

# HSD123:Value Based Decision Making in a Social Security Provider in Argentina for oncology and oncohematology drugs.

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## Background:

In Argentina, the use of clinical practice guidelines is not mandatory to define coverage policies for medicinal products. This has led to substantial variability in prescribing patterns, particularly in high-cost areas such as oncology and oncohematology. To ensure rational resource use, many healthcare providers have implemented review processes to assess the added value of each prescription and its alignment with national or international guidelines. We present the experience of the Value Assessment Committee of a Social Security Provider covering 650,000 people.

## Methods:

We systematically reviewed Committee decisions using guidelines from the Argentinian Society of Hematology, the Argentinian Association of Clinical Oncology, ASCO, and ESMO as references. Each prescription was assessed regardless of cost considerations.

### VALUE ASSESSMENT COMMITTEE

#### Challenges and Purpose of the Committee:

Argentina has a fragmented health care system. Such fragmentation is evident in the lack of a uniform criteria in the management of diseases and preventative practices. Health care providers are not abiding to follow any clinical practice guideline (CPG) for the treatment of oncology or oncohematology patients. Therefore, there is a great variability in prescriptions ranging from full compliance with the marketing authorisation to non-evidence-based ones. Despite the efforts to standardize prescribing practices, clinical oncologists and oncohematologists could take into account many CPGs to guide their prescriptions: Argentinean Association for Clinical Oncology, Argentinean Society of Haematology, ASCO, NCCN, and ESMO. However, there's a possibility that attendings do not comply with this recommendations and prescribe with their own criteria. The Value Assessment Committee is a strategy to rationalise the resource utilisation providing affordability and equity for this social security health-care provider.

#### Composition:

The Committee is integrated by represenattives of the Social Security Health Care provider (OSPeCon) and its Audit partner (APESA). Members are practicing physicians, skilled in evidence-based medicine, health technology assessment and health economics.

#### Prescriptions Flow:

OSPeCon's patients are treated in health care centres all along the territory of Argentina. Prescriptions, and its clinical information are receipt by OSPeCon and APESA. After a screening process, oncology and oncohaematology prescriptions are classified and those involving high-costs drugs are reviewed by the Committee.

### MAIN RESULTS

- Total submissions evaluated:  
785 cases (Mar 2021 - Mar 2025)
- Oncology-Oncohaematology submissions:  
245 (31.2%)
  - 152 Oncology:  
Breast cancer= 21%  
Renal= 16%  
Lung (SCLC and NSCLC)= 15%  
Colorectal cancer: 13%  
Other= 27%
  - 93 Oncohematology:  
Multiple Myeloma=31%  
Chronic leukemias (mainly CML)= 21%.  
Lymphomas (Hodgkin + non-Hodgkin + mantle cell + variants)= 24%  
Other= 24%

#### - Prescriptions submitted

Therapeutic Category	Drug Classes	Percentage (%)
Immunotherapy	PD-1, PD-L1, and CTLA-4 monoclonal antibodies	35%
Targeted Oral Therapies	TKIs (BCR-ABL, VEGFR, EGFR, BRAF/MEK, JAK), PARP inhibitors, CDK4/6 inhibitors	32%
Plasma-Cell / Hematologic Agents	Anti-CD38 antibodies, Proteasome inhibitors, Immunomodulatory drugs (IMiDs)	15%
Cytotoxic and Other Treatments	Classical chemotherapy, hormonal therapies, mTOR inhibitors, supportive/non-drug interventions	18%

- Rejection rate based on clinical value:
  - 17.6% overall
  - 23.1% in Oncology
  - 8.6% in Oncohematology
- Incomplete clinical information prevented assessment in 11% of cases.

## CONCLUSIONS:

In our experience, the absence of a mandatory framework for guideline use resulted in the need for a time- and resource-intensive approval process. Almost one in five prescriptions reviewed lacked demonstrated added value. These cases raise concerns about the equity of healthcare resource allocation and highlight the importance of aligning prescribing practices with evidence-based guidelines to optimize therapeutic value and sustainability.

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