

Advancing the Management of MULTIPLE MYELOMA via Multiphase Initiative Centered on Regional Payer-Provider Forums

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BACKGROUND

Multiple myeloma (MM) is a key cost driver in oncology, owing to disease progression and the overall chronicity of the condition. Treatment requires a nuanced approach using several different classes of drugs, with chimeric antigen receptor T-cell (CAR-T) and bispecific antibody therapies representing the latest additions.

OBJECTIVE

To identify regional trends in managing MM, barriers to optimal treatment, best practices in patient care, and opportunities for collaboration via an open forum among regional clinical specialists and managed care decision makers.

METHODS

Two virtual roundtables were held in the Southwest and Northeast U.S. regions in November 2024 among managed care professionals (n=8), oncology specialist providers (n=4), and one patient advocacy representative. Participants heard testimony from patients with MM and reviewed relevant clinical information prior to engaging in moderated discussions. The findings were shared via webcast as part of a larger initiative to disseminate continuing education for managed care professionals.

SOUTHWEST

Arizona
New Mexico
Colorado
Nevada
Utah

NORTHEAST

Connecticut
Maine
Massachusetts
New Hampshire
New Jersey
New York
Pennsylvania
Rhode Island
Vermont

RESULTS

Regional trends in the Southwest included the challenges associated with geography and transportation to tertiary treatment centers for specialized MM care, which are exacerbated by social determinants of health (SDOH). A push for increased adoption of bispecific antibodies in the community oncology setting, with oversight by tertiary care centers and non-punitive integration of clinical pathways, were identified as best practices. In the Northeast, drug shortages and high costs associated with generic alternatives were cited as key challenges. Participants noted coordination among community oncology providers and tertiary care centers as a key best practice, in addition to provider alignment with evidence-based treatment protocols. Opportunities for collaboration across both regions included consultation with oncology specialists on coverage policies as a cost management strategy. Participants also suggested an organized means to coordinate care between community oncology practices and centers of excellence, to facilitate the utilization of newer targeted therapies.

SOUTHWEST

CURRENT CHALLENGES

- Widening disparity in patients receiving novel treatments such as bispecific antibodies and CAR-T therapies
- Barriers in access to novel treatments (bispecific antibodies and CAR-T) due to geography and transportation
- Self-funded employers may exclude coverage for CAR-T therapies

BEST PRACTICES

- A push for increased adoption of bispecific antibodies in the community oncology setting with oversight by tertiary care centers
- Non-punitive integration of clinical pathways with multiple options for clinicians in different clinical scenarios

Recommendations for Collaboration

1

Consultation with oncology specialists on coverage policies and pathways for early-line treatments when disease course is most substantially impacted

2

Communication between payers and providers to facilitate rigorous care coordination and follow-up over the entire course of a patient's disease

3

Guide patients to centers of excellence for consultation with MM specialists and coordinate care between specialists and community oncology providers among patients for whom location and/or transportation are issues

NORTHEAST

CURRENT CHALLENGES

- Barriers in coverage for imaging and genetic testing
- Limited availability of generic lenalidomide
- Higher out-of-pocket costs for generic alternatives versus branded drugs due to patient assistance programs
- Onerous utilization management for intravenous immunoglobulin (IVIG)

BEST PRACTICES

- Consultation with tertiary treatment centers for specific patients managed by community oncologists
- A substantial amount of provider alignment with clinical practice guidelines and consensus treatment protocols

Recommendations for Collaboration

1

Consultation with oncology specialists on payer policies for supportive care therapies to streamline access and manage costs

2

Provider incentives from payers for vial rounding and similar strategies to manage costs and minimize waste

3

Site of care initiatives among payers working with providers to offer novel therapies like CAR-Ts and bispecific antibodies in an outpatient setting

4

A forum for regular payer-provider interaction at a regional level to discuss emerging evidence and trends in coverage and access

CONCLUSIONS

Increased coordination between payers and providers has the potential to improve patient access to newer targeted therapies for MM regardless of geography and/or SDOH. Future efforts will include additional roundtable meetings with payers and oncology specialist providers in other regions to advance collaboration.

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