

INTRODUCTION

- The concept of risk sharing agreements (RSA) in the field of health policy and reimbursement
- decision-making is still relatively new in the Asia-Pacific region (APAC). By analyzing existing RSA types, the objective of this study was to identify new pricing modalities that can be implemented in APAC countries

OBJECTIVE

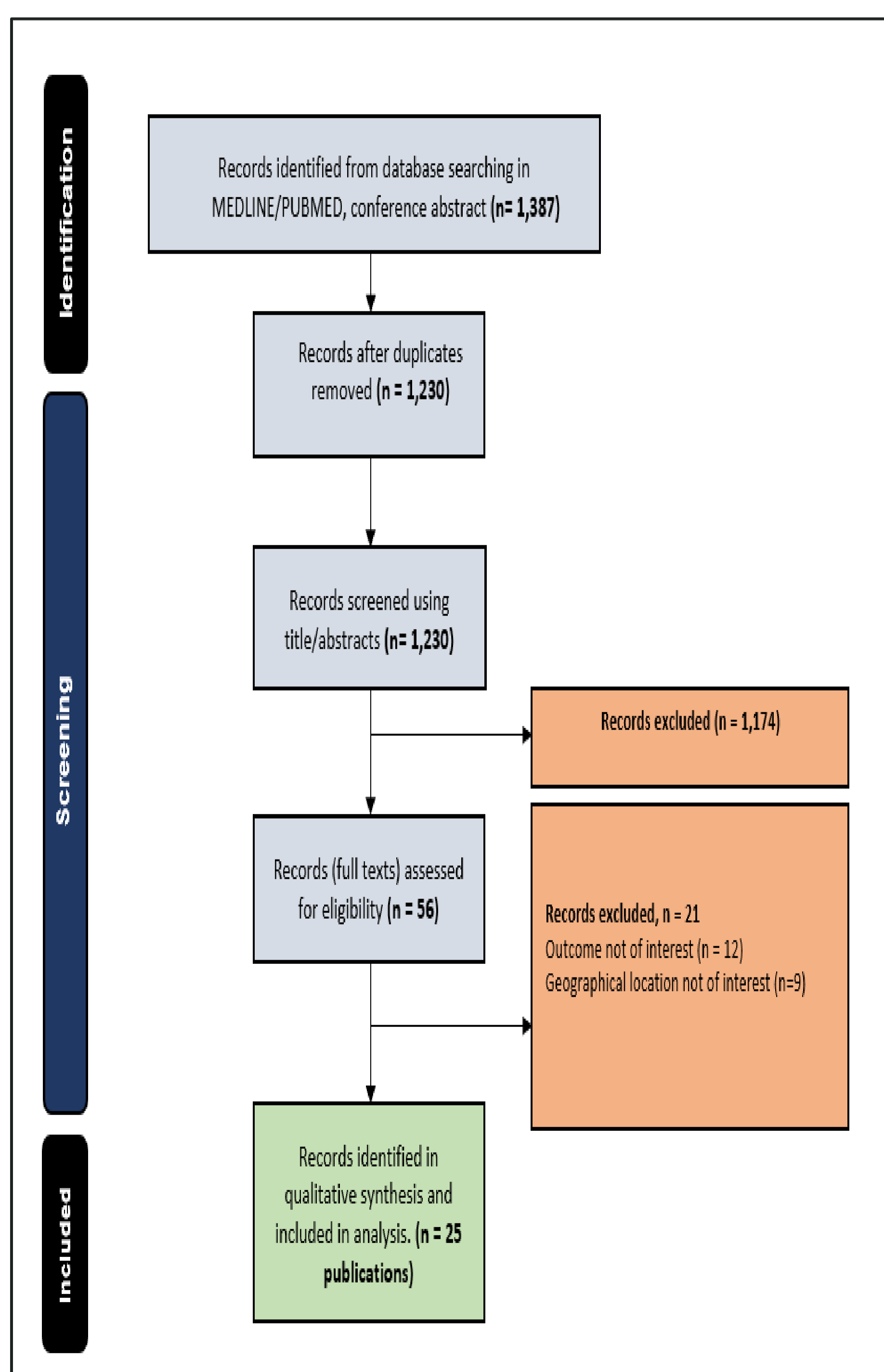
- We aimed to contribute valuable insights to the ongoing discourse surrounding pricing strategies in healthcare and advance the understanding of how RSAs can play a pivotal role in improving value and access to vital medical therapies in the APAC region.

METHODOLOGY

Database & Key terms:

- A comprehensive search was conducted through Medline/PubMed and grey literature sources (such as online reports, conference presentations, and non-academic/indexed journals) until May 2023.
- The search employed a combination of relevant keywords, including 'outcome-based agreements,' 'risk sharing,' 'managed entry agreements,' 'indication value-based pricing,' 'conditional reimbursement,' 'multiple indication pricing,' 'drug combination pricing,' and 'patient access schemes,' within the period of 2000 to 2023.
- The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines were also followed as reporting guidelines.

Figure 1: PRISMA flowchart



RESULTS

Identification of Studies and pricing modalities:

- Out of 1300 citations identified from PubMed/Medline searches and 87 from conferences and cross-referencing, 25 articles met the inclusion criteria and were selected for data extraction and final analyses.
- Among the included studies, price-volume agreements emerged as the most frequently studied RSA type, accounting for 14 of the included studies, followed by outcome-based RSA, which constituted 11 studies.
- Through our review, we have pinpointed seven prevalent strategies commonly employed in the Asia-Pacific region. These strategies include Internal Reference Pricing, External Reference Pricing, Special Pricing Agreements, Pharmacoeconomic Evaluation, Cost plus pricing, Price Maintenance Premium, and Tendering and negotiations.

Figure 2: Key pricing strategies in APAC countries

Country	Internal Reference Pricing	External Reference Pricing	Special Pricing Agreements	Pharmacoeconomic Evaluation	Cost Plus pricing	Price Maintenance Premium	Tendering and Negotiations
	●	○	●	●	○	○	●
	●	●	○	○	○	○	●
	●	●	○	○	●	●	○
	○	○	○	●	○	○	●
	●	●	●	●	○	○	●
	○	●	●	○	○	○	○
	●	○	●	○	○	○	○
	○	○	○	○	○	○	●
	●	○	●	●	○	○	●
	○	●	○	○	○	○	●

Adopted key pricing strategies: ●, Not available or used: ○

- Within APAC region, Australia exhibited the highest likelihood of adopting managed entry schemes, followed by Taiwan and South Korea. However, in other countries, the current healthcare structures and policies present challenges that hinder the nationwide implementation of outcomes-based schemes.
- In South Korea, 48 medicines were contracted as MEAs from January 2014 to December 2020, making up 73.4% of listed drugs for cancer or rare diseases. Notably, 97.9% were finance-based contracts. However, only 72.9% (35 out of 48) were covered by the Australian Pharmaceutical Benefit System, while outcome-based contracts represented merely 2.1% in Korea, compared to 6.3% in Australia.

CONCLUSION

- Over the past decade, interest in RSAs has grown in APAC countries, presenting significant implications for healthcare policymaking. However, there is currently no universally accepted approach for employing new pricing modalities to enhance value access in RSAs.
- Further research is necessary to develop theoretical frameworks and practical models that can support the widespread adoption of RSAs across the region.

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CONFLICT OF INTEREST

Verma A, Rai MK and Prasanna are employees of EVERSANA at the time of conduct of study