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

Hailwood J
Avalere Health, London, London, UK

Objectives: In February 2022, NICE introduced a quality-adjusted life-year (QALY) severity modifier that aimed to give more weight to the health benefits of technologies for the most severe conditions. Like the previous end-of-life criteria, the QALY modifier aims to aid the evaluation of eligible technologies through making it easier to be within the range considered as cost-effective. However, by considering both the quality and quantity of life lost, as well as QALY lost over a prolonged period of time, the severity modifier should allow a greater range of conditions to be eligible, thereby facilitating patient access to treatments for the most severe diseases. Furthermore, manufacturers are able to qualify based on two measures of severity, either a proportional or absolute QALY loss. ***Methods:*** In order to understand which indications have benefited from the QALY modifier, as well as impact on health technology assessment (HTA) outcomes, we evaluated recent NICE technology assessment reports. ***Results:*** Between December 2022 (the date of the first published assessment including a severity modifier) and April 2024 we identified 75 eligible technology assessments. Of these, 12 unique assessments met the threshold for a QALY modifier. Only one of the 12 assessments was for a non-oncology indication. All 12 assessments met the criteria based on the proportion of QALY lost (with 5 of these meeting both the proportional and absolute criteria). ***Conclusions:*** The vast majority of assessments are not eligible, suggesting a high threshold for what constitutes the most severe diseases. Acute and oncology conditions are more likely to qualify for a QALY modifier, suggesting that many health technologies that would have been eligible for the previous end-of-life criteria are those benefiting from the new modifier. It remains to be seen whether the new methodology broadens access as intended.

HTA283
BUDGET IMPACT ANALYSIS AND ECONOMIC EVALUATION OF PROPOSALS TO INCORPORATE NEW TECHNOLOGIES SUBMITTED TO THE BRAZILIAN SUPPLEMENTARY HEALTH

Belli K,[1] Marcolino MAZ,[2] Ribeiro RA[2]
[1]*TruEvidence, São Paulo, SP, Brazil,* [2]*TruEvidence, Porto Alegre, RS, Brazil*

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.

HTA284
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

Rtveladze K,[1] Oikonomidi T,[2] Ferizovic N,[3] Pulleddula K,[4] Geddamuri BG,[4] Agrawal P,[5] Chaudhary T[6]
[1]*IQVIA, London , LON, UK,* [2]*IQVIA, Athens, Greece,* [3]*IQVIA, London, LON, UK,* [4]*IQVIA, Hyderabad, India,* [5]*IQVIA, Gurugram, India,* [6]*IQVIA, Gurgaon, Gurgaon, India*

Objectives: SLRs are the cornerstone of HTA decision-making but are labor intensive. AI/ML could expedite SLR conduct, however, HTA acceptability of AI/ML is unclear. Our 2022 review was updated to examine recent changes in HTA guidance on the use of AI/ML in SLRs. ***Methods:*** HTA guidance documents from EUnetHTA, JCA (European Union), NICE (England), HAS (France), IQWiG (Germany), NCPE (Ireland), SMC (Scotland), TLV (Sweden), CADTH (Canada) and PBAC (Australia) were reviewed for guidance on AI/ML in HTA-compliant SLRs. Cochrane guidance was sought as it is often referenced by HTA bodies. ***Results:*** Only IQWiG (2023) explicitly refers to AI/ML for HTA SLRs, stating that validated randomized clinical trial (RCT) classifiers can be used for screening. AI/ML prioritization of relevant records in screening should be tested on an individual-case basis. Although the NICE HTA SLR guidance (2023) provides no information on AI/ML, the NICE Guideline development manual (2024) supports the use of ML for prioritizing references for screening and for automated exclusion of references, provided classifiers' performance characteristics are known. Caution is advised if classifiers are used on data of a different type to the development dataset. If used to prioritize relevant records and define a stopping criterion after which studies are automatically excluded, the methods and stopping threshold should be documented. No other HTA bodies provide AI/ML guidance. The Cochrane Handbook (2023) advises using its RCT Classifier to identify RCTs from titles/abstracts. Automated study prioritization is allowed. Automated exclusion of records based on a stopping criterion, automated data extraction, and use of Large Language Models for screening, are not recommended. Cochrane SLR authors are allowed to use generative AI in reporting. ***Conclusions:*** Only IQWiG provided updated AI/ML guidance. Future NICE HTA SLR guidance could follow the direction of the NICE Guidelines development manual, recommending some AI/ML, however, guidance from other HTA bodies is still unclear.

HTA285
SPILLOVER EFFECTS AMONG SIGNIFICANT OTHERS WHEN MAKING DECISION REGARDING REIMBURSEMENT OF PHARMACEUTICALS IN THE SWEDISH CONTEXT

Degerlund Maldi K,[1] Sharma A,[1] Simarmata B,[1] Lind A,[1] Lundin D,[2] Davidson T,[3] Heintz E[1]
[1]*Karolinska Institutet, Solna, Sweden,* [2]*Dental and Pharmaceutical Benefits Agency (TLV), Stockholm, Sweden,* [3]*Linköping University, Linköping, Sweden*

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.

HTA286
FOCUSING ON WHAT MATTERS MOST: A PUBLIC DIALOGUE ON HOW NICE SHOULD PRIORITIZE TOPICS FOR GUIDANCE

Shah K,[1] Murray A[2]
[1]*National Institute for Health and Care Excellence (NICE), London, LON, UK,* [2]*National Institute for Health and Care Excellence, Manchester, UK*

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