Conclusions. The PS model achieved multistakeholder consensus for desirability (values) and plausibility (shifting incentives). Stakeholders pointed out the need to apply health technology assessment to further develop the model and pilot it in the European Union with the NextGenerationEU.

PD15 Horizon Scanning To Nominate Subsidy Evaluation Topics For Medical Technologies: Early Experience From Singapore

Hong Ju (hongju04@yahoo.com), Zhen Long Ng, Jeffrey Ling, Rachel See-Toh and Kwong Ng

Introduction. Horizon scanning (HS) is an early health technology assessment (HTA) method for raising early awareness among policymakers of promising new and emerging health technologies. The Agency for Care Effectiveness (ACE) in Singapore established a HS system in 2019 to complement its HTA process. While the HS system initially focused on cell and gene therapies, this was expanded in 2020 to include medical technologies (MTs). This abstract focuses on the role of HS in nominating MTs for early evaluation to guide subsidy decisions, with the intention of avoiding challenges in altering deeply entrenched practices.
Methods. The ACE methodology for HS aligns with the core principles and methods of international best practice. Generally, MTs addressing national healthcare priorities are tracked. To identify topics for subsidy evaluation, the local registration status of an MT was used as the main selection criterion because of its proximity to the technology's early diffusion into the healthcare system. MTs with regulatory approval were selected for HTA and subsidy consideration. All nominated technologies were checked against eligibility criteria for HTA and then assessed against a standard checklist for prioritizing HTA topics.
Results. Among the 1,025 MTs tracked by the HS system, 89 were locally registered and nominated for HTA. Following eligibility assessment, 26 topics remained. After the prioritization exercise six topics were shortlisted. To date, two evaluations have been completed to guide subsidy decisions and four topics are undergoing evaluation. Notably, 16 of the 26 eligible topics were excluded due to a lack of sufficient evidence, in terms of both quantity and quality, for evaluation.
Conclusions. HS can be a useful tool for identifying new MTs for evaluation and possible funding prior to further diffusion, but careful selection of the technologies is required to ensure a sufficient evidence base for evaluation. Moving forward, HS can also play a more active role in disinvestment of obsolete or low value health technologies.

PD16 Reassessment And Selection Strategy Of Dipeptidyl Peptidase-4 Inhibitors For Ministry Of Health Malaysia Medicine Formulary

Nazatul Syima Idrus (nazatul.syima@moh.gov.my), Ee Vien Low, Faridah Aryani Md Yusof, Siti Hajar Mahamad Dom and Sarahfarina Abd Rahim

Introduction. The number of anti-diabetics listed in the Ministry of Health Medicine Formulary (MoHMF) and the proposal to change prescribing category for usage in primary care facilities has increased each year causing difficulty in monitoring effectiveness, safety and rational use of the treatment and budget management. This study aimed to describe the reassessment and selection strategy of Dipeptidyl Peptidase-4 Inhibitors (DPP4-i), a class of anti-diabetic medicines in the MoHMF.
Methods. A literature review on the comparative effectiveness and safety of all available DPP4-i in MoHMF were conducted. Comparative treatment cost and utilization of DPP4-i were analyzed. Approved MoHMF indications were listed and compared against approved Drug Control Authority (Malaysia) indications. Information on clinical guidelines recommendations and listing or reimbursement status in non-Ministry of Health Malaysia (MoHM) public institutions and other countries were obtained. All findings were presented to MoHM drug expert committee for DPP4-i selection strategy. The final recommendation based on consensus among drug expert committee and Pharmaceutical Services Program were presented to the MoHMF Panel.
Results. The MoHMF Panel acknowledged that the efficacy and safety profile of all DPP4-i were equivalent across therapeutic group as supported by strong evidence, hence, their selection can be made via cost-minimization strategy. The call for contract tender for single tablet was conducted based on therapeutic group (drug class) to encourage price competition and contracts were awarded to two DPP4-i which offered the lowest treatment costs. Saxagliptin and vildagliptin were awarded as contract items while sitagliptin remained as local purchase item. Prescribing category for all DPP4-i in MoHMF were streamlined accordingly. Linagliptin was disinvested due to sufficient availability of alternatives.
Conclusions. Selection strategy and disinvestment has successfully reduced the number of DPP4-i listed in MoHMF thus allowing more efficient clinical and cost monitoring. Cost minimization through tender by therapeutic group was the first to be done and has efficiently provided an avenue for price competition which results in saving to MoHM.

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