The State of Delaware

FY24 Planning: Aetna's GCIT Network

SEBC Health Policy & Planning Subcommittee Meeting

March 13, 2023

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Cell and gene therapy (CGT)

Recap from last month's Subcommittee meeting

- Continued discussion of cell and gene therapies (CGT) took place during the February meeting
  - Goal: achieve the normal expression and function of cells to treat an inherited or developed disease
  - Treatment involves introducing new genetic material into the cells of a patient to help the body make cells that can either treat or fully resolve the condition or disease

- Conditions treated include spinal muscular atrophy, certain diseases of the retina, hemophilia, and certain lymphomas and myelomas that are resistant to first line treatment

- CGT is currently covered under the GHIP for Highmark and Aetna non-Medicare plan participants
  - Utilization of these therapies under the GHIP is very low; in the 15 months ending September 2022, only two plan participants utilized a CGT (both in FY22)
  - Future utilization of at least one additional CGT may be possible: Hemgenix for hemophilia (just approved by FDA on 11/22/2022, with price tag of $3.5M for a one-time administration that replaces ongoing treatment)

Clinical and financial management opportunities for CGT

- Both medical carriers have utilization management protocols in place to ensure the clinical appropriateness of these services
  - Includes site-of-care steerage to most clinically appropriate place of service, with prior authorization required
  - Does not address the unit price of CGT treatment (i.e., still possible for providers to apply a mark-up)

- Both medical carriers have designated centers of excellence (COEs) for CGT treatment

- Aetna has an additional offering that is not in place today: a designated network, with case-specific pricing negotiations and travel/lodging support for members, called the Gene-Based, Cellular and other Innovative Therapies (GCIT) Network

Aetna's GCIT Network could *reduce total cost of care* for the GHIP and its Aetna members, with the following *trade-off*: requires members to *use narrower network* of high-quality providers to access selected CGT at a *lower total cost*

Aetna's GCIT Network

- Available for the following CGT:
  - ***Luxturna***: diseases of the retina can cause night blindness, light sensitivity, progressive vision loss
  - ***Spinraza*** and ***Zolgensma***: spinal muscular atrophy
  - There is no GHIP member use of these therapies for the entire FY22 plan year through the present
  - There are 3 therapies that Aetna is looking to add to the GCIT network in the future: Hemgenix, Skysona & Zynteglo, all which received FDA approval in the latter part of 2022

- GCIT Network consists of 130 centers of excellence across the country delivering high quality care
  - Includes the following providers in Delaware or surrounding states[1]:
    - Nemours Children's Hospital Delaware (Spinraza and Zolgensma)
    - Children's Hospital of Philadelphia (Luxturna, Spinraza and Zolgensma)
    - Penn Presbyterian Medical Center, Scheie Eye Institute (Luxturna only)
    - Hospital of the University of Pennsylvania Health System (Spinraza only)
    - Milton Hershey Medical Center, Pennsylvania State University (Spinraza and Zolgensma)

1 Source: https://www.aetna.com/content/dam/aetna/pdfs/health-care-professionals/GCIT-designated-providers.pdf. Retrieved 2/7/2023.

Aetna's GCIT network (continued)

- Discounted pricing negotiated with CGT manufacturers
  - Savings achieved by Aetna negotiation with providers to maintain reimbursement for these therapies at cost with no mark-up and improved quality of care

- Aetna clinical care coordination team supports members through entire process
  - Integrated with Aetna One Advisor care management program (in place today)
  - Including member assistance with travel plans and cost
    - Travel and lodging reimbursement is available for patients and a companion who must travel over 100 miles from the member's residence
    - This benefit is the same as the travel and lodging allowance that is available to GHIP members when using Aetna's Institutes of Excellence/Quality networks

- No additional cost or administrative fees associated with adopting the GCIT network

Aetna's GCIT network (continued)

Follow-up questions and answers from the February 2023 Subcommittee meeting

- ***Subcommittee follow-up question from February:*** What incentive does the provider have to participate in Aetna's GCIT network?
  - **Aetna's Response:** Provider's agree to contract for the therapies at no mark-up because it is granting access to life altering therapies. They understand that by not adding a mark-up, more employers are likely to cover these therapies and thus more patients will be able to recognize the life altering results.

- ***Subcommittee follow-up question from February:*** Is it possible that a GCIT provider may not be an Aetna HMO participating provider?
  - **Aetna's Response:** All GCIT services are on the Aetna National Precertification List and thus the provider must have the services pre-authorized. This applies for HMO members as well. All services are directed to a GCIT designated provider. GCIT providers are designated for all commercial products, including HMO. Travel and lodging benefits are available if necessary for the GCIT therapies. which should not have any effect on the member's other health care needs.

Aetna's GCIT network (continued)

Follow-up questions and answers from the February 2023 Subcommittee meeting

- ***Subcommittee follow-up question from February:*** If travel and lodging benefit is used for GCIT how does that affect or not affect this hospital's ability to try and support the member's other health care needs? There was also mention of interest in trying to quantify (1) the prevalence of GCIT network providers maintaining an ongoing relationship with patients that obtained GCIT from those providers, and (2) the cost of any such ongoing relationship post-GCIT vs. GCIT patients who went to other providers for their ongoing care.
  - **Aetna's Response:** The GCIT providers are specialists and would only manage the condition for which GCIT is given. They are, for the vast majority, not generalists, and they would not assume total care of the patient. The cost of care would vary by provider according to contracted rates and any differences should be negligible.

- ***Subcommittee follow-up question from February:*** More details on the shared savings model: How is that structured, what factors are used to determine the shared savings and what percentages would apply?
  - **Aetna's Response:** We do not have any shared savings models in place. Our reimbursement is set at acquisition cost. The savings to the client (i.e., plan sponsor) is that without a negotiated discount that holds reimbursement to cost, they are exposed to a reimbursement based on providers billed charges for which we have no control.

Question for Subcommittee members: **Is there support to consider making a recommendation to the SEBC to implement this program for FY24?**