

Cell Therapy Landscape:

A Practical Guide for Employers

Background

As employers balance patient access to innovative treatments and overall affordability when making coverage decisions, understanding distinctions in cell therapies can be important.

Cell therapies are a type of immunotherapy. Immunotherapies are drugs and treatments that harness the power of a patient's immune system to help destroy unhealthy cells. As part of its normal function, the immune system detects and destroys abnormal cells and most likely prevents or curbs the growth of many cancers.¹ Unlike traditional treatments that are often given over months, tumor-infiltrating lymphocytes (TIL) and chimeric antigen receptor-T cell (CAR-T) therapies are typically single infusion. These therapies have the potential to form memory T cells that could persist in the body, potentially contributing to protection against tumor cell recurrence.²

Examples of modern immunotherapy

TIL therapy	CAR-T cell therapy
Uses T cells that are found in tumors. Doctors test lymphocytes in the lab to find out which ones best recognize tumor cells. ³ Selected lymphocytes are treated with substances that make them grow to large numbers quickly. ³	T cells are changed in the lab so that they make a type of protein known as CAR before they are grown and given back. ³ Unlike other immunotherapies—and other cancer treatments— CAR T-cell therapies are made from a patient's own T cells, which are the body's primary killer of infected and other diseased cells. ⁴

Evolution of Cell Therapy

The science of cell therapy has evolved from 19th-century origins to modern techniques, driven by advances in genetics, stem cell research, and a deeper understanding of immunology. In recent years, cell therapies have made significant advancements in the treatment of blood cancers such as multiple myeloma. This treatment modality has demonstrated efficacy in managing hematologic malignancies in clinical settings.⁵

When thinking about cell therapies, the focus has been on cancer. However, research of this treatment has started to take shape in additional areas such as autoimmune disorders. Autoimmune diseases, ranking as the third most common category of illnesses after cancer and cardiovascular diseases, affect an estimated 5%-8% of the global population, with a combined prevalence of 10.2%—impacting 13.1% of women and 7.4% of men.⁶ Areas where cell therapies are currently being studied in autoimmune disorders include, but are not limited to, systemic lupus erythematosus, multiple sclerosis, and rheumatoid arthritis.⁶

Even though cell therapy remains unapproved for other disease states beyond oncology, employers must anticipate its expanding role in treating a wider range of conditions, much as they are adapting to advancements in cancer care today.^{7,8}

Coverage

Access decision-makers and employers are evaluating how implementation of innovative financial models can support coverage.⁹ Most cell therapies currently on the market are administered as one-time therapies priced at approximately \$400K-\$500K.¹⁰ Traditional reinsurance and risk mitigation measures that may assist in providing financial affordability and/or predictability of risk include stop-loss, risk-pooling solutions, external partners, support services, medical benefit manager, and third-party center of excellence (COE) solutions.¹¹⁻¹⁴

Access Across Communities

There are unique access issues that make cell therapy treatments out of reach for some vulnerable populations.¹⁷ Studies have shown low representation of vulnerable populations in cell therapy clinical trials, leaving groups already experiencing higher cancer mortality at a greater disadvantage in accessing modern treatments.¹⁸ Prior authorization can also be a considerable barrier. High therapy costs require payer oversight, but delays in authorization and treatment can devastate patients.¹⁸

Other factors of note include distances to treatment centers and additional out-of-pocket expenses, which can include taking time off work, lodging and transportation expenses, and supplemental co-pays.¹⁹ As treatments continue to advance, wraparound services may support some of the holistic needs that have the potential to impact treatment adherence and long-term success.²⁰

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Innovative Payment Models



Carrier-Sponsored Programs:
Built-in protection within health plans to mitigate risk.¹¹



Third-Party Risk Pools:
Set premium for coverage of defined treatments.¹²



Installment/Annuity Models:
Spread payments over time.¹⁵



Performance-Based Contracts:
Pay based on patient outcomes.¹⁶



Subscription Models:
Fixed payments for access to therapies.⁹



Step-Down Deductible Benefit:
Stop-loss insurer partners with COE network or third-party to offer reduced deductible if treatment is received at a designated center.¹³



Cell Therapy Risk Protection Program:
Individual stop-loss deductibles and allows cell therapies to be covered under the medical plan with no lasers, no exclusions, and no cap above the group's deductible.¹⁴

Considerations for Employers



Assess evolving payment models



Monitor access disparities



Evaluate need for wraparound patient services



Understand plan and treatment center geography impact on access