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2026 Access Pulse Check: Evolving Controls in Oncology

Part 1: The Tug-of-War

This paper is Part 1 of Hayden's 2026 Oncology Access Pulse Check series, examining how economic pressures are reshaping oncology access across payers and providers.

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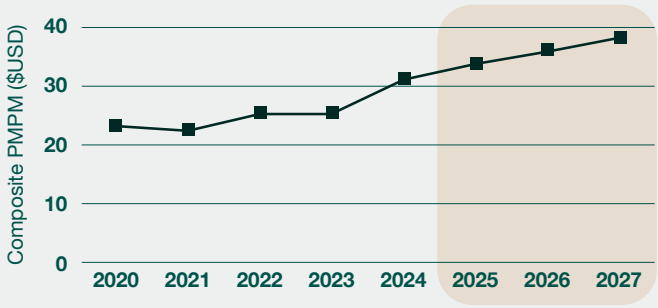
Introduction

The first half of the 2020s has seen remarkable advancements in cancer research and treatment. The development and adoption of novel mechanisms of action and targeted therapies mark a significant leap forward, fueled by 40 years of work in recombinant technology and understanding of the human genome. When we at Hayden speak with physicians, we encounter resounding scientific optimism; the tools in our struggle against cancer are more efficacious and tolerable than ever before, and they are only getting better.

These benefits are spread across a wide variety of therapeutic areas, and patients with multiple myeloma, lung cancer, prostate cancer, and many others, are living longer and enjoying a higher quality of life.[1,2,3] While significant unmet need remains, we encounter a pervasive sense of clinical optimism that continued innovation is on the horizon.

These advances have not come cheap, however. While the oncology field has been scientifically exhilarating, progress has introduced new economic realities and challenges. Beginning at research and development, anticancer research represents nearly one quarter of global pharmaceutical R&D spend.[4] On the treatment side, spending has surged as these therapies have reached clinical adoption, with global spending on oncology therapeutics growing by approximately 75% between 2020 and 2024, and expected expenditures of $441B by 2029.[5] As of 2023, oncology medications accounted for more than 40% of total per-member per-year medical benefit spending, with increases largely driven by infused or injected therapies.[6]

Rising Oncology Costs



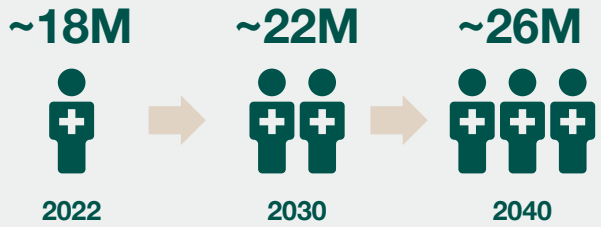
Oncology represents ~41% of Commercial, 56% of Medicare, and 39% of Medicaid total PMPM (2024)

Weighted composite PMPM across Commercial, Medicare, & Medicaid
Source: Prime Therapeutics Medical Pharmacy Trend Report, 2025.

Growing U.S. Oncology Population

2M+ **New cancer cases in 2025**

Total Annual Cancer Survivors



The average list price of a novel oncology agent has nearly doubled since 2020,[7] and cost of therapeutics is paired with ballooning spend on the administration, monitoring, and AE management associated with their use. Not only are the treatments and their associated costs becoming more expensive, but cancer rates are also increasing, raising overall oncology spend even further. The ubiquitous optimism around clinical progress is matched by an equally ubiquitous concern over oncology costs, and mounting pressure to manage these costs in ways that will reshape access, economics, and control.

Hayden's Vantage Point

The Intersection of Oncology's Past & Future

The road was open - access was clear and consistent

Access is becoming more complex, controlled, and congested

Hayden works at the intersection of market access and commercial strategy, which gives us a unique window into the evolving dynamics between payers, provider institutions, patients, and manufacturers.

Our work spans a wide range of therapeutic areas, but oncology represents a uniquely important and rapidly evolving subset of that broader experience. Our client engagements within oncology bring us into regular dialogue with the full spectrum of access stakeholders. We speak with national and regional payers, pharmacy benefit managers, and other decision makers shaping coverage and utilization policy. We also engage with providers across settings from large academic centers and integrated delivery networks to scaled community practices, as well as the nurses, pharmacists, and practice administrators managing the day-to-day realities of delivering care.

Taken together, these perspectives provide a grounded view into how clinical innovation is reshaping the economic landscape, and how mechanisms of control across oncology are evolving in response. It is from this vantage point that we sought to examine the changing access dynamics of the late 2020s, and the challenges that may define the 2030s.

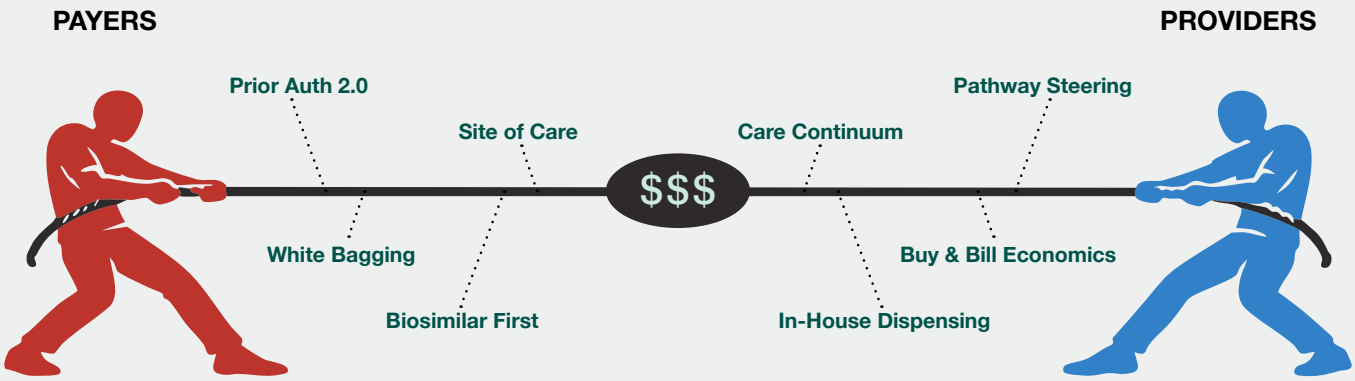
In addition to our existing body of primary and secondary research, we conducted a series of targeted stakeholder interviews towards the end of 2025. Our respondents represent a diverse range of oncology decision makers, including payers, physicians, nurses, and several types of practice administrators. Across these conversations, a dynamic that has been brewing for years, but perhaps not yet fully confronted, crystallized: as payers and providers become more economically driven and more willing to exert control, oncology is rapidly emerging as one of the most consequential access tug-of-wars of the decade ahead.

Primary Market Research Sample

Access Stakeholder		Sample (*N=10*)
Payer	National MCO	2
Clinical	Oncologist	2
	Nurse	1
PHDM	Pharmacy Manager	2
	Practice Manager	1
Other	Self-Funded Employer	1
	Care Coordinator	1

The Oncology Tug-of-War

Oncology's Constant Economic Tug of War



The forces reshaping oncology access are not entirely new. Cost pressure, reimbursement complexity, and stakeholder efforts to manage exposure have been present for decades. What is new is the intensity and scale of the moment. As innovation accelerates and oncology becomes an ever-larger share of total healthcare spend, the mechanisms of control that once operated at the margins are moving closer to the center of the system.

At the heart of this intensification are two focal points of oncology control: payers that make coverage decisions and establish plan-level utilization controls, and sites of care that shape practice-level controls in response to economic pressures. These two gatekeepers are increasingly defining how therapies are accessed, where care is delivered, and how oncology economics are distributed across the system.

Payers are being pushed to balance broad access to lifesaving therapies against mounting affordability concerns and are beginning to deploy more sophisticated tools to manage utilization, steer treatment, and constrain total cost of care.

At the same time, provider institutions and oncology practices are facing their own economic realities. Sites of care are adapting to shifting reimbursement structures, growing administrative burden, and the need to sustain practice economics in an environment of expanding therapeutic choice. These pressures are driving greater influence over prescribing behavior through pathways, operational policies, and practice-level steering.

The resulting dynamic is not a simple story of one stakeholder exerting control over another, but a push and pull between two powerful gatekeepers, each responding to the same underlying clinical-economic tension. Few episodes illustrate this better than the emergence of white bagging.

White bagging is a drug acquisition model under which payers require that specific therapies be dispensed through payer- or PBM-controlled specialty pharmacies rather than being acquired directly by the site of care. In effect, this shifts both operational control and the ability to capture dispensing economics away from provider organizations.

The payer push to implement white bagging mandates is a useful historical example of the broader access contest unfolding across oncology. Payers sought to keep script dispensing revenue within their owned or affiliated pharmacy channels, and providers, in turn, raised concerns around care disruption, logistical complexity, and risks to timely treatment initiation. Ultimately, practices have largely been successful pushing back via open letters, administrative action, and policy initiatives, and we see fewer mandates than we might have expected 3-4 years ago.

Future actions will likely take the same shape – action, reaction, and reaction to the reaction – as payers and providers continue to contest where oncology dollars flow and who ultimately controls the delivery of care.

> One of the biggest challenges we've seen from payers is the push to white bag. For our staff, it's been one of the most frustrating things to deal with: identifying which patients and plans are white-bagged, managing the logistics, dealing with delays. Fortunately, in our region, the state has banned mandatory white bagging, and I wish more states would follow.
>
> – Pharmacy Manager, Traditional Community Organization

Navigating the Zero-Sum Landscape

For manufacturers, this evolving landscape will bring greater nuance and complexity. Shaping access strategies will require a detailed understanding of clinical and economic priorities of customer segments, and a thoughtful plan for engagement across both payer and provider stakeholders. The historical assumption that oncology is "different," and therefore less subject to management, is becoming increasingly antiquated.

Manufacturers will need to anticipate not only traditional coverage and reimbursement questions, but also the evolving mechanisms of control emerging across the ecosystem. These dynamics will vary meaningfully by tumor type, line of therapy, competitive intensity, and setting of care, requiring strategies that are locally informed rather than broadly generalized.

Continuing the Oncology Access Tug-of-War Series

In the sections that follow, we will dive deeper into the two focal points of power shaping the oncology access landscape – payers and providers – examining their evolving mechanisms of control and what they mean for manufacturers navigating this changing environment.

In Part 2, we will examine how payers are responding to mounting cost pressures through a set of proliferating control mechanisms, including more intensive prior authorizations ("PA 2.0"), branded step requirements, and emerging site-of-care restrictions.

In Part 3, we will turn to providers and sites of care, detailing how pathway development, practice-level steering, and the expansion of operational capabilities are enabling institutions to protect their sustainability.

Finally, in Part 4, we will close by stepping back once more to examine the major developments on the horizon – the future developments that could intensify the tug-of-war over oncology access.

1. https://www.wsj.com/health/terminal-cancer-treatments-lifespan-acde24cf
2. https://www.lung.org/research/state-of-lung-cancer/key-findings
3. Melanoma Survival Rate: 2025 Statistics, Stages & Treatment
4. https://stratkalytics.com/oncology-and-biotechnology-driving-the-future-of-pharmaceutical-rd-spending/
5. https://www.iqvia.com/insights/the-iqvia-institute/reports-and-publications/reports/global-oncology-trends-2025
6. https://www.marshmma.com/us/locations/pennsylvania/conshohocken/oncology-cost-management.html
7. https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2812734

About the Author

Sam McMeley

Sam is a principal at Hayden Consulting Group and leads the Hayden Oncology practice group. He has a decade of consulting experience and helps clients navigate access and commercial challenges. For questions or to talk oncology access, please email Sam at smcmeley@haydencg.com

Further Reading

This paper is part of Hayden's 2026 Oncology Access Pulse Check series.

Explore the full series:

- **The Complete Report: Evolving Controls in Oncology**
- **Part 1: The Oncology Tug-of-War**
- **Part 2: The Payer Push**
- **Part 3: The Provider Pull**
- **Part 4: Forces That May Shift the Balance**

About Hayden Consulting Group

Hayden Consulting Group, a BGB Group Company, is a strategy and analytics consulting firm that partners with life sciences companies to untangle access complexity, uncover deep insights, and unlock commercial success. Our team of leaders is connected by a common thread – to redefine how the life sciences industry thinks about access. Placing access at the forefront of decision-making is critical to ease the process for patients and their providers to obtain clinically necessary therapies. We're excited to lead the way, driving Access Forward.

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