AmerisourceBergen

Financial Considerations for Cellular Therapy in Community Oncology

Susan Weidner

Senior Vice President, IntrinsiQ Specialty Solutions

Core areas of financial consideration for cellular therapies in community oncology

Care Coordination with Certified Facilities

Time and requirements to support therapy delivery with inpatient facilities

Practice Capabilities & Investment

Investment required to ensure appropriate treatment delivery and patient care management

Patient Out of Pocket Expenses

Implications on the patients can be substantial

FDA-approved CAR T-cell therapies

Therapy	Indication	Wholesale Acquisition Costs
Kymriah (tisagenlecleucel)	• Patients up to 25 years of age with B cell precursor ALL that is refractory or in 2nd or later relapse • Adults with relapsed/refractory large B cell lymphoma after two or more lines of prior therapy	$475,000 (pediatric and young adult ALL) $373,000 (large cell lymphoma)
Yescarta (axicabtageneciloleucel)	• Adults with relapsed/refractory large B cell lymphoma after two or more lines of prior therapy	$373,000
Breyanzi (lisocabtagenemaraleucel)	• Adults with relapsed/refractory large B cell lymphoma after two or more lines of prior therapy	$410,300
Tescarta (brexucabtageneautoleucel)	• Adult patients with relapsed/ refractory mantle cell lymphoma	$373,000
ABECMA (idecabtagenevicleucel)	• Adult patients with relapsed/ refractory multiple myeloma after four or more lines of therapy	$419,500
Carvykti	• Adult patients with relapsed/ refractory multiple myeloma after four or more lines of therapy	$465,000

Other components for financial considerations:
CAR T-cell therapies

Timely referral to an IEC center
Early referrals in relapsing disease states for IEC therapy evaluation will expand the eligible patient pool and improve outcomes.

Health disparities
In order to deliver on our strategy, it is imperative we engage a multidisciplinary group of thought leaders in the research space to help us evaluate, align, develop, and deploy our new strategy for growth and inclusion of the specialty provider research network.

Variation in resources and personnel
Wide variation in infrastructure, capacity and personnel at the IEC centers. Thus, impacting timing and availability.

Care coordination and transitions of care
Effective communication with referring providers throughout the process is essential for ensuring high-quality of care. Technological advances, including improved electronic health records, should help to smooth care transitions after the acute treatment phase is over.

Patient out-of-pocket expenses
Geographic proximity to an IEC facility has significant impact on incidental expenses. Thus, focus by the referring practice on estimating the additional expenses for food, lodging, travel and even utilities are critical to patient considerations.

Geethakumari PR, Ramasamy DP, Dholaria B, Berdeja J, Kansagra A. Balancing Quality, Cost and Access During Delivery of Newer Cellular and Immunotherapy Treatments. Curr Hematol Malig Rep. 2021;16(4);345-356. Published online 2021 Jun5. doi: 10.1007/s11899-021-00635-3.

Evolving CAR-T model into community oncology

Spotlighting new challenges for the community practice

Opportunity:

- Leverage the referring oncologist and their practice to support the post administration monitoring and follow-up
- Develop experience in managing CRS and ICANS, resulting clinical care protocols for each therapy and patient type

Challenges:

- IECs are reimbursed using a DRG, which includes:
  - Inpatient stays
  - Therapy administration, including pre-treatment with lymphodepleting chemotherapy
  - Post administration follow-ups
- Shared patient oversight between the IEC and the community practice potentially requires
  - Clarity in appropriate billing practices
  - Contracted services between entities
  - New billing codes to support long-term demand

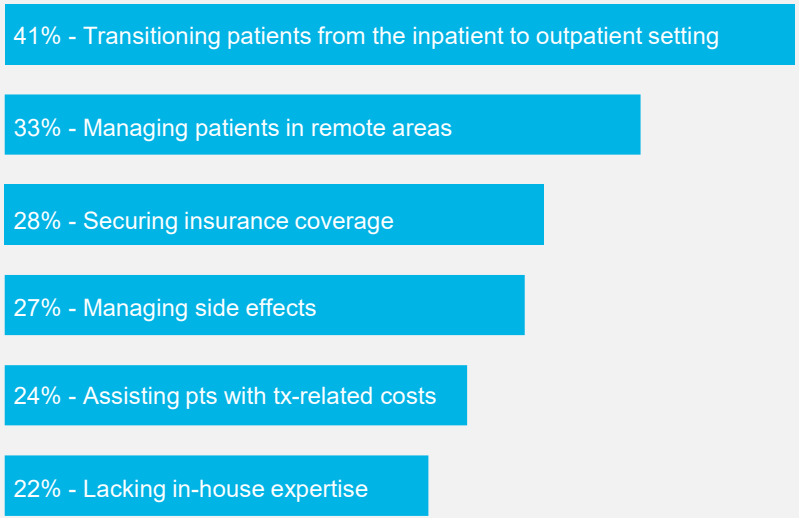
Administration of CAR T-cell therapy in nonacademic specialty oncology networks compared to academic cancer centers was associated with a $29,834 (55%) decrease in hospitalization along with a $3154 (20.1%) reduction in procedure costs.

Lyman GH, Nguyen A, Snyder S, Gitlin M, Chung KC. Economic evaluation of chimeric antigen receptor T-cell therapy by site of care among patients with relapsed or refractory large B-cell lymphoma [published correction appears in JAMA Netw Open. 2020;3(4):e208117]. JAMA Netw Open 2020;3(4):e202072 Published 2020 Apr 1. https://doi.org/10.1001/jamanetworkopen. 2020.2072.

Expanding Access to Bispecific Therapies

- Preliminary research and findings from ACCC's 2020 survey on bispecific antibodies
- 129 total survey responses
- Care coordination is critical to patient management and outcomes
- Requires investment in protocol development, staff training and potentially new facility capabilities

Observed challenges in expanding therapy into the community oncology setting



Expanding access to bispecific antibodies in community cancer care. ACCC Buzz. August 3, 2022. https://www.accc-cancer.org/acccbuzz/blog-post-template/accc-buzz/2022/08/03/expanding-access-to-bispecific-antibodies-in-community-cancer-care

Financial Considerations and Implications

Planning for the wide variation of bispecific therapies and associated patient management

Determination of practice capability

- Practice checklist of capabilities
- Geographic distance to nearest hospital facility
- Facility care coordination to bypass the ER
- P&T review committte

Drug considerations

- Initial prices
- Contracting model options: initial versus adoption
- Fixed duration and combination implications on value-based care contracts
- Time between administration and reimbursement
- Availability of tocilizumab inventory

Patient management requirements

- Longer payer authorization process
- Staff training
- Scheduling implications
- Observation capabilities

Patient selection considerations

- Distance or drive time to the nearest facility
- Comorbidity considerations
- Required family support
- Food, transportation, and other incidental expenses

Key takeaways

- Large investment required
- Practice cashflow upon expansion
- Resource optimization for patient safety and monitoring
- Balance the therapy selection and patient out of pocket expenses