

Lower-Cost Drugs Can Reduce Cost of Cancer Care Without Compromising Quality

Substituting generic, biosimilar or less expensive medications can reduce costs without sacrificing quality of care.

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Total Cost of Cancer Care Can Be Reduced With Lower Cost Alternate Drugs Without Compromising Quality of Care

Substituting biosimilars, generics and clinically appropriate lower cost drugs for established, costlier drugs was shown to be an effective way to reduce the total cost of care, by 5% or so, while maintaining the quality of care for patients with cancer. Even small shifts towards lower cost drugs resulted in significant reductions in the total cost of care, according to a study presented as part of the [2022 ASCO Quality Care Symposium](#).

“Our study shows that smarter spending can be achieved while also boosting quality of cancer care. The big challenge for providers and pharmacists is balancing preferred options from a variety of insurers as well as the storage, prior authorization, and billing specificity that accompany having to use different biosimilars or drugs for patients with differing insurance plans. These are complex circumstances that we hope our study will help sort out and result in lowering costs for everyone,” said co-author Erica Feinberg, PharmD, BCPS, Senior Clinical Data Analyst, The U.S. Oncology Network, The Woodlands, Texas.

An Affordable Care Act initiative called the [Oncology Care Model](#) was developed by the Centers for Medicare & Medicaid Services (CMS) in 2016 to encourage better oncology care. The model included 24-hour access to doctors for people undergoing cancer treatment and emphasized coordinated, personalized care aimed at rewarding the value of care rather than volume. Participating practices received monthly care management payments for each Medicare beneficiary to support the transformation of how cancer care was provided.

In the model, enrolled patients were evaluated every six months. The clinical appropriateness of choosing one drug over the other was based on the treating provider’s medical judgement of whether the patient could tolerate the medication as well as whether the drug had any potential interactions with other treatments. The use of lower cost medication alternatives was offered to

bend the cost curve. Eight less expensive drugs or supportive care treatments became available during, or just prior to, the implementation of the Oncology Care Model.

Medicare Part B (primarily physician services) & D (drug costs) claims for 14 practices in the United States (U.S.) Oncology Network participating in the OCM were used to evaluate the impact of the eight medication substitutions during the final 18 months of the five-year OCM program. The substitutions included changing therapy from reference products to biosimilars (bevacizumab, trastuzumab, rituximab, pegfilgrastim, and filgrastim), from brand to generics (abiraterone, imatinib, fosaprepitant) and from high cost to lower cost (aprepitant to fosaprepitant and denosumab to zoledronic acid) when clinically appropriate.

The cumulative savings were \$26.0 million, \$32.3 million, and \$32.9 million per consecutive six-month interval between July 2019 and December 2020. Switching to biosimilars contributed \$6.6 million in savings in the first six months of 2020 and \$12.2 million in the last six months of 2020. Overall, the switches reduced the total cost of oncology drug care by 2.78%, 4.13%, and 5.25% in six-month intervals of the Oncology Care Model between July 2019 and December 2020, consecutively.

The researchers note that there is room for this benefit to continue as long as price differences exist between two interchangeable products.

The investigators are continuing to track the benefits of biosimilar and generic interchanges in the Oncology Care Model. CMS recently announced a new five-year pilot program – The Enhancing Oncology Model – that the researchers hope to study at some point. They also continue to track the pipeline of generic drugs and biosimilars to optimize the value of any similar opportunities with other drug classes (both therapeutic and supportive care).

“This study shows that with the use of lower cost alternatives, patients can benefit from lower copays and lower out-of-pocket expenses without forgoing quality care. This is a proverbial win-win situation where the patient benefits not only from the same quality of care but is able to access it at a lower price,” said ASCO chief medical officer and executive vice president Julie R. Gralow, MD, FACP, FASCO.

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