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

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by the Ministry of Health (MOH) Drug Advisory Committee (DAC) in Singapore. In 2021 ACE introduced the company-led submission (CLS) process for cancer medicines, which allows pharmaceutical companies to request evaluations alongside regulatory reviews. This review reports key findings from the first year of its implementation.
Methods: A total of 10 CLS topics from the first year of implementation were included. We reviewed the status and outcomes of the DAC recommendations. We also used descriptive statistical methods to evaluate the time from HTA submission to first HTA recommendation and from regulatory approval to first HTA recommendation. The timelines were further analyzed by whether submissions were parallel submissions (i.e., HTA submission in tandem with regulatory review) or sequential submissions (i.e., HTA submission after regulatory approval). These statistics were compared with overseas reference jurisdictions (Australia, Canada, and the UK).
Results: At the time of review, three topics were pending discussion. Of the remaining seven topics, three (43%) received positive recommendations for inclusion on the MOH Cancer Drug List and three (43%) received negative recommendations. The DAC was unable to make a recommendation on one topic. The median time from HTA submission or regulatory approval to first HTA recommendation was 172 days (range 169 to 263 days) and 279 days (range 53 to 374 days), respectively. Notably, parallel submissions (75 days; n=2) had considerably shorter timelines from regulatory approval to first HTA recommendation than sequential submissions (328 days; n=4). These timelines were within the range of the overseas reference countries.
Conclusions: Parallel CLS allows HTA processes to be conducted in tandem with regulatory reviews, moving HTA recommendations upstream and expediting patient access to clinically effective and cost-effective medicines. Efforts will be made to further evolve the CLS process to achieve timely reimbursement reviews from regulatory approval and to expand this process to noncancer medicines.

PD119 Interventions To Improve Long COVID Symptoms: A Systematic Review Of Randomized Controlled Trials

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Introduction: Long COVID, which encompasses a range of prolonged and persistent symptoms that occur after the acute SARS-CoV-2 infection period, can have substantial negative physical, mental, social, and economic effects. This systematic review aimed to assess the effectiveness and safety of interventions to improve long COVID symptoms to inform updates to the interim long COVID model of care in Ireland.
Methods: Studies were identified in the MEDLINE, Embase, and CENTRAL databases through February 2023. Inclusion criteria were: (i) participants with long COVID, as defined by the study authors; (ii) random assignment to either an intervention or a comparison group; and (iii) quantitative assessment of the severity or frequency of long COVID symptoms. Exclusion criteria were: (i) signs or symptoms not reasonably attributable to prior SARS-CoV-2 infection; (ii) interventions not intended to treat long COVID; and (iii) not a randomized controlled trial. Two reviewers independently screened studies, extracted data, and assessed study quality using the Cochrane risk-of-bias tool for randomized trials. The results were synthesized narratively.
Results: Fifty-seven studies were included, and 283 potentially relevant ongoing trials were identified. Twenty-four trials investigated pharmaceutical and other medical interventions, most of which were examined in single studies. Thirty-three trials investigated non-pharmaceutical interventions. Risk of bias was high in 41 of the 57 (72%) studies. Interventions targeted a diverse range of long COVID symptoms. Studies generally had small sample sizes and short follow-up periods and did not adequately examine intervention safety. Evidence for the effectiveness of pharmaceutical and other medical interventions was limited. Potential short-term improvements were seen for some people following personalized exercise and physiotherapy and rehabilitation programs. However, long-term outcomes were not assessed.
Conclusions: Effective interventions to improve the symptoms of long COVID remain elusive and those included in this review do not yet have sufficient evidence to support them. In the absence of strong evidence for specific interventions, a holistic approach should be used to support people with long COVID.

PD122 Evaluating The Efficacy Of Cytokine Filtration In Cardiac Surgery For Endocarditis: A Comprehensive Study

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Introduction: Despite medical advancements, endocarditis still results in high mortality rates. Surgery, while often essential, elevates the risk of hyperinflammation, sepsis, and cytokine release. The use of a cytokine filter to prevent this remains controversial. This study reviewed existing literature to assess the efficacy of cytokine filters and to support its integration into supplementary health services.

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