



Health Technology Management – the future of the post-reimbursement phase?

Dr Amelia Smith^{1,2}, Sarah Clarke^{1,2}, Prof Michael Barry^{1,2}, Medicines Management Programme¹

1. Medicines Management Programme, Health Service Executive, St James' Hospital, Dublin 8

2. Department of Pharmacology & Therapeutics, Trinity Centre for Health Sciences, St James' Hospital, Dublin 8

OBJECTIVE

Health technology management (HTM) has been described as 'measures put in place to enhance the safe, effective, and cost-effective use of medicines thereby controlling utilization and expenditure'¹. HTM measures are becoming increasingly common as affordability is an ongoing issue for health systems, particularly with the introduction of high-cost medications for prevalent diseases.

METHODS

This review aims to further describe HTM and the significant impact these measures have on cost-effective prescribing in Ireland. For example;

1. Reimbursement application systems (e.g. Lidocaine medicated plaster (Versatis®))
2. Best-value biological (BVB) medicines initiatives (e.g. adalimumab and etanercept)
3. Managed access protocols (MAPs) for certain high-cost or high-budget impact medicines (e.g. calcitonin gene-related peptide monoclonal antibodies (CGRP MABs))

RESULTS

The introduction of a reimbursement application system for Versatis® ensured reimbursement was confined to patients with the licensed indication - this resulted in a sharp reduction in the number of patients receiving reimbursement support (Figure 1) and realized savings of approximately €2.75 million per month to the Health Service Executive (HSE).

The identification of BVBs for TNF- α inhibitors, adalimumab and etanercept, lead to a significant change in prescribing from the originator products to the identified best-value biosimilars. In one year, this initiative resulted in combined estimated savings and avoided costs of €22.7 million². The shift in patients dispensed reference versus BVB medicines is shown in Figure 2.

The CGRP MABs are available subject to a managed access protocol which was introduced prior to reimbursement of these medicines. This process ensures reimbursement is confined to the patients for whom cost-effectiveness has been demonstrated following Health Technology Assessment (HTA). Since September 2021, over 1,000 patients have been dispensed a CGRP MAB under the MAP (Figure 3).

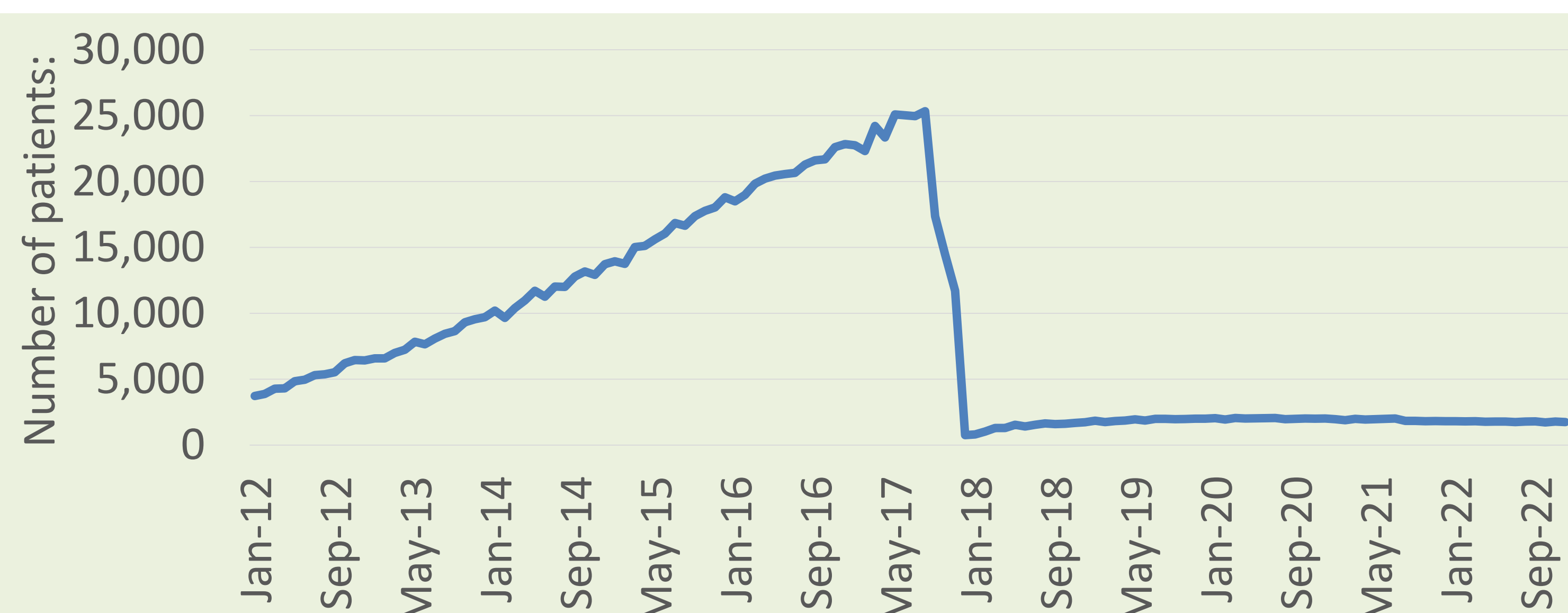


Figure 1: Number of patients in receipt of Versatis® per month on the Community Drug Schemes

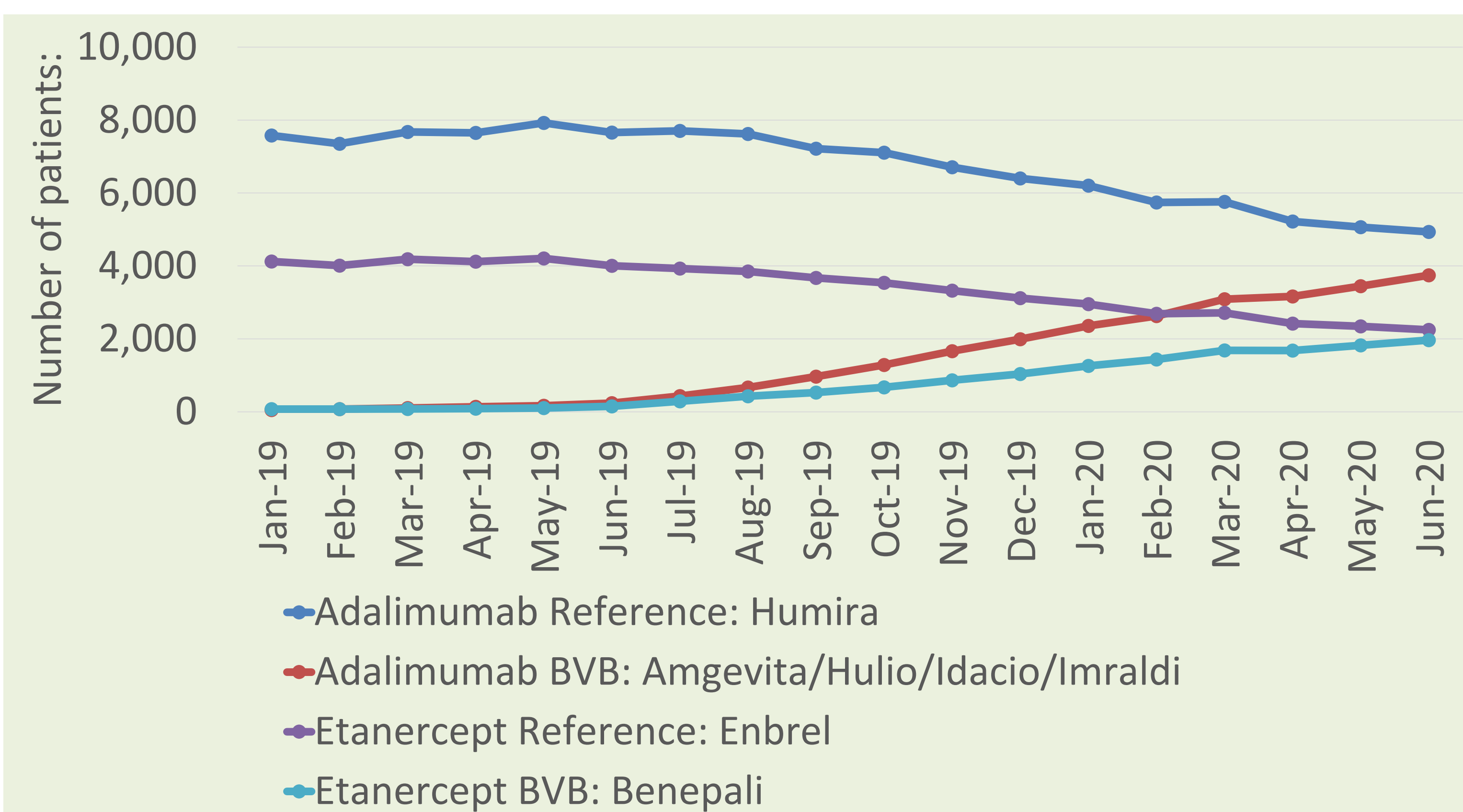


Figure 2: Number of patients in receipt of adalimumab or etanercept, per month, on the High Tech Arrangement

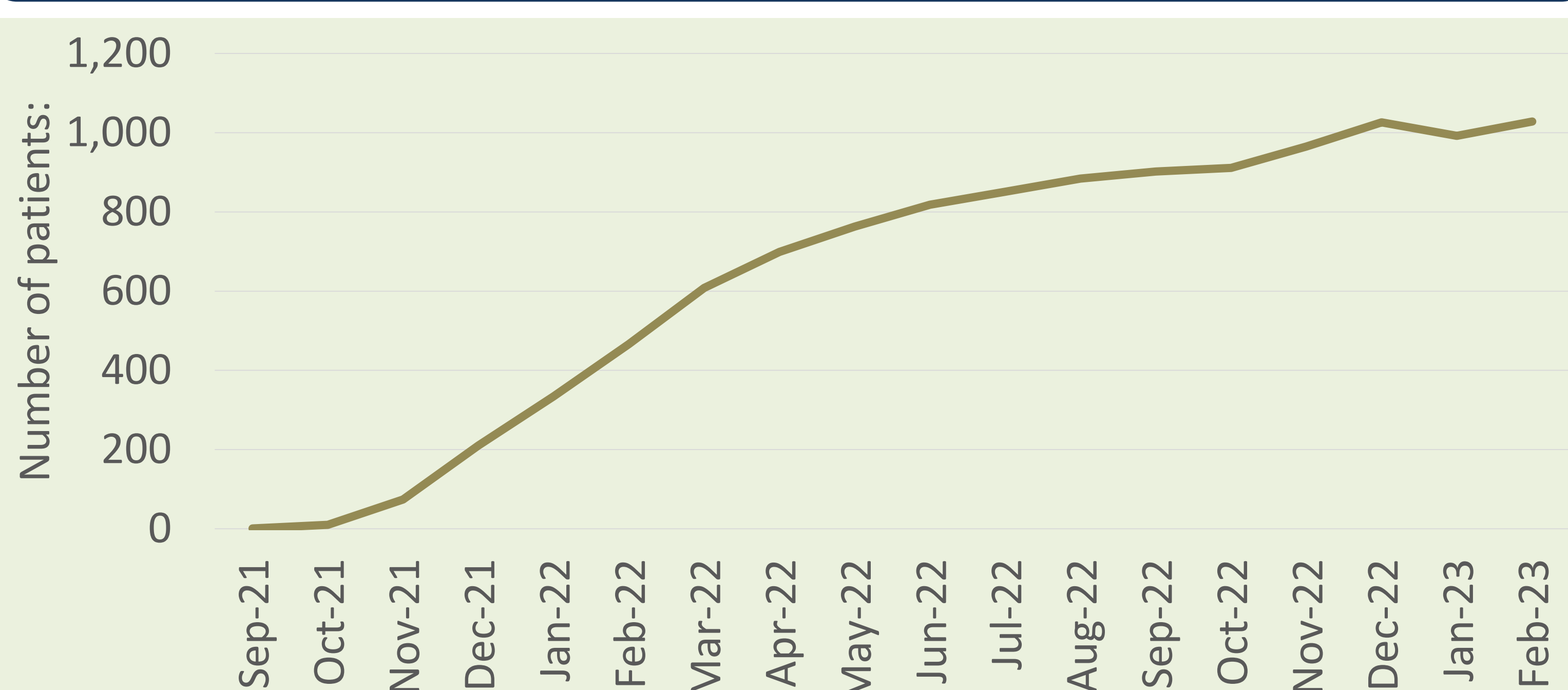


Figure 3: Number of patients in receipt of CGRP MABs, per month, on the High Tech Arrangement

CONCLUSION

HTM can encompass a range of measures and healthcare payers, such as the HSE, are increasingly recognising the benefits of HTM and its place in the reimbursement process. This review highlights the significant efficiencies that can be achieved through HTM.

REFERENCES

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 2. Duggan, B., Smith, A. & Barry, M. Uptake of biosimilars for TNF- α inhibitors adalimumab and etanercept following the best-value biological medicine initiative in Ireland. Int. J. Clin. Pharm. (2021) doi:10.1007/s11096-021-01243-0.
- Author contact details: mmm@hse.ie

