Utilisation Of A Managed Access Protocol To Enable Reimbursement Of Liraglutide (Saxenda®) For Weight Management For Patients In Ireland

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OBJECTIVE

Liraglutide (Saxenda®) for weight management is reimbursed in Ireland subject to a Managed Access Protocol (MAP). Reimbursement support (i.e. drug provision with co-payment from the patient under state-funded Community Drug Schemes) is granted on an individual patient basis for adults, prescribed the drug by a registered physician, and who have a body mass index (BMI) ≥ 35 kg/m^2 with prediabetes and high-risk for cardiovascular disease. The MAP objective is to provide certainty for Ireland's payer, the Health Service Executive (HSE), and includes a responder assessment protocol by evaluating eligibility for ongoing reimbursement beyond six months. This study evaluates the success of the MAP as a cost containment measure during its first year of implementation.

METHODS

All Phase I reimbursement requests for liraglutide (Saxenda®) submitted through the HSE-Primary Care Reimbursement Services (PCRS) online application system during the first year of the MAP, 01 January 2023 to 31 December 2023, were reviewed. Data relevant to the study period were also extracted from the HSE-PCRS national pharmacy claims database. Analysis was performed using R-Studio.

RESULTS

A total of 7,927 Phase I individual reimbursement applications for liraglutide were submitted during the study period, over half of which (52.12%) were approved, see figure 1. By December 2023, 1,697 individual patients were accessing liraglutide through the HSE funded Community Drugs Schemes, further detail is outlined in figure 2. Expenditure in 2023 was just over €3 million. If all applications submitted had instead been approved, expenditure could have been approximately €13.5 million, see figure 3.

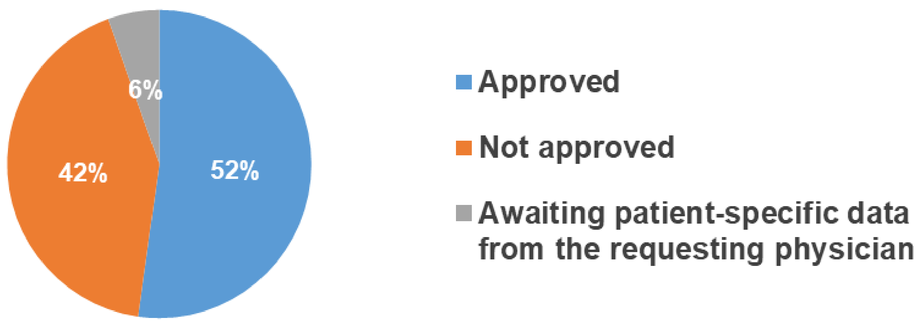

Figure 1: Outcomes of applications submitted under the Managed Access Protocol in 2023

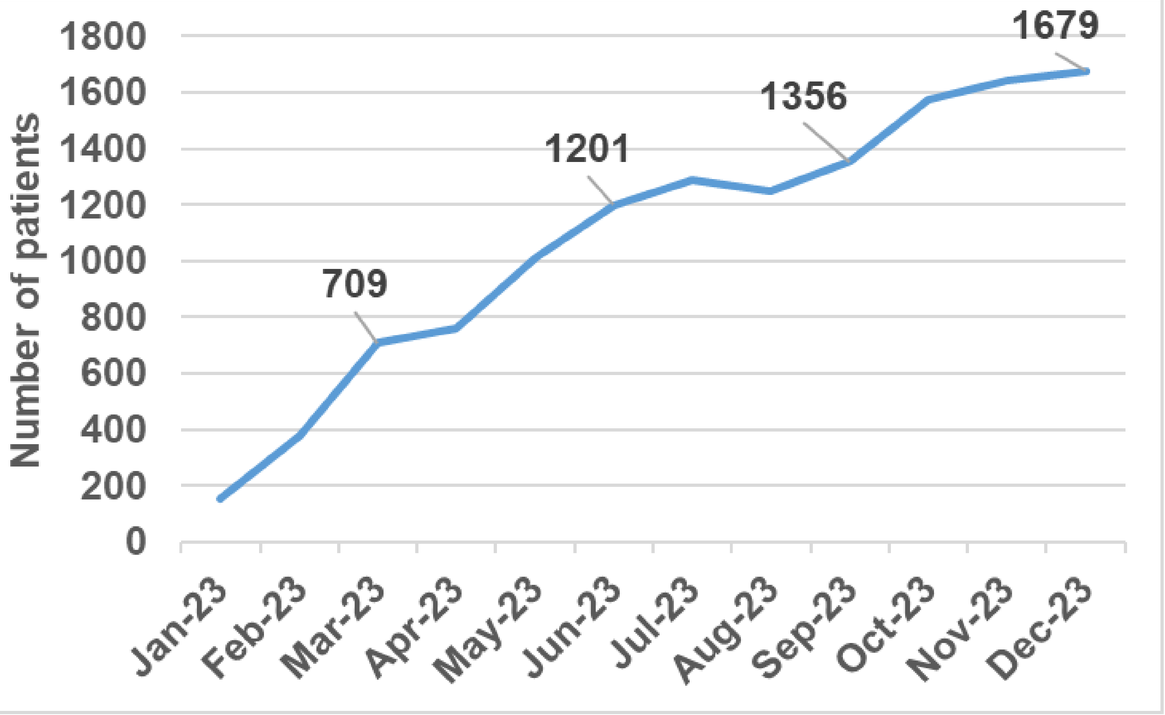

Figure 2: Number of patients in receipt of liraglutide (Saxenda®) per month on the Community Drug Schemes in 2023

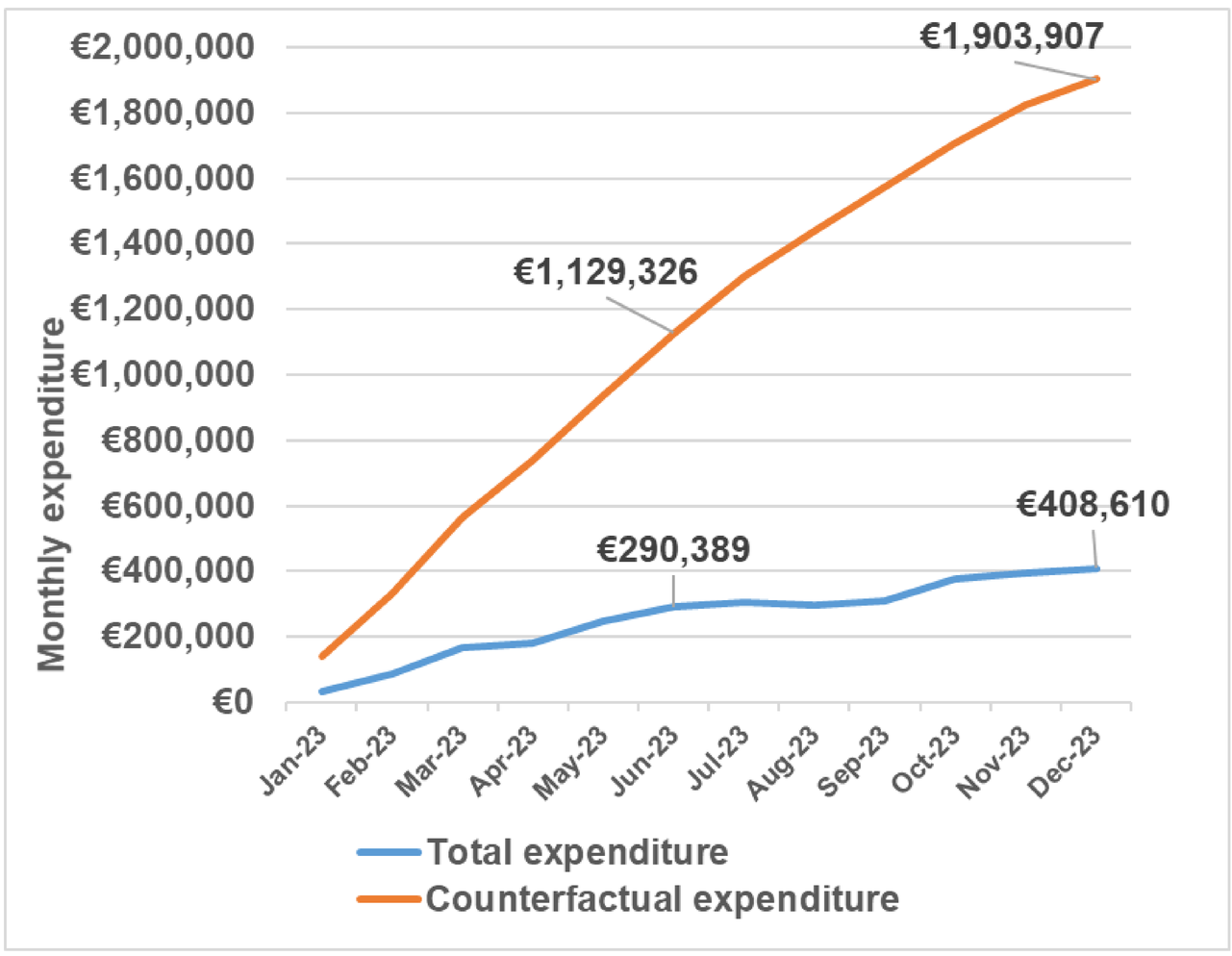

Figure 3: Actual Health Service Executive expenditure on liraglutide (Saxenda®) in 2023 compared to potential counterfactual expenditure

CONCLUSION

To date, implementation of the MAP has proven to be a cost containment measure as demonstrated by the overall approval rate observed in this study. The robustness of this MAP is improved by the two-phase approval approach. Future studies will assess persistence with liraglutide beyond the initial six-month approval, by assessing the number of applications submitted and approved for continued reimbursement.

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