



Breast Cancer Case Study

The member was a 49-year-old female with Stage IIIC Infiltrating poorly differentiated ductal carcinoma of the right breast with venous and lymphatic invasion; ER/PR neg, Her-2 negative. The provider proposed neoadjuvant chemotherapy using Doxorubicin and Cyclophosphamide every 14 days times 4 cycles, to be followed by Paclitaxel and Carboplatin every 14 days times 12cycles. The supportive medications requested included Neulasta Onpro (white blood cell stimulator) Day 2 of each cycle (x 16) and Fosaprepitant IV, Ondansetron IV, and Dexamethasone IV on Day 1 for all 16 cycles requested.

HOW CANCERCARE INTERVENED

Carboplatin is not evidence-based, so it was sent out for Independent Medical Review who agreed with CancerCARE. CancerCARE recommended the plan consider no coverage.

Removing Carboplatin removed the need for the white blood cell stimulator (X12 injections), as the Paclitaxel is low risk for febrile neutropenia.

With 14 day regimen, a long-acting white blood cell stimulator is not indicated, so CancerCARE recommended changing from the Neulasta Onpro (x 4 cycles) to the biosimilar for the short acting stimulator (will require 5 injections with each cycle, so X20 injections). Supportive medication was not recommended per evidence-based guidelines. They ordered as if it was a low-intermediate emetic risk, when, in fact, it is high-risk, putting the Member at high risk of requiring inpatient admission for dehydration. CancerCARE recommended increasing to cover high emetic risk and prevent inpatient admission. They also ordered IV format so they can give it at physician office pricing. CancerCARE recommended oral to be obtained from the pharmacy at a much lower cost to the plan. The Member can take them prior to coming into the office for chemo, then have them for home administration for 4 days post chemotherapy to combat delayed emesis and further risk hospital admission.

PLAN SAVING RESULTS

Neulasta Onpro physician office billing of \$14,894 per injection; avoided 16 of those for \$238,304, but replaced those with 20 short term biosimilar injections to be given at home via self-injection for a cost of \$5,996, for a net savings to the plan for this intervention of \$232,308.

By removing the Carboplatin from this regimen, the Plan saved \$860 for the medication cost and \$254 per medication per administration for IV medication administration fees. Total savings is \$1879.

Soft savings for avoiding an inpatient admission for dehydration is \$24,723.

The cost of additional anti-emetics to avoid the above noted admission, minus the savings in converting from IV to oral nets the plan an additional \$4778.



TOTAL SAVINGS

HARD SAVINGS: \$238,965

SOFT SAVINGS: \$24,723