PD116 Development Of A Value Framework For The Appropriate Prescription Of High-Cost Cancer Drugs In A Cancer Center

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Introduction: Effectiveness, efficiency, and consistency with patient preferences are requirements for appropriate healthcare. The Complex Treatment Evaluation Committee (CTEC) at the Arturo López Pérez Foundation is a multidisciplinary committee that assesses the appropriateness of high-cost cancer drug prescriptions (HCCDP) and authorizes their use accordingly. Our study aimed to develop a value framework to assess the appropriateness of HCCDP at the Foundation.
Methods: We conducted a literature review to identify appropriateness criteria for oncology prescriptions and the judgments used by the Chilean healthcare system for clinical practice guideline recommendations and reimbursement decisions for these medications. The results were discussed by the CTEC to establish a final value framework through consensus and to define a methodology to assess the appropriateness of HCCDP weekly. Annual indicators were designed to improve the agreed methods and the adequacy of prescriptions.
Results: Criteria for the value framework were grouped into three categories: magnitude of clinical benefit, efficiency, and sustainability. Every criterion should be met to consider an HCCDP as appropriate. Adequacy was evaluated by assessing prescription evidence identified from electronic databases, evidence-based clinical practice guidelines, regulatory agency reports, and health technology assessment reports. From 2019 to 2022, 1,626 cases have been evaluated. Although potentially inappropriate CTEC authorizations have decreased over time, there was a growing mismatch between these decisions and the prescribing behavior of clinicians.
Conclusions: By involving clinicians, managers, and health economists we developed a value framework for the timely assessment of the appropriateness of HCCDP in a hospital setting. Further research on the underlying reasons for the differences observed is needed, along with additional appropriateness criteria such as consistency with the preferences and ethical principles of patients.

PD117 Proposed Matrix For Efficient Reassessment Of Selective Benefits

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Introduction: To reduce the burden of medical expenses on patients, some noncovered medical technologies with proven safety but uncertain therapeutic effectiveness or cost effectiveness are incorporated into the "selective benefit (SB) system" and reassessed regularly to determine reimbursement scope. This study proposes a matrix based on the usage trends of new technologies (NTs) and alternative therapies (ATs) to facilitate efficient reassessment.
Methods: This study investigated the following five indices: (i) replacement of an NT by an AT; (ii) market shares of NTs; (iii) usage trends of NTs; (iv) usage trends of ATs before and after introduction of NTs; and (v) social demand for NTs. These were combined to generate an algorithm-based matrix that classified 139 NTs into 22 cases and five reimbursement scope categories. Health insurance data from 2009 to 2021 were analyzed to investigate market shares and usage trends. Social demand was evaluated using the last assessment results for each NT.
Results: Using the matrix, 139 NTs were classified as follows: (i) switch to an essential benefit (copayment 20%; n=11); (ii) stay as a SB (copayment 50%; n=19); (iii) stay as a SB (copayment 80%; n=30); (iv) stay as a SB (copayment 90%; n=8); and (v) convert to noncovered (copayment 100%; n=40). The remaining 31 with an insufficient analysis period were classified as a SB (copayment 80%) for further analysis. Excluding the latter 31 SBs, 57 of the 108 (53%) were classified as "stay as a SB" categories, suggesting that these technologies need to be monitored further.
Conclusions: The usage trend driven matrix may be useful for efficient reassessment of NTs. For example, NTs that have a high market share and an increasing usage trend and ATs with a decreasing usage trend after SB of an NT can potentially be switched to an essential benefit.

PD118 Company-Led Submissions For Cancer Medicines: The Singapore Experience

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Introduction: The Agency for Care Effectiveness (ACE) conducts health technology assessments (HTAs) to inform funding decisions