

# Current Barriers and Strategies for Optimizing Access to Onco-Hematological Drug Combinations in Spain: Multidisciplinary Delphi Consensus

HPR135



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## Introduction.

Combination therapies have become the standard treatment in onco-hematology due to their greater efficacy compared to monotherapy<sup>1</sup>. However, current evaluation, pricing, and reimbursement (P&R) mechanisms are not well-suited for these therapies, as they are typically designed for monotherapies involving a single patented drug<sup>2</sup>. In general, **combination therapies in onco-hematology consist of multiple innovative drugs** produced by different laboratories, and they typically have multiple indications<sup>2-3</sup>. Then, these combination therapies face significant barriers, resulting in **reduced reimbursement and greater delays in P&R decisions** for these combinations compared to drugs used in monotherapy<sup>1-3</sup>. With the expected increase in combination therapies over the next five years, it is essential to review current evaluation frameworks to enhance patient access to onco-hematological combination treatments.

## Objective.

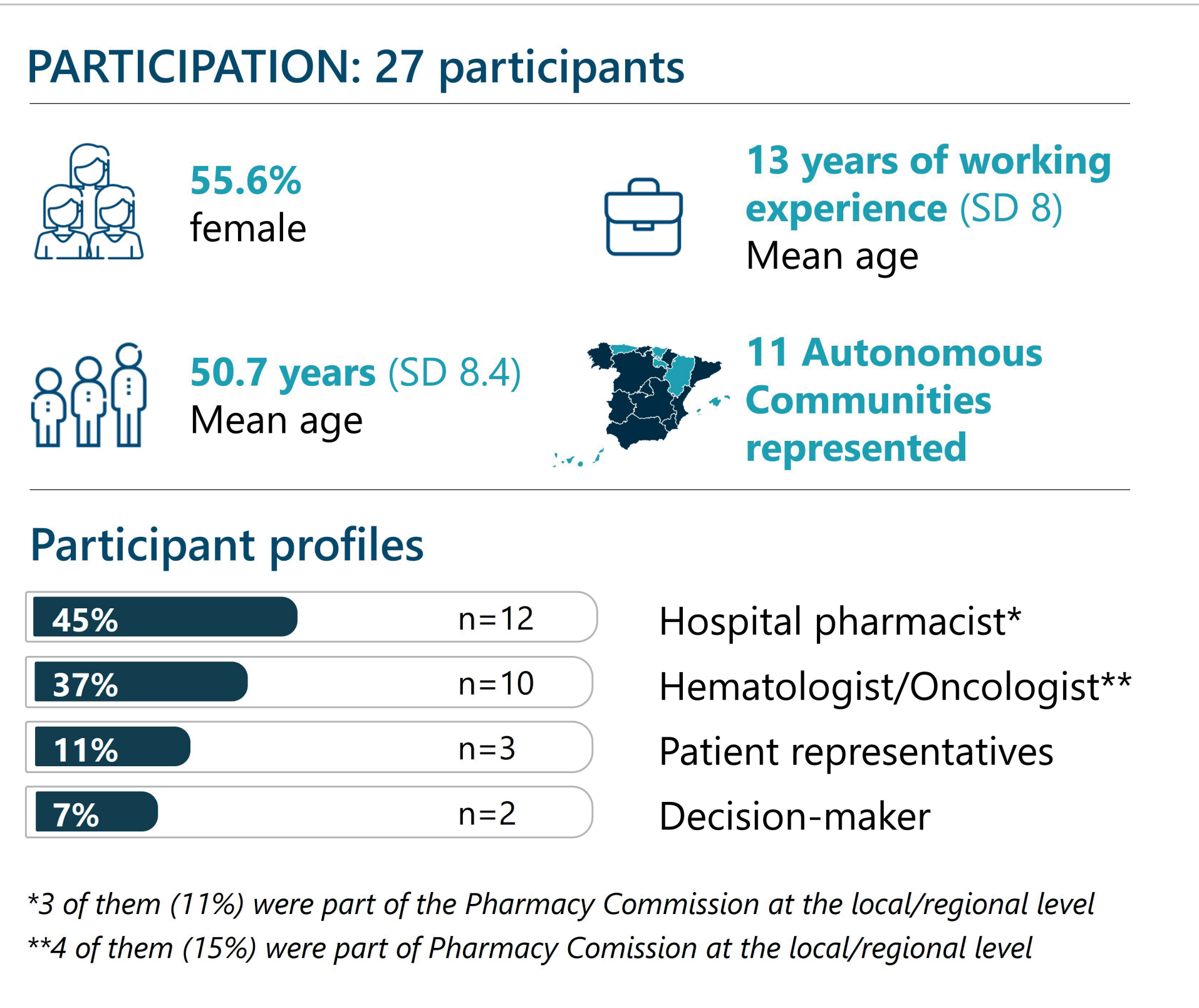
This study aims to **identify current barriers and propose strategies to optimize access to onco-hematological drug combinations**

## Methods.

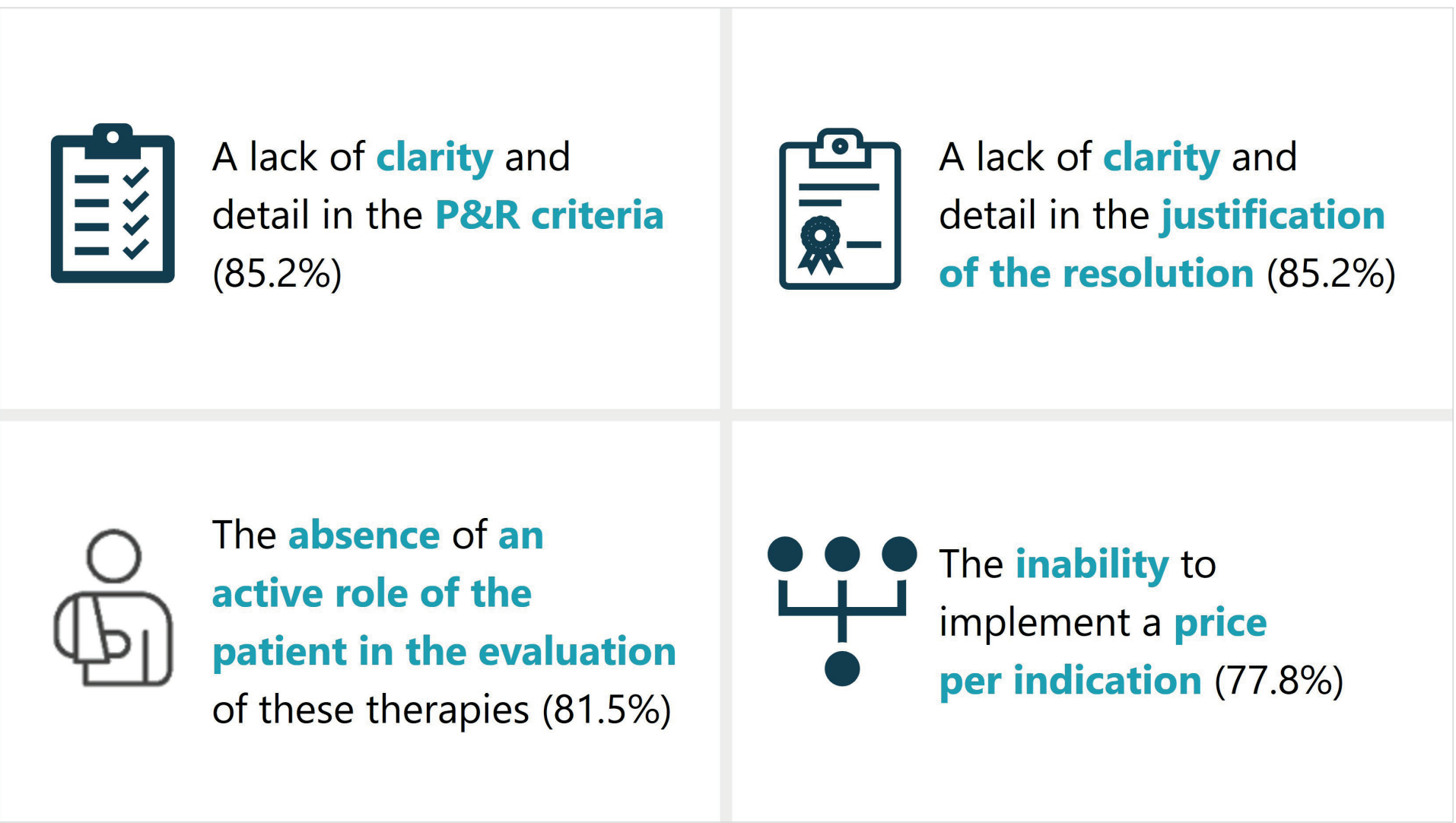
- A **national two-round Delphi study** was conducted, addressed to key stakeholders involved in the evaluation of onco-hematological therapies in Spain (hematologists/oncologists, hospital pharmacists, decision-makers, and patient representatives).
- The questionnaire was developed based on a **literature review** and advice from a **multidisciplinary expert committee** (including two hospital pharmacists, a hematologist, a decision-maker, and a representative from the Spanish Cancer Patient Group).
- The questionnaire consisted of 32 questions divided into two sections: **1. Barriers to access**, and **2. Strategies/actions** to improve access to onco-hematological combination therapies in Spain.
- The degree of agreement was evaluated using a 7-point Likert scale (1 = “strongly disagree” to 7 = “strongly agree”), with consensus defined as ≥ 75% agreement (6-7) or disagreement (1-2). Barriers were presented only in the first round. Strategies were subjected to consensus from two perspectives: desirability/recommendation and feasibility.

## Results.

### Sociodemographic and professional characteristics



### Barriers



euHTA: european Health Technology Assessment, P&R: Price & Reimbursement. % of consensus from desirability/recommendation perspective.  
\*Consensus statements in the first round.  
\*\*Unique strategy that achieved consensus from both perspectives (desirability/recommendation [85.2%] and feasibility [77.8%]).

## Conclusion.

**Adapting the evaluation framework for onco-hematological drug combinations in Spain is essential.** To achieve this, the following key strategies are proposed:

- Define evaluation and P&R criteria and methodology, ensure joint participation of manufacturing laboratories in negotiations, and consider the possibility of setting prices based on usage (monotherapy/combination or indication)
- Promote value-based decision-making
- Develop national-level pharmacotherapeutic guidelines and pharmacoclinical protocols

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ACKNOWLEDGEMENTS: The study was funded by Sanofi and coordinated in collaboration with Outcomes<sup>10</sup>.