Methods: Data were extracted from National Committee for Health Technology Incorporation (CONITEC) reports (2012 to 2022) on technologies for the treatment of URD in Brazil. Diseases were classified using an epidemiological criterion or Orphanet consultation (prevalence ≤1 per 50,000 inhabitants). Variables included eligible patient count, population estimation method, incremental impact values for one and five years, and diffusion rate in the first and fifth year. Univariate logistic regression was used to adjust the relationship between the budget impact analysis and the final recommendation, considering factors associated with incorporation in univariate regression and p-values less than 0.10 in a multivariate regression.

Results: Among 53 reports, 48 percent exclusively employed the epidemiological approach for incremental impact assessment population estimation, rising to 69.5 percent when combined with measured demand. Population data were nearly evenly sourced from national and international platforms, with the UK, the USA, and multicenter studies being the most cited internationally. Notable differences were found between favorable and unfavorable CONITEC recommendations, with lower values being associated with incorporation. Market share diffusion rates favored the option of 100 percent diffusion in both the first year and the cumulative five years. The analysis highlighted the influence of demand characteristics and technology type on the budget impact value over one and five years.

Conclusions: The study found that budget impact data significantly influenced the final recommendation for technology incorporation, indicating a criterion favoring technologies with a lower budget impact. However, requester characteristics and technology type also played a role in the decision-making process, suggesting that additional factors influence recommendations.

PD03 Exploring Expenditure On State Subsidized Medicines in Ireland Between 2018 And 2022: Special Focus On Cancer Drug Expenditure

Caroline Walsh (carwalsh@stjames.ie),

Lea Trela-Larsen and Roisin Adams

Introduction: The Department of Health in Ireland published a review of expenditure on state subsidized medicines in August 2021. Detailed analysis indicated exponential growth of expenditure on cancer drugs administered in the community. However, expenditure by drug group across all state subsidized schemes, including hospitals, was not explored.

Methods: Using national reimbursement claims data, total medicines expenditure on community drug schemes (CDS) was analyzed annually for the years 2018 to 2022. The total drug expenditure stratified by anatomical therapeutic class (ATC) code was calculated. Expenditure on cancer drugs (ATC code L) between 2018 and 2022, including hospital data, was further explored. Cancer drugs with the highest expenditure were identified, and trends in their expenditure were

analyzed. Dates of European regulatory approval, completion of health-technology assessments by the National Centre for Pharmacoeconomics in Ireland, and reimbursement by the Health Service Executive for the identified cancer drugs were collected.

Results: The total expenditure on drugs on CDS rose from EUR1.74 billion (EUR1.61 billion excluding value-added tax [VAT]) in 2018 to EUR2.2 billion (EUR2.03 billion excluding VAT) in 2022. Expenditure on antineoplastic and immunomodulatory agents (ATC code L) rose from 34 percent in 2018 to 38 percent in 2022. The cancer drugs with the highest cumulative expenditure on hospital schemes were pembrolizumab (EUR98.41 million excluding VAT), nivolumab (EUR75.15 million), daratumumab (EUR54.05 million), and trastuzumab (EUR41.48 million). All the aforementioned drugs demonstrated year-on-year increases in annual expenditure apart from nivolumab. Expenditure on pembrolizumab increased by 48 percent in 2022, compared with 2021.

Conclusions: Expenditure on state subsidized medicines is increasing annually, although confidential discounts may reduce budget impact. Increasing expenditure may be attributed to the expansion of existing indications and increasing patient volume. Expenditure on monoclonal antibodies is substantially larger than expenditure on other drugs. Pembrolizumab was reimbursed for six additional indications in 2021, contributing to the sharp increase in expenditure between 2021 and 2022.

PD04 A Systematic Review Of Decision Analytical Modeling Studies Of Medicines In The Middle East

Zainab Abdali,

Tuba Saygin Avsar (tuba.sayginavsar@nice.org.uk),

Sue Jowett, Muslim Abbas Syed, Khalifa Elmusharaf and

Louise Jackson

Introduction: Economic evaluation using decision analytical models (DAMs) plays a limited role in shaping healthcare resource optimization and reimbursement decisions in the Middle East. This review aimed to systematically examine economic evaluation studies focusing on DAMs of medicines in the Middle East, defining methodological characteristics and appraising the quality of the identified models.

Methods: Six databases were searched (MEDLINE, Embase, EconLit, Web of Science, the Global Health Cost-Effectiveness Analysis Registry, and the Global Index Medicus) from 1998 to September 2023 to identify published DAMs of medicines in the Middle East. Studies meeting the inclusion criteria—full economic evaluations of medicines using a model-based method in the Middle East—were included. Data were extracted and tabulated to include study characteristics and methodological specifications. The results were analyzed narratively. The Philips checklist was used to assess the quality of the studies.

Results: Sixty-two DAM studies of medicines were identified from nine Middle Eastern countries, the majority of which (76%) were