

The impact of patient access schemes for innovative cancer therapies in four Asian countries: a mixed-method review

Authors

Guce K¹, Liu C², McKendrick J², Lawrence A²;

¹London School of Economics, ²PRMA Consulting Ltd.

SITUATION

The recent surge in the number of targeted cancer treatments being launched has increased concern about rising costs and uncertainties in real-world drug effectiveness.

SITUATION

To mitigate these concerns, several Asian countries have implemented patient access schemes (PAS). Few studies assess their impact on national drug policy (NDP). This study aims to review the various PAS used in China, South Korea, Taiwan, and Thailand, to understand how these impact on healthcare costs, drug utilization, and clinical outcomes.

METHODS

A targeted literature review of PAS implemented for oncology products over the past 10 years (January 09 to June 19) was conducted using publicly available databases, web and gray literature. To validate the findings and further explore issues, stakeholders responsible for drug access from the four markets were interviewed. Findings regarding the impact on cost, utilization, and outcomes were extracted and synthesized.

RESULTS

28 articles were identified, and 5 stakeholders were interviewed. A range of PAS have been employed in the markets, with financial schemes more commonly used. As budget impact is the primary concern of payers, impact evaluation mostly focused on cost and utilization. Among the four markets reviewed, PAS increased drug utilization by up to 52% with spikes mostly observed during the first 2 years of implementation. PAS reduced prices by up to 69% and generated cost savings by up to US\$165 million. However, there was little evidence suggesting that PAS improved health outcomes. Interviewees agreed that measuring impact against long-term health system goals is challenging.

CONCLUSIONS

PAS are an important policy option to enable patient access while mitigating uncertainties in cost-effectiveness and budget impact. While early experiences in Asia show that PAS can be effective in achieving intermediate NDP objectives on drug utilization and cost-savings, long-term impact on containing healthcare costs and improving clinical outcomes remains uncertain.