in our sample.
- Plans may consider additional evidence not cited in coverage policies.
- We cannot determine what role evidence played in the development of UM criteria.

CONCLUSION

- Utilization management (UM) for oncology treatments has increased significantly from 2017 to 2024, particularly through step therapy protocols and prescriber requirements. However, the rate of growth has slowed in recent years.
- The rise in step therapy protocols could be explained by the expanded availability of cancer-related biosimilars, generics and preferred brand products.
- Variability in UM use across health plans contributes to disparities in patient access to oncology treatments and adds complexity for clinicians navigating coverage requirements.
- Further research is needed to assess the impact of UM on patient outcomes.

REFERENCES

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CONTACT

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