PCN196 COMPARISON OF GERMAN MARKET ACCESS DECISIONS FOR MELANOMA BASED ON THE PRISMAACCESS DATABASE

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Objectives: Melanoma, also known as malignant melanoma, is a type of skin cancer that develops from the pigment-producing cells known as melanocytes. The primary cause of melanoma is ultraviolet light exposure in those with low levels of the skin pigment melanin. Treatment is typically removal by surgery. In those with slightly larger cancers, nearby lymph nodes may be tested for spread (metastasis). Most people are cured if spread has not occurred. For those in whom melanoma has spread, immunotherapy, biologic therapy, radiation therapy or chemotherapy may improve survival. Methods: The international HTA database Prismaaccess® includes benefits assessments, including various countries. The focus in this evaluation was set on Germany. All decisions on melanoma therapies launched in Germany in the last 10 years were considered for a systematic reimbursement analysis, excluding reassessments of older drugs. Results: 22 decisions have been considered by the G-BA with overall 34 IQWIG assessments. Within the submissions 16 phase III studies were submitted, four phase II and 2 phase I study evidence. For 11 evaluated subgroup analyses, considerable added benefit was granted. In two subgroups, a non-quantifiable added benefit, 25 subgroups did not show an added benefit, and in two subgroups the G-BA has decided on a lesser benefit. Overall, the 22 decisions ended up in 12 recommendations without limitations, in nine recommendations with limitation and in and 3 subgroups in combination with ipilimumab in non-progression. In patients with a BRAF V600 wild-type tumor did not achieve a positive added benefit. Anyhow, all drugs are available in Germany. Main drivers for evaluation dissimilarities are different appropriate comparator therapies, patient populations and evidence quality. Conclusions: The analysis showed overall positive added benefit assessments in melanoma especially compared to other indications in Germany. However, some differences exist. Reasons vary and need to be taken into account in future market access submissions.

PCN198 ACCESS STATUS OF ONCOLOGY MEDICINES DEPENDING ON GENETIC PROFILES IN TURKEY

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Objectives: Efforts to develop new oncology medicines have gained momentum for personalized treatment perspective in terms of genetic profiling. New personalized therapies developed in recent years achieve success in defeating cancer. This study aims to identify the patient access status of oncology medicines for personalized medicine depending on their genetic profiles in Turkey. Methods: The information about the oncology medicines depending on genetic profiling was obtained from the FDA &EMA’s official site. The data on the license status, access, and reimbursement coverage of the identified drugs in Turkey are obtained from the List of Licensed Products published by the Turkish Pharmaceutical and Medical Device Agency and Health Implementation Communiqué published by the Social Security Institution. Results: As a result of the analyses, 66 oncology personalized medicine approved by the FDA or EMA for personalized oncology medicines depending on gene profiling were determined. The medicines identified for 25 different genes which are distributed as 30.3% - lung cancer, 21.2% - leukemia, 16.6% - breast cancer, 13.6% - melanoma and the rest are kidney, colon, ovarian, prostate, bladder, thyroid, colon and liver cancers indicated. It was analyzed that 59% and 40.9% of the FDA or EMA approved personalized oncology medicines are licensed and not-licensed in Turkey, respectively. 81% of not-licensed are not under reimbursement coverage. However, 77% of licensed personalized oncology medicines are under reimbursement coverage. The average reimbursement coverage of all 66 personalized medicine is calculated as 51%. Conclusions: Depending on the analysis, it is seen that the Social Security Institution (SGK) which is the reimbursement authority in Turkey covers the majority of personalized oncology medicines with the license.

PCN199 TESTING THE POTENTIAL OF PERFORMANCE BASED FINANCING AS A STRATEGY FOR SUSTAINABLE HEALTH SYSTEMS IN LATIN AMERICA: THE CASE OF COLOMBIA

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Objectives: Performance Based Financing (PBF) is a form of incentive where health providers are, at least partially, funded based on their performance to meet targets, being paid as fee-for-service-conditional-on-quality. Some PBF types include: Results Based Financing, Pay for Success or Health Impact Bonds. There have been some case studies in healthcare reported in developed and developing countries but none in Colombia. Methods: We conducted a rapid literature review in MEDLINE and Google Scholar using a snowball technique. Our search gathered used PBF and its types limiting results to the last decade. Articles were selected and analyzed by 2 independent reviewers. In addition, a feasibility PBF study was conducted in Colombia to establish an operational, financial and legal framework aiming at benefiting vulnerable populations by providing access to innovative oncology regimens. Results: In total 89 articles were found in MEDLINE, identifying country case studies in all continents with predominance in Africa. PBF schemes were mainly related to public health interventions to reduce maternal mortality, increase immunization rates or address severe non-communicable-based diseases (e.g. Diabetes, CVD, Mental Health). The feasibility study involved 25 stakeholders from national and state governments, industry, insurers, providers, investors and civil society. The study concluded that there is willingness to invest, operating viability and a legal and regulatory pathway for implementation. Conclusions: Despite challenges associated with PBF, there is stakeholders’ receptivity to explore this funding option to ensure access to innovation in underserved populations, while maintaining healthcare sustainability. During the feasibility study diverse stakeholders’ interests were aligned, opening a window of opportunity to generate trust and operational synergies. A second phase is currently being deployed to detail and fully structure the mechanism, stakeholders’ roles, operation governance, metrics and funding.

PCN201 ESTIMATING THE ECONOMIC AND HEALTH IMPACT OF THE PD-1/PD-L1 INHIBITOR CLASS IN FINLAND

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Objectives: Immunotherapy has transformed cancer care, offering improved outcomes in a range of indications, greater quality-of-life, survival benefits, and regimen tolerability. The uptake of immunotherapies has been rapid in many European countries but has remained low in Finland. The objective of this study was to estimate the potential public health and economic impact of PD-1/PD-L1 inhibitors in Finland, over a five year period. These were compared to uptake in other Nordic countries to analyze the additional public health benefits that could be achieved with higher immunotherapy use. Methods: Budget impact analysis and partitioned survival modeling were used to estimate key clinical and economic outcomes in a world with and without PD-1/PD-L1 inhibitors in 6 oncology indications: metastatic melanoma, first- and second-line non-small cell lung cancer, head and neck cancer, urothelial carcinoma and renal cell carcinoma. Outcomes were estimated over a five-year time horizon (2018–2022). Drug acquisition costs and market share assumptions were taken from publicly available information, while efficacy and adverse events data were taken from clinical trials. Results: In 2019, it was estimated that 18.1% (€ 47 million) of Finnish expenditure on cancer medicines was attributable to PD-1/PD-L1 inhibitors. Their average annual economic impact is estimated to be EUR 30 million over five years. For this investment, 1,255 additional life years, 1,605 progression-free life years, and 1,080 quality-adjusted life years are expected to be gained over that period by using PD-1/PD-L1 inhibitors. A reduction of 2,055 high-grade adverse events is also expected. These benefits remain relatively low due to the low immunotherapy usage seen in Finland compared to other Nordic countries, introducing PD-1/PD-L1 inhibitors would provide an additional 2,045 life years, 2,445 progression-free life years, and grey literature, using a snowball technique. Our search query used PBF and its types limiting results to the last decade. Articles were selected and analyzed by 2 independent reviewers. In addition, a feasibility PBF study was conducted in Colombia to establish an operational, financial and legal framework aiming at benefiting vulnerable populations by providing access to innovative oncology regimens. Results: In total 89 articles were found in MEDLINE, identifying country case studies in all continents with predominance in Africa. PBF schemes were mainly related to public health interventions to reduce maternal mortality, increase immunization rates or address severe non-communicable-based diseases (e.g. Diabetes, CVD, Mental Health). The feasibility study involved 25 stakeholders from national and state governments, industry, insurers, providers, investors and civil society. The study concluded that there is willingness to invest, operating viability and a legal and regulatory pathway for implementation. Conclusions: Despite challenges associated with PBF, there is stakeholders’ receptivity to explore this funding option to ensure access to innovation in underserved populations, while maintaining healthcare sustainability. During the feasibility study diverse stakeholders’ interests were aligned, opening a window of opportunity to generate trust and operational synergies. A second phase is currently being deployed to detail and fully structure the mechanism, stakeholders’ roles, operation governance, metrics and funding.

PCN202 HOW SHOULD VALUE BE ATTRIBUTED TO THE CONSTITUENT PARTS OF COMBINATION IMMUNOTHERAPY IN NON-SMALL CELL LUNG CANCER?

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Objectives: The therapeutic landscape of lung cancer is changing rapidly due to better characterization of non-small cell lung cancer (NSCLC) genetics and identification of hallmark immunobiological characteristics. Although combination immunotherapy agents are increasingly used to achieve better health outcomes, the societal challenges that the combination immunotherapies bring are becoming evident, specifically when their price tags result in reimbursement or payment hurdles in many health systems worldwide. In this study, we aim to assess the valuation and pricing of immunotherapy agents when used in combination with existing treatments in NSCLC. Methods: A clinical search was conducted using the US Food and Drug Administration, European Medicines Agency and ClinicalTrials databases to identify combination immunotherapy drugs in NSCLC. An economic evaluation was conducted using MEDLINE, the Center for Outcomes Analysis Registry and Health Technology Assessment databases, to investigate valuation and pricing of combination immunotherapy drugs in NSCLC. Results: We identified four phase III trials (IMPImpower150, IMPImpower131, KEYNOTE-407, and CheckMate 227) which