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on RRDs in Ireland between 2021 and 2023 (n=38). RRDs were categorised into two groups: those including CO and those without. The formats of CO examined included surveys, in-depth interviews (IDIs), and advisory boards. Data sources comprised internal consultancy records, payer feedback, and secondary literature. Outcomes were compared between the two groups. *Results*: Of the 38 RRDs analysed, 28 (73.7%) included CO of the above 3 types, written surveys (n=2), IDIs (n=18), and advisory boards (n=8). Among these, 13 RRDs (46.4%) received positive reimbursement recommendations:

- IDIs: 6 out of 18 RRDs (33.3%) received positive recommendations.
- Advisory Boards: 6 out of 8 RRDs (75%) received positive recommendations.
- Surveys: 1 out of 2 RRDs (50%) received positive recommendations.

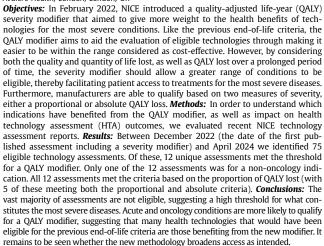
In contrast, five out of 10 RRDs (50%) without CO received positive reimbursement recommendations. *Conclusions:* This analysis indicates that incorporating CO, mainly through advisory boards, can enhance the likelihood of positive reimbursement recommendations in Rapid Reviews. However, the overall impact is modest. The study's limitations include a small sample size and a focus on a single consultancy in Ireland. Future research should involve larger samples and multiple consultancies to better understand the role of CO in reimbursement decisions. Despite these limitations, the findings suggest that while CO is beneficial, other factors also play a critical role in successful reimbursement outcomes.

HTA282

THE NICE QALY SEVERITY MODIFIER: WHAT HAVE WE LEARNED SO FAR



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HTA283

BUDGET IMPACT ANALYSIS AND ECONOMIC EVALUATION OF PROPOSALS TO INCORPORATE NEW TECHNOLOGIES SUBMITTED TO THE BRAZILIAN SUPPLEMENTARY HEALTH



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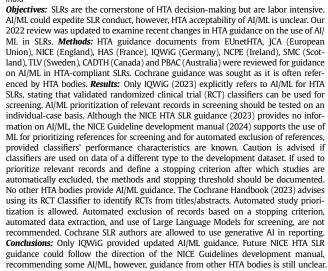
Objectives: Evaluate the results and methodologies used in budget impact analyses and economic evaluations in incorporation proposals submitted to the Brazilian supplementary health system. Methods: We carried out a review of publicly available data on the National Supplementary Health Agency (Agência Nacional de Saúde Suplementar -ANS) panel with data from budget impact analysis and economic evaluations submitted to the Brazilian supplementary health system, between the years 2022 and 2024. The panel is available online and presents data related to methodologies, results (budget impact and incremental cost-effectiveness ratios, for example) and outcomes of submissions (incorporation or rejection). Results: The panel analysis included 66 submissions in the years 2022 (n=25), 2023 (n=15) and 2024 (n=6), with 46 incorporated (70%) and 20 not incorporated (30%). The incremental budgetary impact on the 66 requests presented a median of R\$17,641,728 (minimum -R\$496,283,254, maximum R\$248,665,355). When evaluating only the 46 incorporated requests, the median was R\$12.253.415 (minimum -R\$496.283.254, maximum R\$221.151.384). In rejected requests, the median was R\$32,872,954 (minimum R\$892,605, maximum R\$248,665, 355). The most used types of economic evaluations were cost-utility (n=45/66, 69% incorporated and 31% not incorporated), cost-minimization - per patient (n=17/66, 88% incorporated and 12% not incorporated), followed by cost-effectiveness, presented as life-years gained (n=9/66, 44% incorporated and 56% not incorporated). Conclusions: Most of the technologies submitted to the Brazilian supplementary health system were incorporated, and these presented a median difference in incremental budgetary impact of -R\$20 million in relation to non-incorporations.



USE OF ARTIFICIAL INTELLIGENCE AND MACHINE LEARNING (AI/ML) IN SYSTEMATIC LITERATURE REVIEWS (SLR): REVIEW OF STATE-OF-THE-ART HEALTH-TECHNOLOGY ASSESSMENT (HTA) AND FUTURE DIRECTIONS



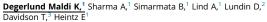
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HTA285

SPILLOVER EFFECTS AMONG SIGNIFICANT OTHERS WHEN MAKING DECISION REGARDING REIMBURSEMENT OF PHARMACEUTICALS IN THE SWEDISH CONTEXT



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Objectives: Treatments may not only influence patients but also their significant others. Lately, it has become more common that applications submitted to HTA agencies, such as the Dental and Pharmaceutical Benefits Agency (TLV) in Sweden, contain information about the effects on the quality of life (QoL) of significant others. Currently, TLV do not consider these spillover effects in decisions regarding reimbursement of pharmaceuticals. The aim of this research is to discuss the arguments for and against considering these effects and the associated methodological and ethical challenges. Methods: A literature search in PubMed was conducted and reference lists were checked to identify relevant papers. To analyse challenges in the Swedish context, consequences were discussed in the context of current praxis and guidelines for decision making regarding reimbursement of pharmaceuticals. The results have previously been presented in a report in Swedish delivered to TLV. Results: The main arguments for and against considering effects on significant others are related to the effects on the allocation of resources and the distribution of health. Identified methodological challenges associated with including spillover effects among significant others in economic evaluations were related to how to handle these effects when a treatment prolongs the life of patients, what effects to include, a risk of double counting, and the impact on opportunity cost. The identified ethical challenges were related to the number of significant others that are included in the assessments, and how to consider the severity of the health states of patients and significant others when these may differ. Conclusions: This paper discusses the complexity associated with considering effects in significant others when making decisions regarding reimbursement of pharmaceuticals. There are arguments for and against, as well as ethical and methodological challenges associated with considering spillover effects in significant others.



FOCUSING ON WHAT MATTERS MOST: A PUBLIC DIALOGUE ON HOW NICE SHOULD PRIORITIZE TOPICS FOR GUIDANCE

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Objectives: To meet the needs of an evolving health and care system, the National Institute for Health and Care Excellence (NICE) in England is changing its approach to





