Cigna Payer Solutions



A case-based, whole-patient approach to managing the high cost of cancer-related specialty medications

Each year, the US spends an estimated \$82 billion on cancer care¹ – and a major driver is cancer-related specialty medications – which rank third² among high-cost specialty drugs. Cigna's Oncology Management Program helps employers manage cancer-related medical costs while supporting providers in adopting treatment plans based on the latest science. In fact, Cigna's Oncology Management Program is expected to deliver a **6% savings** based on associated medical oncology drug costs.³

Program details

Cigna collaborates with eviCore healthcare to provide precertification review for specialty medications that treat **44 of the most common types of cancers** (97% of all cancers⁴). eviCore follows oncology medicine regimens, or "Pathways," reviewed and approved by the **National Comprehensive Cancer Network® (NCCN), a not-for-profit alliance of 27 leading cancer centers** – to help ensure oncologists offer optimized treatment for each patient's specific diagnosis.

The program focuses on infused medications that typically are covered under the medical benefit, and oral medications which may be covered under the pharmacy benefit⁵. Patients receive **precertification for the entire "regimen of care"** rather than drug-by-drug approvals.

- Patients can begin their treatment plan more quickly, knowing their oncologists are following the right clinical care for their specific diagnosis
- > You benefit from more **closely managed costs**
- Doctors can be more confident they are offering patients treatment plans that apply NCCN-supported treatment options

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Benefits include:

Optimization of treatment – through provider support on optimal treatment plans and standards of care following NCCN "Pathways" guidelines

Cost management and employer value – 6% savings on associated medical oncology drug costs³ through precertification review that follows evidence-based treatment regimens

Member satisfaction and peace of mind – helps ensure your employees get the right treatment for their specific oncology diagnosis and helps improve quality of care through fewer side effects, ER visits, and admissions



Together, all the way."

Clinically proven treatment protocols

The Oncology Management Program uses evidence-based oncology guidelines approved by NCCN to review all drugs within your employee's cancer treatment regimen⁵. This helps ensure doctors have access to current education and support, so that patients receive treatments that are shown to be effective and efficient.

- One-time "regimen of care" review process per year/per course of treatment
- > Helps avoid gaps caused by drug-by-drug review
- > Helps improve clinical outcomes and reduce treatment variability

Watching your health care dollars

Cigna's Oncology Management Program delivers employer value by helping to reduce unnecessary and inappropriate treatments.

- The program redirects unnecessarily costly treatment choices to NCCN-approved treatment options, helping to ensure employees receive the right treatment in the right place, which can help improve outcomes and lower medical costs.
- Cigna's Oncology Management Program is expected to deliver a 6% savings based on associated medical oncology drug costs³.
- Cigna offers your employees access to a large network of providers – hospitals, outpatient cancer infusion centers and doctors' offices – that provide oncology services at competitive rates. We apply the same precertification standards to both in- and out-of-network providers.

Taking care of your employees

Your employees can be more confident they are receiving the right treatment for their specific diagnosis, including:

- > Helps reduce ER visits or hospitalizations during treatment due to medication side effects.
- > Streamlines Prior Authorization process resulting in faster treatment.
- Facilitates direct referrals to Cigna's Oncology Case
 Management⁶ before treatment starts, offering education and guidance for a better overall experience.

And, if your employee is already in treatment prior to the effective date of the program, their existing medical and pharmacy authorizations may continue without change.

To find out more about Cigna's Oncology Management Program, contact your Cigna-contracted TPA.

1. "Cancer Facts and Figures 2018." American Cancer Society, based on Medical Expenditure Panel Survey (MEPS), January 2018.

- 2. "Peterson-Kaiser Health System Tracker, "What are recent trends in cancer spending and outcomes?," February, 2016.
- 3. Savings projections based on 2018 Cigna analysis for Cigna book of business medical claims for March–September 2017. Additional savings analysis will include both medical and pharmacy program impact as program study matures.
- National Cancer Center Network (NCCN) 2017 Annual Report (page 12). https://www.nccn.org/annualreport/Annual-Report-2017.pdf.
 Program includes review for oncology drugs under medical plan and also includes review of pharmacy drugs if Cigna Pharmacy Benefits
- Management (PBM) is included in plan. Savings will vary by client and are not guaranteed.
- 6. If Cigna Case Management is included in the plan. If Cigna Case Management is not included in the plan, the TPA may choose to use real-time clinical system information to help identify case management opportunities.

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The precertification process

- 1. Providers request precertification for oncology services before ordering the service(s), by phone or by using the eviCore online portal. Requests should include all necessary clinical information to ensure a timely review.
- 2. eviCore reviews the complete treatment plan, using the established NCCN Pathway criteria for your employee's specific cancer type. As part of the review process, the treating provider may be encouraged to consider an alternative course of treatment that better aligns with the NCCN Pathway.
- **3. Approval**. If the information provided demonstrates that the requested course of treatment meets the clinical criteria based on the NCCN Pathways, the provider receives an immediate approval, and can begin to schedule services.

Alternative treatment regimen before

denial. If the information provided does not support the clinical regimen of care criteria, additional clinical information or a peer-to-peer discussion may be requested. An estimated 1.5% of requests will be denied. When a denial is made (normally within two business days), a letter is sent to both the provider (fax or email) and the employee (mail). The letter will explain the reason for the denial and how to appeal the decision, as well as a number to call with questions. The provider may also discuss the decision with a physician peer.

