

## PD112 Calcitonin Gene-Related Peptide Monoclonal Antibodies Reimbursed Under A Managed Access Protocol In Ireland

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**Introduction:** The calcitonin gene-related peptide monoclonal antibodies (CGRP MABs) erenumab, fremanezumab, and galcanezumab are reimbursed in Ireland under the High Tech Arrangement, subject to a managed access protocol (MAP), for the prophylaxis of chronic migraine in adults in whom three or more prophylactic treatments have failed. This study provides an overview of submitted reimbursement applications and the utilization of CGRP MABs.

**Methods:** The MAP for CGRP MABs was introduced on 1 September 2021 and is operated by the Health Service Executive (HSE) Medicines Management Programme. Individual patient reimbursement applications for CGRP MABs submitted through an online reimbursement application system between 1 September 2021 and 30 April 2023 were reviewed. Utilization data from 1 September 2021 to 30 April 2023 were extracted from the HSE Primary Care Reimbursement Service national pharmacy reimbursement claims database for the High Tech Arrangement. Analysis was performed using SAS® 9.4 software.

**Results:** A total of 1,517 reimbursement applications were submitted in the study period. Reimbursement was approved for 96.1 percent (n=1,458) of the applications. A total of 1,399 individual patients (mean age 45 years) were dispensed a CGRP MAB under the High Tech Arrangement between September 2021 and April 2023, the majority of whom were women (n=1,141). Almost 90 percent of patients were considered treatment adherent. In April 2023, the market share of the individual CGRP MABs on the High Tech Arrangement was 56 percent (n=599) for fremanezumab, 38.3 percent (n=409) for erenumab, and 5.7 percent (n=61) for galcanezumab.

**Conclusions:** MAPs are part of the health technology management approach to drug reimbursement in the Irish healthcare setting, ensuring that reimbursement is in line with approved subgroups of the licensed indication. Used in conjunction with health technology assessment, MAPs enable access to high-cost drug treatments for patients with the greatest unmet need, while providing budgetary oversight and certainty for the payer.

## PD115 Digital Health Solutions: Health Technology Assessment Of Digital Platforms For Personalized Management, Education, And Support For People With Diabetes

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**Introduction:** Approximately five million people live with diabetes in the UK. The cost of this is approximately 10 percent of the National Health Service (NHS) budget. Wales has the highest prevalence of diabetes of any country in the UK. Educating people on how to best manage their condition can minimize associated complications. Digital platforms can aid self-management and improve risk factors.

**Methods:** This rapid review aimed to address the following research question: What is the clinical and cost effectiveness of digital platforms for personalized diabetes management to inform decision-making and guidance in the NHS? Digital platforms for this rapid review can be driven using artificial intelligence, machine learning, or through the application of data rules. Clinical evidence published since 2008 on health economics and patient, carer, and family perspectives relevant to Wales was identified by searching relevant databases such as MEDLINE. One relevant economic analysis was conducted using the UK Prospective Diabetes Study Outcomes Model 2.

**Results:** Outcomes included improvements in glycemic control, healthcare resource use (e.g., number of total general practitioner and emergency department visits per year), reduction in body weight among participants, reduction in cholesterol levels, and positive patient-reported outcome measures. An economic analysis identified in the literature review found that a digital platform was more effective and less costly than routine diabetes care and was, therefore, dominant. The analysis was based on observed reductions in glycosylated hemoglobin levels from a database of people with diabetes in NHS Scotland.

**Conclusions:** The evidence suggests there are benefits in using digital platforms to aid self-management among people with diabetes. Studies reporting on glycosylated hemoglobin levels found statistically significant and clinically important benefits from using digital platforms. Digital platforms also have the potential to be more effective and less costly than routine diabetes care in Wales and the UK.