



4TH HEALTHCARE & PHARMACOECONOMIC SYMPOSIUM

9 OCTOBER 2021



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Director, Drug Policy & Economic Center
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Gihan Elsisy, PhD
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Muhannad Alharbi, Pharm D, MSc
4th HPES Scientific Committee
Member Consultant & Health Economics Lead
HEPA Solutions



Nabel Khamas, Pharm D, PhD
Director, Pharmacy Department, King
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Dammam, Saudi Arabia



9 October 2021		
13:00 – 13:25	Registration	
13:25 – 13:30	Welcoming remarks	Dr. Nagwa Ibrahim / Dr. Bander Alharbi
Session 1	Moderators: Dr. Bander AlHarbi, Dr. Yazeed AlRuthia, Dr. Nada Abushraie, Dr. Ali Alrumaih	
13:30 – 14:00	Coverage with Evidence Development for Innovative Therapies: Legal, ethical, and Logistics Challenges	Prof. Francisco Goncalves
14:00 – 14:20	Reimbursement Challenges for Highly Innovative Drugs in a Traditional Pharmaceutical Tendering Environment	Dr. Hajer Almudaiheem
14:20 – 14:40	Innovative medicine pricing challenges and opportunities	Dr. Hana Al Abdulkarim
14:40 – 15:00	Future reimbursement for innovative therapies	Dr. Fatma Mariki
15:00 – 15:20	Q&A	
15:20 – 16:20	Moderator: TBA	Lilly Satellite Symposium
15:20 – 15:50	Budget impact analysis of Baricitinib in Rheumatoid Arthritis	Dr. Bander Balkhi
15:50 – 16:20	Economic burden of migraine and impact on productivity	Dr. Nabel Khamas
16:20 – 16:30	Break	
Session 2	Moderators: Dr. Yazeed AlRuthia, Dr. Nada Abushraie, Dr. Fatma Mariki, Dr. Nagwa Ibrahim	
16:30 – 16:50	Subscription Financing of Orphan Drugs: A Far-fetched Idea or a Possibility	Dr. Gihan Elsis
16:50 – 17:10	Reconciling economic efficiency and patient access in financing innovative therapies for rare diseases	Dr. Yazeed AlRuthia
17:10 – 17:30	The Prospects of Transforming the Current Pharmaceutical Procurement Policies for Highly Innovative Therapies in Saudi Arabia	Dr. Mansour Alhowimel
17:30 – 17:50	Nature of health economic assessment of innovative therapies starting from its safety profile.	Dr. Muhammad Alharbi
17:50 -18:10	Q&A	
18:10	Closing remarks	Dr. Nagwa Ibrahim / Dr. Bander Alharbi

Emgality™

(galcanezumab) injection

GIVE YOUR PATIENTS THE CHANCE AT MONTHLY MIGRAINE HEADACHE FREEDOM^{1,2}

Emgality is indicated for the prophylaxis of migraine in adults who have at least 4 migraine days per month³

CONSIDER EMGALITY FOR PATIENTS LIKE JESSICA

Failed ≥2 classes of preventives

Migraine affects her work and home life

4+ MHDs per month³

MHD=migraine headache days.

Emgality™

(galcanezumab) injection

MIGRAINE'S HIDDEN COSTS⁴⁻⁶

4 to 8 hrs of lost productivity time per week in people with migraine



50% of people with migraine **discontinue** their initial oral preventive **within 60 days**



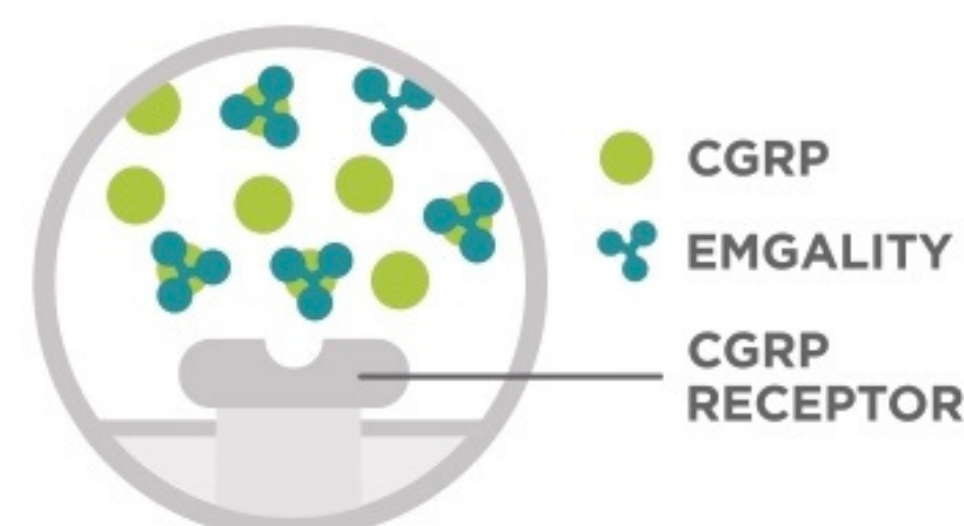
Up to 80% of people taking an oral preventive are no longer on therapy after 1 year, with studies demonstrating common reasons for discontinuation being lack of efficacy/side effects



MECHANISM OF ACTION^{1,3}

Emgality is specifically developed to target CGRP to prevent migraine

Emgality prevents the biological activity of CGRP without blocking the CGRP receptor



GGRP=calcitonin gene-related peptide.

Emgality is a humanised IgG4 monoclonal antibody that binds to the CGRP ligand with high affinity and high specificity

Olumiant® provides greater improvements in PROs across all disease activity levels compared to placebo and adalimumab in RA¹

 **1,305** patients

Among patients who achieved remission (CDAI ≤2.8)

Objectives

A post-hoc analysis determined the association between PROs and disease activity status **after 12 weeks** of treatment and to evaluate whether patients with an inadequate response to MTX treated with Olumiant experienced greater PRO improvement than patients treated with either PBO or ADA across all levels of disease activity.



Reduction in pain

-40.9mm

vs **-37.9** for ADA and **-28.4** for PBO

Pain VAS scores range from 0 (no pain) to 100 (worst pain)

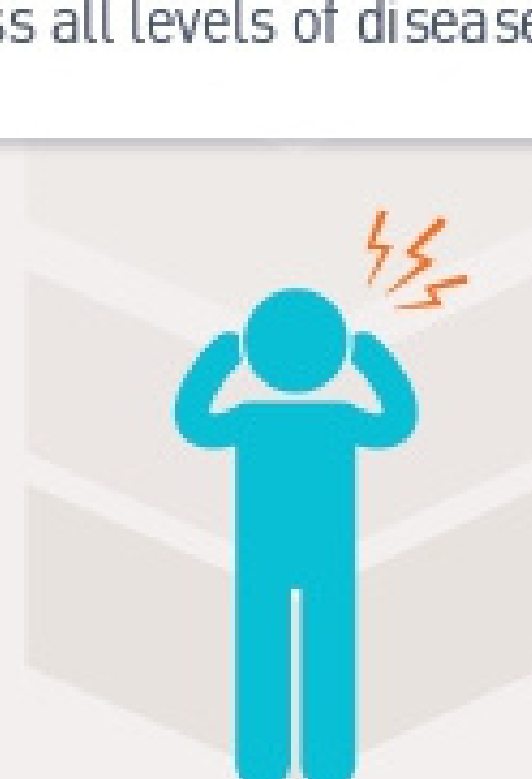


Reduction in disability

-0.9mm

vs **-0.7** for ADA and **-0.6** for PBO

HAQ-DI scores range from 0 (no disability) to 3 (completely disabled).



Reduction in morning joint stiffness duration

-64.9mm

vs **-37.8** for ADA and **-6.9** for PBO

Post-hoc analysis of Phase 3 RA-BEAM study

Results



Patients treated with Olumiant may experience **greater improvements in pain, physical function and MJS duration** vs PBO or ADA regardless of disease activity status reached after **12 weeks of treatment.**