open access at premium prices. Treatments with moderate value have been pro-
vided quick access to patient sub-populations, with access increasing as prices
dropped. Treatments with low incremental value have either had to launch at
competitive prices or faced delays or significant restrictions to reimbursement
to prices dropped. While countries have used different methodologies of assessment,
the outcomes have been strikingly similar. This provides important lessons for
emerging markets. Currently many markets use blunt instruments such as across
the board price controls, which impede effective access. We posit three principles
that can help emerging markets provide effective access to medicine. First, they
must use HTA to prioritise medicines. Second, this prioritization must inform re-
sources allocation. Third, they can leverage the analysis and rationale from this
prioritization and budget allocation to inform negotiations with manufacturers,
which should be based on the three levers identified above – time to reimburse-
ment, level of access and price.
PR3
DRIVERS OF PRICING AND MARKET ACCESS DECISIONS - EXAMPLES IN
SELECTED COUNTRIES
Assimakopoulos M, Jeffery M, Mikkul SE
Access Partnership, London, UK
OBJECTIVES: It is extremely challenging to keep up to speed with the perpetually
dynamic Market access environment across different countries. This is difficult not
only for pharma but also for payers who have the difficult task of assessing products
under tight budgetary constraints. This research is to understand the drivers influ-
encing pricing and market access decisions. METHODS: The research was con-
ducted through in-depth secondary research and interviews with stakeholders in 8
countries including the UK, Japan, Canada, France, Germany, Australia, S. Korea,
Sweden and The Netherlands. RESULTS: Analysis indicates that the value of drugs
varies by market globally due to factors of prevalence, socio-economic conditions,
unmet need, political impact and public awareness. These factors lead to differences in
the perceived value of the same drug across countries making it challenging for its
global launch. The research indicated that most countries, other than those that apply external price referencing use some form of value assessment to determine price and reimbursement. In most mature markets, therapeutic gain measured through clinical advancement or cost effectiveness is the
critical factor. In addition these countries consider unmet needs and disease severity as important drivers. In Sweden and the Netherlands, they consider soci-
etal perspective, disease severity and Korea tend to give importance to innovation.
The only value element that does not directly relate to clinical factors and is influential
in setting the price is budget impact. CONCLUSIONS: The research indicated that
most countries, other than those that use international price referencing for setting
prices use some form of value assessment method before fixing the reimbursement
level and price of a product. It is very challenging to reward products based on their
intrinsic value without considering the current economic situation. On the contrary
innovation needs to be rewarded and encouraged for future R&D of new drugs.
PR4
TRENDS IN PRICING AND REIMBURSEMENT SCHEMES FROM 1994-2011
Srivast M1,2, Hog R1,2, Sulzicki M3
1OptumInsight Life Sciences, Chicago, IL, USA, 2OptumInsight Life Sciences, Burlington, ON,
Canada, 3OptumInsight Life Sciences, Neупort Beach, CA, USA
OBJECTIVES: We present the most current overview of pricing and reimbursement
schemes and financial tools for managing healthcare expenditure, innovative pricing and reimbursement schemes between payers and pharmaceu-
tical manufacturers are frequently discussed as a means of addressing the uncer-
tainty and financial concerns faced by both parties. The objectives of this study were
to review innovative pharmaceutical pricing and reimbursement schemes across
global markets and to quantify their occurrence over time. METHODS: The
literature search included two components: a search of published literature on
pharmaceutical pricing and reimbursement schemes performed in PubMed/MED-
LINE and a search of “grey” or unpublished literature conducted via the Internet.
Search terms used included “patient access schemes” and “risk-share agree-
ments”. Identified schemes were classified by country, payer, therapeutic area,
indication, drug, year, type (financial or outcomes-based) and structure (e.g.,
cov-
erage with evidence development). Where applicable, multiple sources were used to
tail a full picture of a specific scheme. RESULTS: A total of 225 schemes were
identified between 1994 through 2011. 38% of the schemes were from the UK,
followed by Italy (16%) and the United States (11%). 48% of the schemes were clas-
sified as financial and 49% as outcomes-based (49%). The number of schemes identified per year remained under 10 until 2007, when 27 were identified.
The number of schemes peaked in 2009 with 33, decreasing to 17 in 2010 and 13 in
2011. Schemes for oncology products comprised 50% of all identified schemes,
followed by neurology and musculoskeletal products (10% each). Within outcomes-
based schemes, 46.2% were classified as conditional coverage and 45.1% as perfor-
mance-based reimbursement. CONCLUSIONS: Pricing and reimbursement
schemes such as risk-share agreements appear to be more frequently used in on-
cology. The UK had the highest number of schemes per country, likely as a result of the
inclusion of patients at risk schemes in the NICE pricing guide. Understanding the landscape of
existing schemes can potentially aid in developing new schemes.
PODIUM SESSION I:
RESEARCH ON QUALITY OF LIFE AND PATIENT PREFERENCE METHODS
QL1
EQ-SD-5L VALUATION PROJECT FOR THE SPANISH POPULATION – A
DESCRIPTIVE OVERVIEW AND PRELIMINARY RESULTS
Ramón-Gohi I1, Torea M2, Rivero-Arias O2, Cabáses JM3, Pinto R4
1FUNCS, S/C Tenerife, Canary Island, Spain, 2Faculty of Pharmacy, University of Granada, Granada, Spain, 3Fundación Pública Opus Dei, Madrid, Spain, 4Andalusia, Spain
OBJECTIVES: The latest EQ-SD-5L instrument, EQ-SD-5L, needs new country-specific
valuation studies to obtain a value set. Eight countries have participated on pilot
exercises to develop a final protocol. Spain is the first country where this protocol
was introduced as part of the EuroQol Valuation Project. In this presentation we
report the preliminary descriptive overview of the Spanish valuation methodology and its
preliminary results. METHODS: The survey has a two-stage sampling plan. The
first stage concentrates on the selection of Spanish regions. The 50 Spanish regions
were ordered by population size, and the first 20 regions covering 80% of the total
Spanish population were selected. The second stage comprised sampling strategy on each of the selected regions was conducted. The sample size on each
region was calculated multiplying the total sample size (1,000) by the percentage of
the population on the region respect the total population of the select 20 regions.
The final sample has three blocks of questions. The first block included 25 items.
FUNCTIONS, S/C Tenerife, Canary Island, Spain, 2Faculty of Pharmacy, University of Granada, Granada, Spain, 3Fundación Pública Opus Dei, Madrid, Spain, 4Andalusia, Spain
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