

Discovering current gaps in care and curating health plan best practices in the management of ER+/HER2- mBC

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BACKGROUND

Estrogen receptor-positive/human epidermal growth factor-negative metastatic breast cancer (ER+/HER2- mBC) accounts for 70% of all breast cancer cases and is characterized by favorable overall survival in early stages. However, disparities in progression-free survival (PFS) in second-line therapy and beyond highlight an unmet need in the affected patient population.

OBJECTIVE

Assess payer perspectives on the management of ER+/HER2- mBC, identify key challenges related to access, and outline best practices to support appropriate drug utilization and coverage decisions within managed care settings.

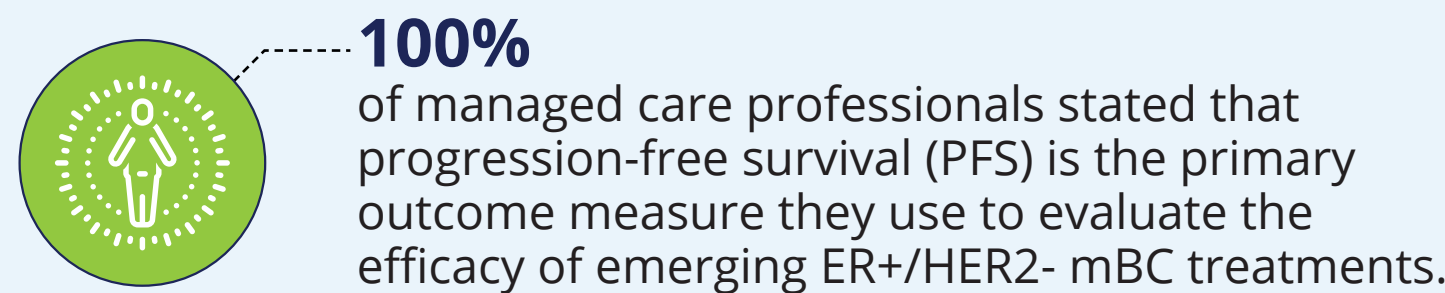
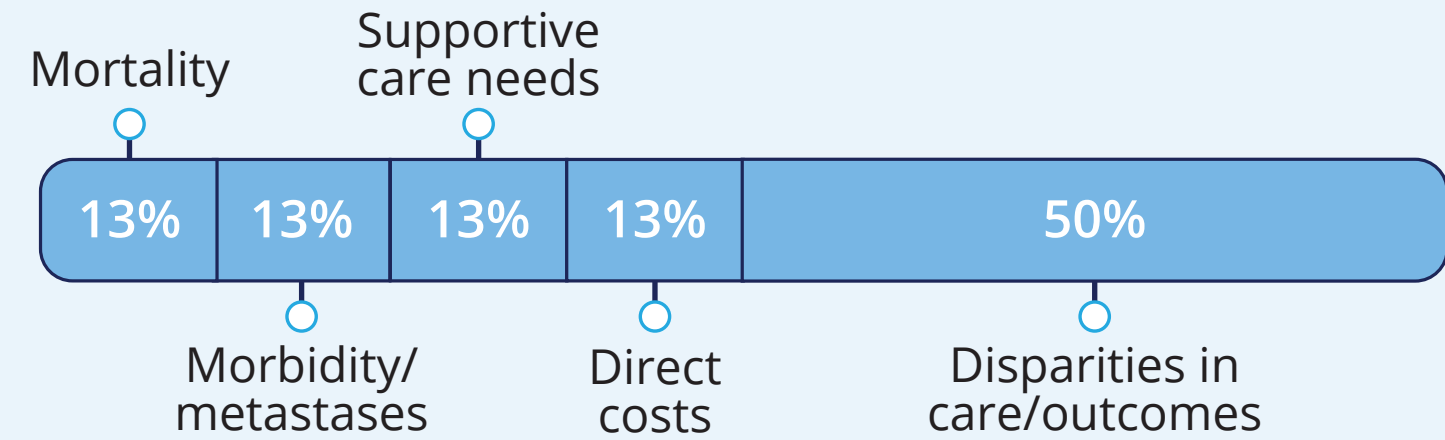
METHODS

A multidisciplinary virtual forum that included managed care oncology experts, a breast cancer specialist, and a patient advocacy representative was held in February 2025 to discuss the clinical, economic, and humanistic considerations surrounding the management of ER+/HER2- mBC. The program included polling questions to quantify participant perspectives and facilitated discussions to generate qualitative insights on managed care strategies and emerging best practices.

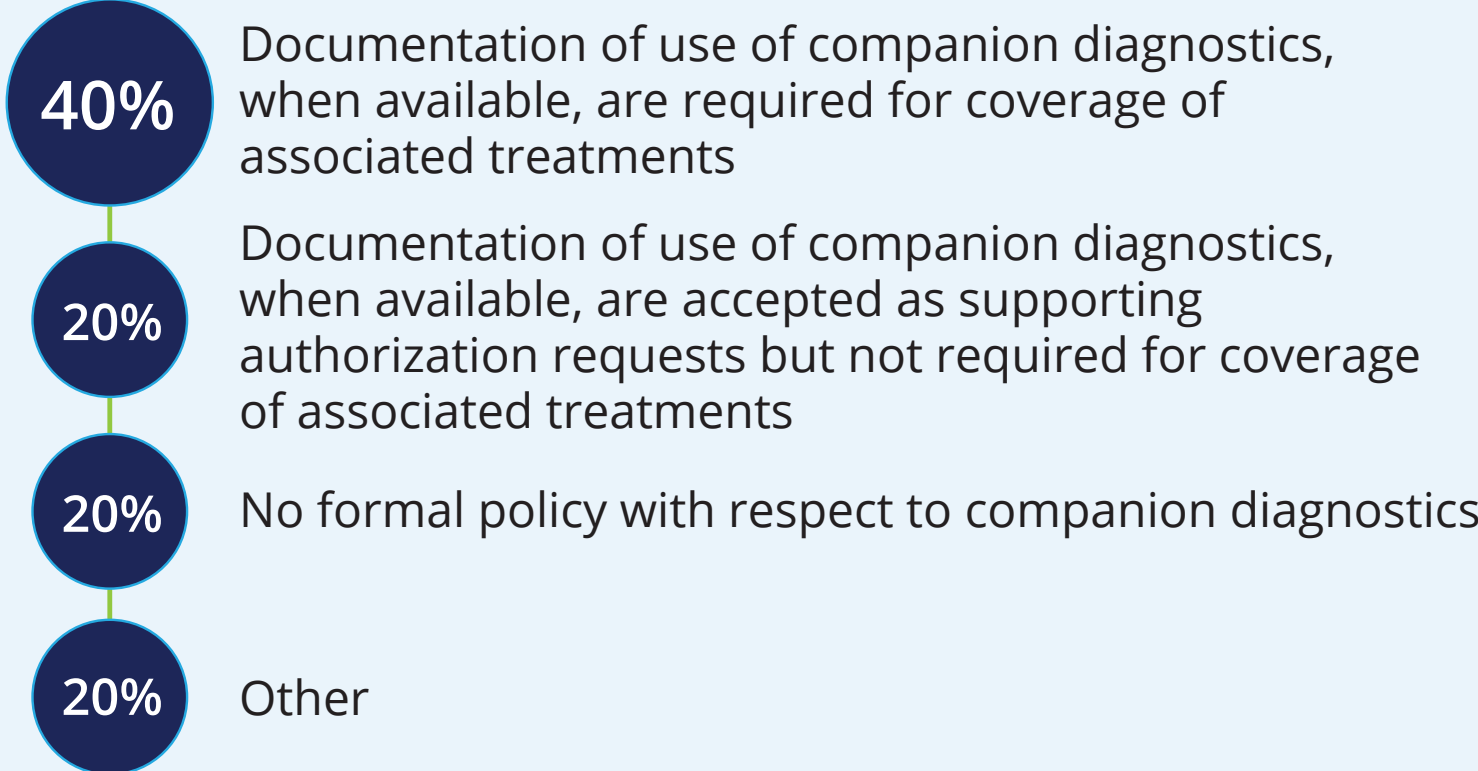
RESULTS

Among the 8 participants polled, 50% cited addressing disparities in care and outcomes as the most important consideration for managing ER+/HER2- mBC. Qualitative insights also called out the need for intensive support services and comprehensive care in the management of patients with ER+/HER2- mBC. Noting an unmet need in second-line therapy with current treatment regimens, investigational treatments offer improvements in progression-free survival, which 100% of payer and patient advocacy panelists cited as the most important outcome in ER+/HER2- mBC. Likewise, 100% of participants cited care pathways and/or treatment algorithms for ER+/HER2- mBC, and 60% noted that companion diagnostics play an integral role in coverage policy and utilization management. Qualitative insights highlighted that companion diagnostics coverage lags substantially behind the associated therapy coverage, causing administrative burden and delays in appropriate treatment.

What component of ER+/HER2- mBC burden strikes you as being the most significant from the perspective of health care purchasers?



How does your organization use available companion diagnostics in the coverage of available treatments for breast cancer?



Key Insights

- Patient care journey**
 - The ability of patients with ER+/HER2- mBC to tolerate therapy is a key issue across stakeholders.
 - Panelists consider screening for social determinants of health and other efforts to mitigate health disparities in ER+/HER2- mBC an important focus for payers.
- High-quality care**
 - Standard models of care and care pathways help ensure quality of care and equitable access, but they should allow appropriate individualization of therapy.
 - The expectation with targeted therapy is that used appropriately, it will lead to better outcomes; however, there is uncertainty among payers regarding the utility and timing of repeat biomarker testing.
 - Treatment regimens used in ER+/HER2- mBC may include medications covered under both the medical and pharmacy benefits, which require special consideration by payers to mitigate potential barriers to care.
- Impact to payers**
 - ER+/HER2- mBC receives substantial attention from payers due to its high prevalence and the significant burden of treatment costs.
 - The science and care of ER+/HER2- mBC is complex and changes rapidly; payers use multiple resources to remain current and make informed coverage decisions.
- Emerging therapies**
 - Responsiveness to new and emerging therapies is crucial for payers to ensure timely access.
 - Progression-free survival is a key outcome of interest for stakeholders, although other measures such as overall survival when available and overall response rate are also considered.
 - A primary focus of payers' evaluation of novel mechanisms of action is the comparative or additional value versus existing therapies.
- Future of ER+/HER2- mBC**
 - Panelists cited several ways in which artificial intelligence may play a role in reducing the complexity of ER+/HER2- mBC.

Payer Best Practices in ER+/HER2- Metastatic Breast Cancer Suggested by the AMCP Market Insights Panel

Action	Description
Employ comprehensive programs to support both patients and caregivers throughout the care journey.	These programs should include a focus on coordination of care and shared decision support along the care journey. Of particular importance are meeting patient supportive care needs and supporting caregivers, which are crucial for improving tolerability and adherence and driving better outcomes and costs.
Implement programs to address social determinants of health and other efforts to minimize health disparities.	Gathering information on social determinants of health can occur through care management screening programs, using patient demographic data, and partnering with network providers, as examples. Telehealth may be utilized as part of efforts to mitigate health disparities, but its limitations must be addressed for it to have true benefit.
Develop evidence-based care pathways that allow for appropriate individualization.	Standard models of care and care pathways help ensure equitable access and quality of care by facilitating consistency across the care continuum. These should be developed with guidance from network oncology providers and other high-quality resources, and should allow appropriate individualization of treatment, such as through appropriate biomarker testing.
Align medical and pharmacy benefits to mitigate potential barriers to care.	Medical and pharmacy benefit alignment should result in removing cost considerations from treatment choice and providing cost transparency for patients across treatment options. Alignment considerations should include coverage policies, site of care and related administration and/or dispensing challenges, provider and pharmacy reimbursement, and copay assistance availability, as examples.
Establish a process to remain current and make informed, timely coverage decisions.	The science and care of patients with ER+/HER2- mBC is complex and changes rapidly; therefore, payers must be nimble to remain current. High-quality resources may include oncology-specific professional conferences, network oncology providers, the biopharmaceutical industry, routine literature searches, guidelines updates, online searches, and pipeline databases from outside organizations, for example.
Consider a holistic operational approach.	This would include sharing knowledge with stakeholders about the evolving science and latest evidence-based care, and highlighting and simplifying the most impactful data, for example, for patients and caregivers. It would also include reducing silos and integrating stakeholders to provide current evidence-based care, including testing and treatment, and to coordinate care along the entire continuum.
Leverage technology where appropriate to manage complexity and add efficiency.	Examples include using AI to assist with dissemination of clinical information, identify patients at risk of developing side effects, determine which patients from cancer registries may be eligible for newer targeted therapies, and provide more timely and accurate coverage decisions. AI was also suggested as potentially having a role in reducing silos and analyzing data related to personalized treatment decisions.

AI=artificial intelligence; ER=estrogen receptor; HER2=human endothelial growth factor receptor 2; mBC=metastatic breast cancer; PFS=progression-free survival.

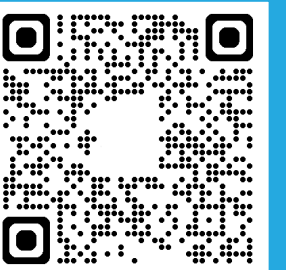
CONCLUSIONS

Payer and patient advocacy representatives acknowledge a need for comprehensive support services in the management of ER+/HER2- mBC, with special consideration given to disparities in care and outcomes. Emerging therapies can potentially address unmet therapeutic needs in second-line therapy and beyond, but payers will be tasked with developing an appropriate coverage policy with timely access to companion diagnostics.

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