

Payer Perspectives: A View on CGT Reimbursement

Examining the path to broader coverage approvals

As discussed throughout this report, expanding access to CGTs will require alignment across three core stakeholder groups: providers, biopharma manufacturers, and payers.

While much attention is often given to the clinical delivery and development of CGTs, the role of payers is equally critical. Without clear coverage pathways and reimbursement strategies—including innovative payment models—these therapies will be challenged to reach the patients who need them.

Yet payers are often perceived less as enablers, and more as barriers. In fact, surveyed oncologists cited insurance coverage as one of the top reasons why patients referred for CGT ultimately don't receive it. This perception highlights a tension at the heart of the CGT ecosystem: balancing the extraordinary promise of these therapies with the financial and operational constraints of a complex and cost-sensitive healthcare system.

Payers Recognize the Importance of CGTs

The findings challenge several commonly held assumptions about payers in the CGT space. Contrary to the perception that payers are skeptical of innovation, 90% of those interviewed agreed that CGTs are among the most important medical advancements of our time, 80% believe CGTs are effective, and 90% consider them safe for clinical use. These responses suggest that most payers recognize the transformational potential of CGTs and are not inherently opposed to covering them.

However, there is a clear and persistent concern around the long-term durability of CGTs. In a theme consistent with our provider research, payers indicated that it is difficult to evaluate long-term value without data extending five years or more. While approximately one-third of approved CGTs have reported five-year follow-up data, many of the new therapies



To make innovative payment models viable, payers emphasized easy-to-measure, clinically relevant endpoints.

To better understand how payers are navigating this tension, InspiroGene conducted interviews with 20 payers representing a diverse cross-section of organizations, including national and regional commercial health plans, Medicare and Medicaid managed care plans, and Integrated Delivery Networks (IDNs). The goal was to gain deeper insights into how payers perceive the landscape of CGT coverage, identify the primary friction points, and uncover opportunities for greater alignment.

have not yet.¹ This creates a challenging dynamic: payers are being asked to make high-stakes coverage decisions for high-cost therapies without long-term durability data.

Surveyed payers also acknowledged that the U.S. healthcare system is not well-equipped to manage the high one-time costs of CGTs. Encouragingly, benefit eligibility was not often seen as a significant barrier to coverage. However, cost was cited as a major concern, and many participants pointed to broader operational issues—such as a lack of transparency from treatment centers and limited clinical documentation supporting the need for treatment—as key contributors to coverage barriers.

Payers expressed a desire for greater visibility into the clinical rationale behind treatment decisions, greater clarity into where and how CGTs are being delivered, and better communication around patient outcomes. They also noted that inconsistent partnership with treatment centers makes it more difficult to assess and manage CGT performance at scale.

Payers Are Open to Innovative Payment Models—With Conditions

When asked about the role of innovative payment models, most payers expressed support for the concept, but operational realities tempered enthusiasm. Many payers stated that manufacturers are often unwilling to engage in meaningful negotiations, and when contracts are offered, they tend to be heavily skewed in favor of the manufacturer.

Several systemic barriers to the adoption of value-based payment models were also cited, including member portability, with payers expressing hesitation to invest in a one-time therapy if another payer may ultimately benefit from the outcomes. Similarly, the inability to collect outcomes data across siloed electronic health records (EHR) systems was identified as a major hurdle. Without the ability to retrieve the data to track patient progress over time, payers say it is difficult to assess whether these therapies are delivering on their promises.

To make innovative payment models viable, payers emphasized easy-to-measure, clinically relevant endpoints. There was broad agreement that when endpoints are subjective, slow to manifest, or inconsistently defined, it can erode confidence in contract performance and inhibit broader adoption.

Financial Risk Management Remains a Challenge

Like providers, payers are also grappling with the need to manage CGT-related financial risk in the short term. All commercial insurers reported using strict prior authorization protocols to ensure that only eligible patients receive therapy, such as basing coverage approvals on clinical trial eligibility requirements, which can often be more restrictive than FDA labeling. Many also rely on cost-spreading mechanisms, such as reinsurance or risk pooling, to manage the cost burden.



One area where payer perspectives were more divided was on the question of moving CGT into community care settings. Roughly half of the interviewed payers believe expanding CGT into the community is necessary to improve access and patient convenience. Others prefer to centralize care at academic or specialty centers, where they believe there is more consistency in clinical and financial outcomes. This split reflects ongoing tension between access and control.

Ultimately, the message from payers was clear: they recognize the value of CGTs and want to support broader adoption, but doing so will require greater transparency from treatment centers, more proactive and balanced negotiation from manufacturers, and new tools and processes for tracking patient outcomes over time. As the CGT pipeline continues to expand, the role of payers will become more critical, and so too will the need for deeper alignment across all stakeholder groups. ●

Payers overwhelmingly believe CGTs are safe and effective, but say they are not compatible with the U.S. healthcare system.



9 out of 10 payers generally or strongly believe CGTs are among the **most important medical innovations** of our time.
(n=19)



8 out of 10 payers generally or strongly believe **CGTs are effective**.
(n=20)



9 out of 10 payers generally or strongly believe **CGTs are safe**.
(n=20)

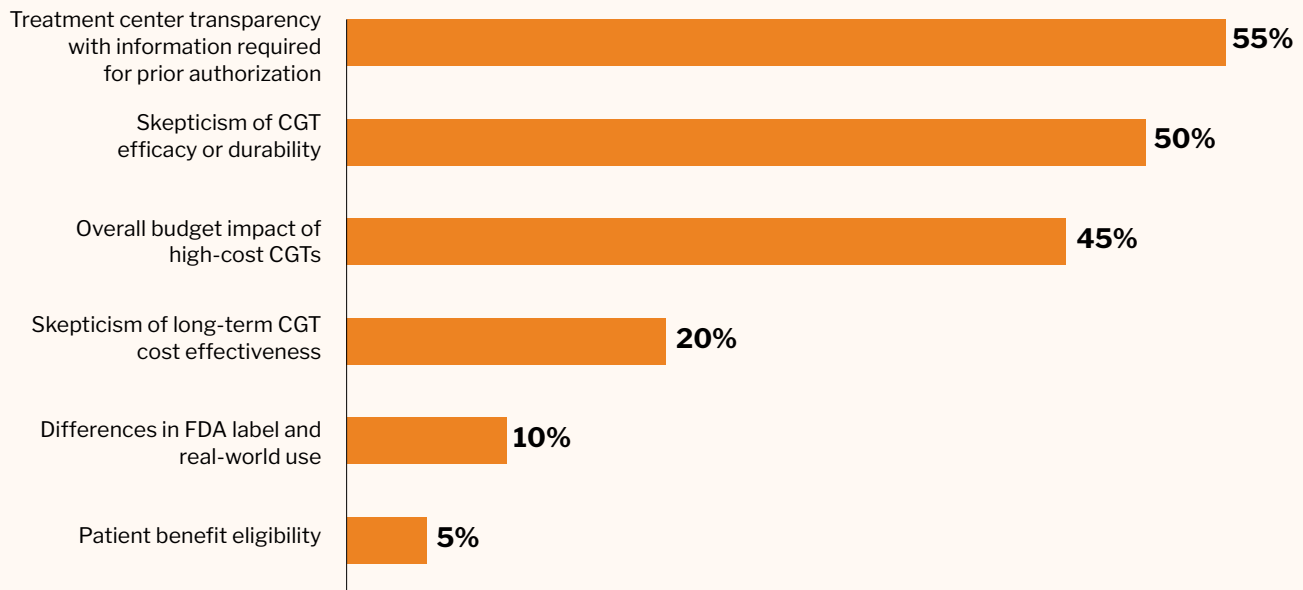


9 out of 10 payers generally or strongly believe that the current **US healthcare system is incompatible with high-cost CGTs**.
(n=19)



Patient benefit eligibility is not a primary barrier to coverage approval, say most payers.

What are the primary barriers you face when evaluating coverage decisions for CGTs? (choose all that apply) (n=20)

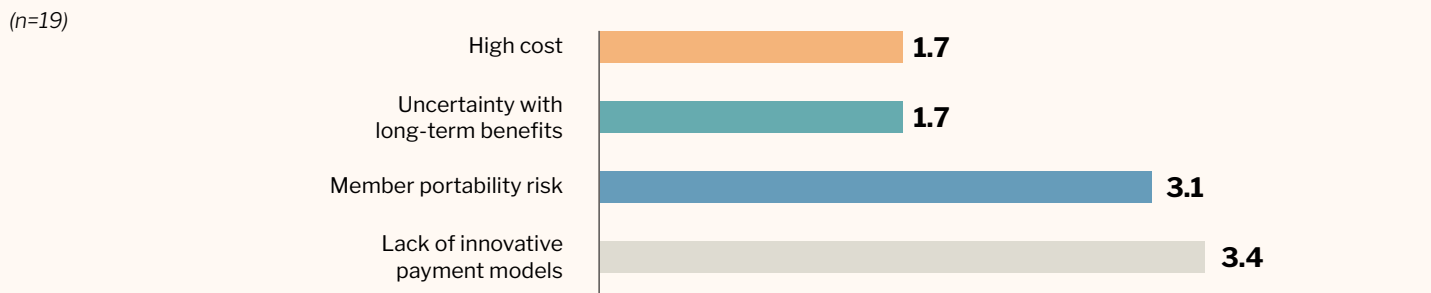


Payers strongly prefer treatment centers to procure CGTs through in-network specialty pharmacies (SPs) and expect SP use for CGTs to increase in the future.



Payers say cost and uncertain durability top the list of challenges to CGT reimbursement.

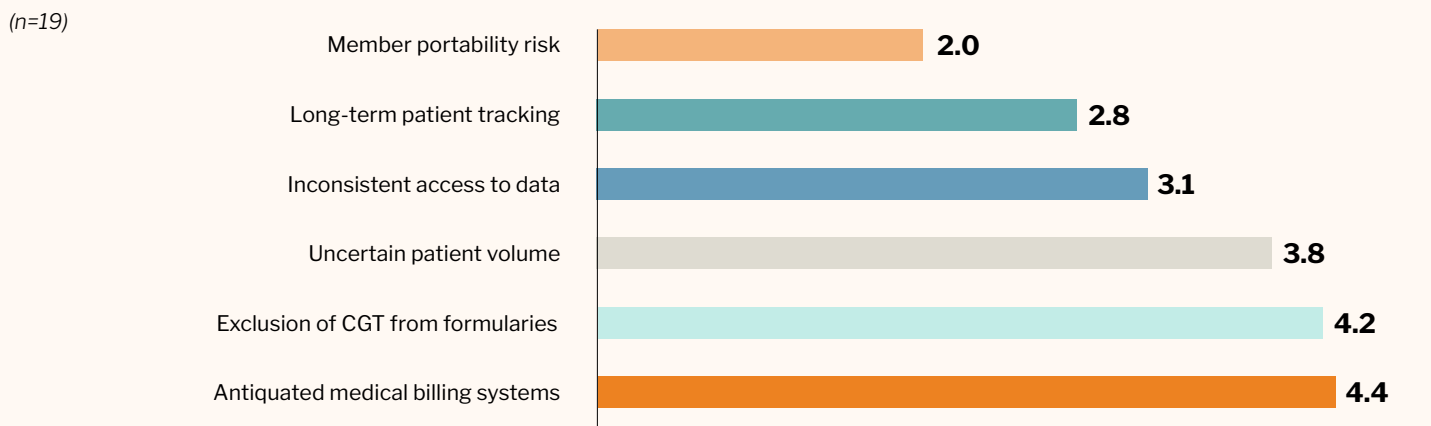
Please rank the following CGT-specific challenges when considering reimbursement on a scale from 1 to 4 where 1 = most significant and 4 = least significant.



60% of payers said value-based contracts could help to mitigate the risk associated with CGTs, but they noted the need for easy-to-measure, binary endpoints.



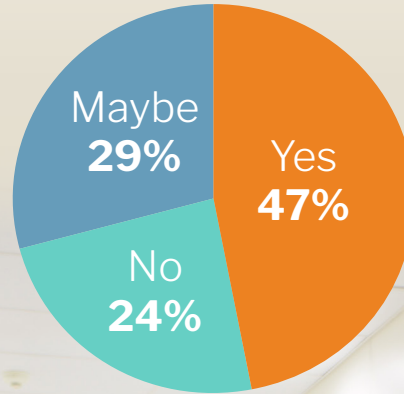
Which of the following factors are more likely to cause low adoption of innovative payment models among commercial payers? Please rank the barriers on a scale of 1-6 where 1 = most significant and 6 = least significant.



Nearly half of payers say expanding CGT into community sites is necessary.

Is expanding CGT into community hospitals and practices necessary to ensure broader access to patients?

(n=17)



“It’s a topic of conversation all the time in our organization: how we are going to manage the CGTs? Not only today but in the future as well, knowing the potential for significant budget impact.”

—Payer, Regional Health Plan

Reference

Payer Perspectives: A View on CGT Reimbursement Examining the path to broader coverage approvals

1. McKesson Corporation. McKesson analysis. 2025.



Want to learn more?

Connect with InspiroGene by McKesson at [InspiroGene.com/contact](https://inspirogene.com/contact)

Visit us online

Learn more about our solutions and services at [InspiroGene.com](https://inspirogene.com)

About InspiroGene by McKesson

InspiroGene by McKesson (“InspiroGene”) is a dedicated business unit focused solely on supporting the commercialization of cell and gene therapies (CGTs). At InspiroGene, we turn CGT innovation into a reality. We offer flexible, sustainable solutions to help you navigate CGT commercialization to achieve long-term success. As your ally, we’re dedicated to transforming patient care and driving better health outcomes. Learn more about the InspiroGene advantage at [InspiroGene.com](https://inspirogene.com).

About McKesson

McKesson Corporation is a diversified healthcare services leader dedicated to advancing health outcomes for patients everywhere. Our teams partner with biopharma companies, care providers, pharmacies, manufacturers, governments, and others to deliver insights, products, and services to help make quality care more accessible and affordable. Learn more about how McKesson is impacting virtually every aspect of healthcare at [McKesson.com](https://mckesson.com) and read Our Stories.

MCKESSON

© 2026 McKesson Corporation. All rights reserved. MCKESSON and the MCKESSON logo are registered trademarks of McKesson Corporation in the U.S. and other countries. All other trademarks shown are the property of their respective owners. You may not copy, reproduce, transmit, distribute, download, or transfer in any form or by any means any part of this presentation without the prior written permission of McKesson Corporation.

InspiroGene™
By McKesson

Download the Full Report at inspirogene.com/cgt-report/