

W13: Evolving Dynamics of Reimbursement and Post Listing Accessibility of High-Priced Innovative Medicines

DISCUSSANTS

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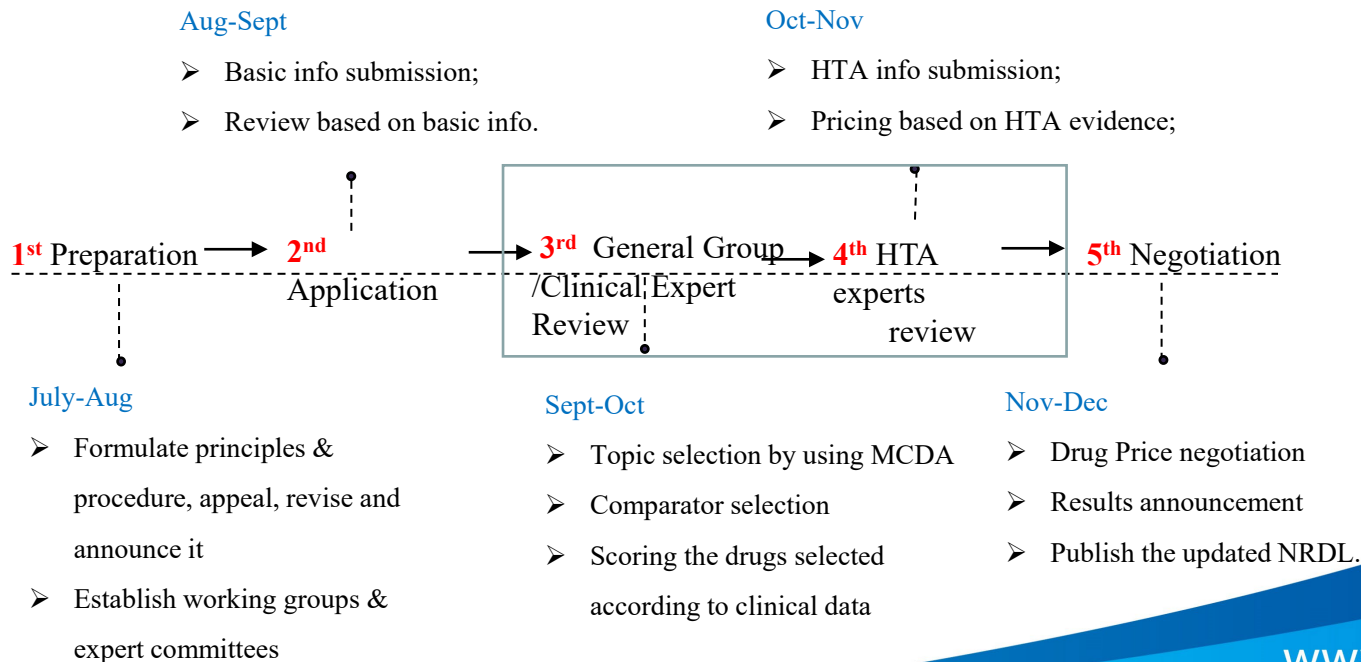


Development and Perspectives on the high price-innovation medicine

Kun Zhao

China National Health Development Research Center

The process of NRDL on high price drugs





Perspective I: Assess the value on the high price drugs ---Re-HTA



Definition of innovative drugs

- **Patents for chemical structure or new admision route**
- **Drugs which figure out unmet needs**
- **Drugs which are brand new since**

Drugs Lists management in China

- National Reimbursement Drug List
 - PE+negotiation on prices
- National Essential Drug List
 - drug comprehensive evaluation for safety, effectiveness, economics, innovation, properness, and accessibility
- Hospital Procurement List
 - Hospital drugs committee





Perspectives II: Pilot managed entry agreement



Innovative payment agreements

- risk-sharing agreements, RSAs
- patient access scheme, PAS
- managed entry agreements, MEAs
- pay for performance, PFP
- deeds of agreement
-

Main innovative payment methods





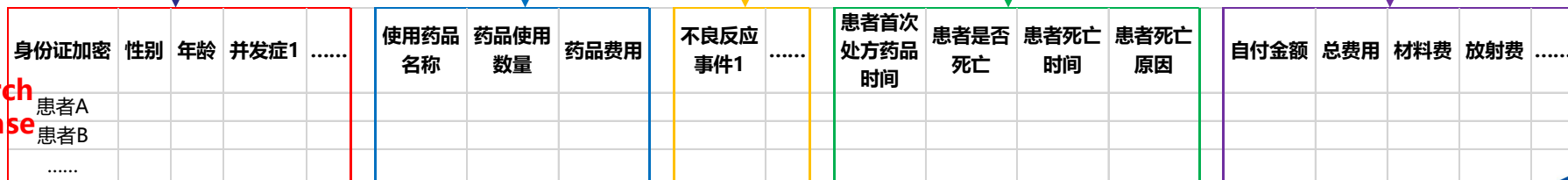
Perspectives III: RWD-HTA-based pricing

Database schema

Original database



Research database



Patient

characteristics

Drug

information

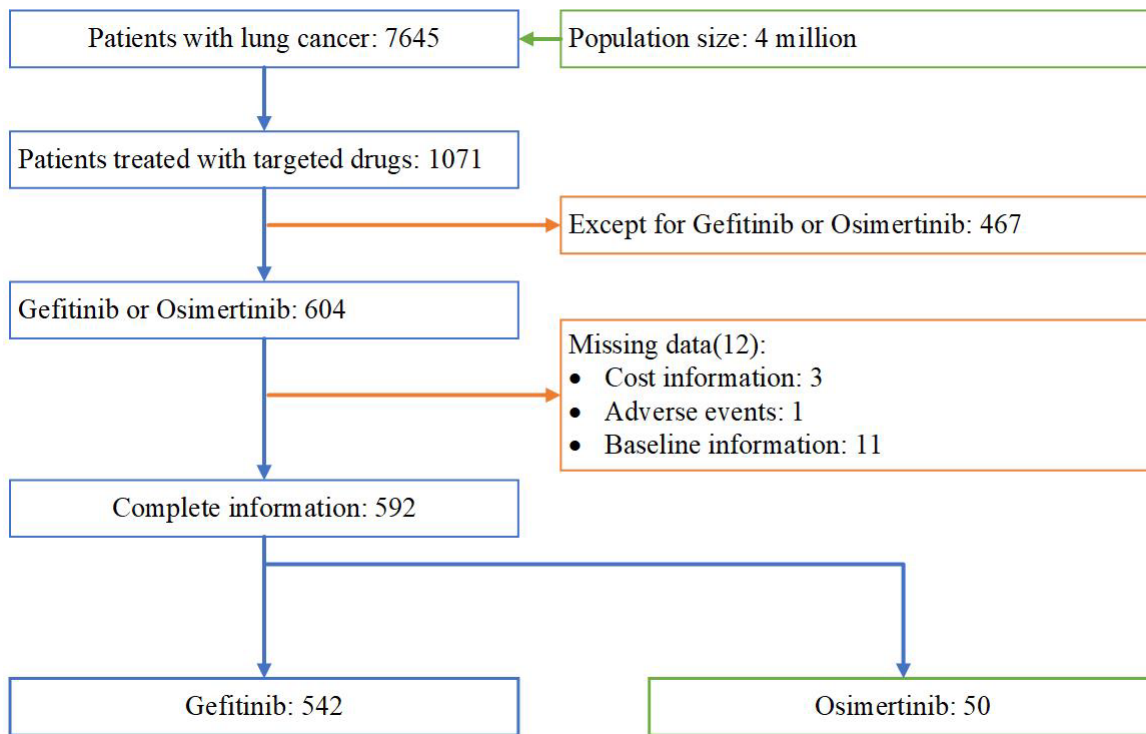
Safety

Efficacy

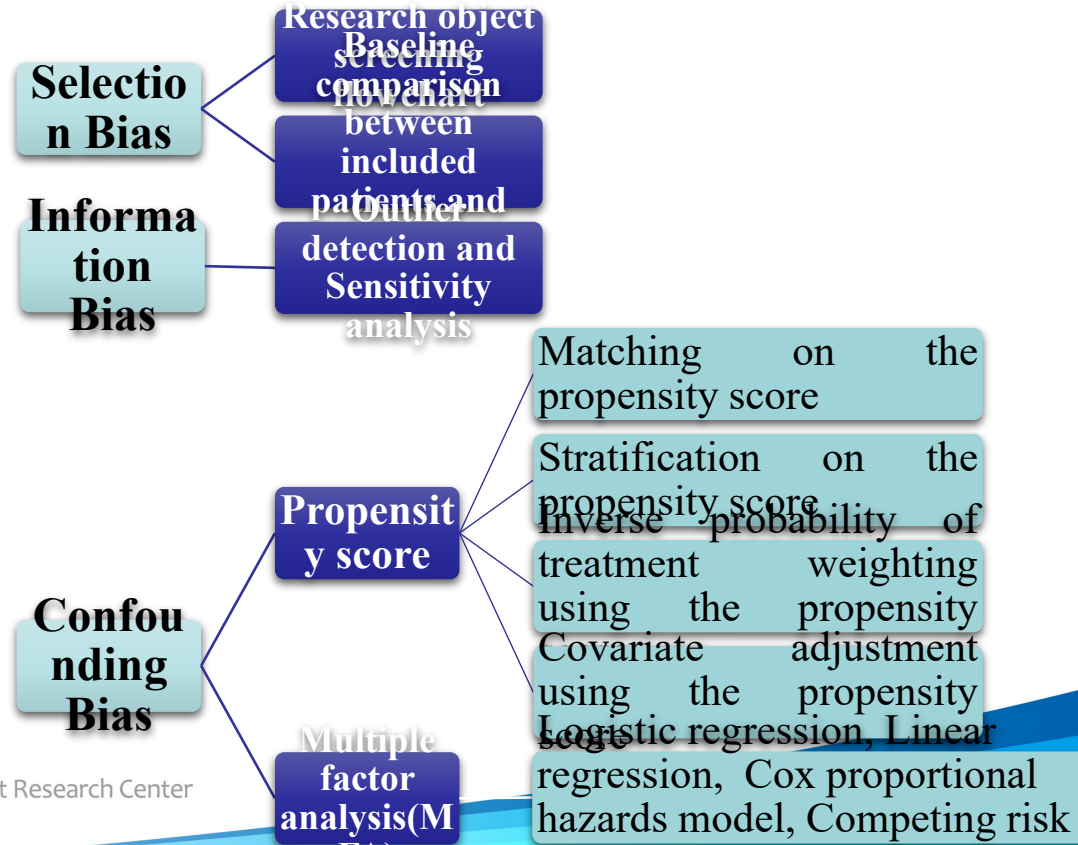
Economy

www.nhei.cn

Target population, data cleaning



Bias control



Results of survival analysis

□ Survival rate:

- 1-year survival rate: 61.29% vs 75.77%
- 2-year survival rate : 33.42% vs 54.12%

□ Median overall survival:

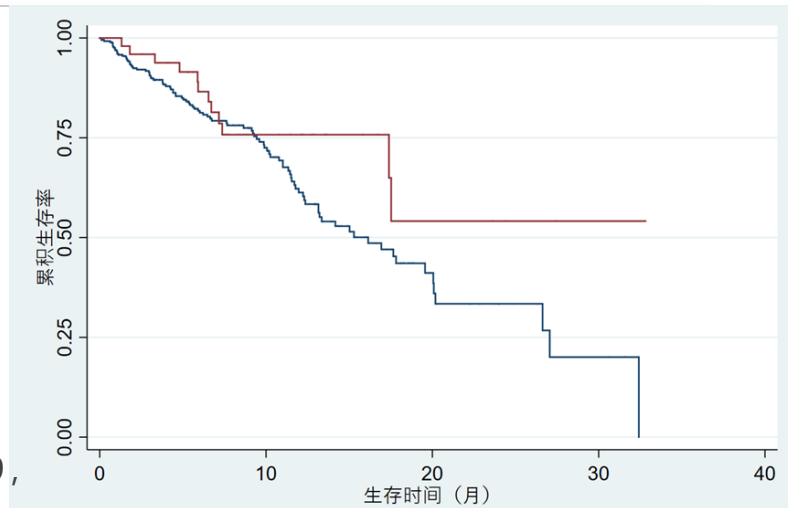
- Drug A: 16.14 months (95%CI: 13.15~20.05 months)
- Drug B: NE, Q1: 17.39 months

□ Log-rank test:

- no statistical difference between the two groups ($\chi^2=2.99$, $P=0.084$)

□ Cox proportional hazards model:

- Drug B vs Drug A (HR=0.73,P=0.325)





Thank you! ! !

Reimbursement and Clinical Accessibility of Innovative Medicines in China

中国创新药医保准入与临床可及性思考

Jiuhong Wu

Beijing Health Economics Association

**Virtual ISPOR Asia Pacific Summit 2022
2022.09.21**

Gearing Up for High Quality Development in China's Public Hospitals

中国公立医院高质量发展在推进

Challenges and issues facing medical institutes 医疗机构面临的问题与挑战：

China's status quo and social and economics diversities across country

Differences in the level of medical development and technical capacities

Policies implementation and synergy across insurance and healthcare departments

Parallel development of DRG reform and quality improvement of medical institutes

Booming of innovative medicines and the combination usage of traditional and modern medicines

Subsidization level and co-payment pressure under the national reimbursement scheme and private insurance

.....



The 1st Conference for the Reform of CHS-DRG/DIP Payment Method in China

第一届中国CHS-DRG/DIP支付方式改革大会

——«Three Year Action Plan for reform of DRG/DIP Payment Method»

By the end of 2024, DRG / Dip payment reform will be carried out in all overall planning areas across the country



医保云课堂

个人中心

直播中 | 观众23.29w

一、工作目标

以习近平新时代中国特色社会主义思想为指导，坚持以人民健康为中心，以加快建立管用高效的医保支付机制为目标，分期分批加快推进。

- 到2022年底
DRG/DIP支付方式改革试点所有符合条件的协议医疗机构服务量占比、基本完成试点、医保基金全覆盖。
- 到2024年底
全国所有统筹地区全部开展DRG/DIP支付方式改革工作，力争DRG/DIP支付改革全覆盖。
- 从2022到2024年
全国完成DRG/DIP支付方式改革任务，建立医保国家联盟。

完善工作机制，加强基础建设，协同推进医疗机构配套改革，全面完成以DRG/DIP为重点的支付方式改革任务，全面建立全国统一、上下联动、内外协同、标准规范、管用高效的医保支付新机制。

黄波
国家医疗保障局医药服务管理司司长

Recent priorities of health insurance policy and reform

医保政策与改革近期重点

Three Year Action Plan for reform of DRG/DIP Payment Method

Digital information system to assess the performance of the Direct Settlement of Trans-Provincial patient Expenses

The perspective of resource integration and optimization, strategic purchase, and mutual benefit

Adjustment of the national reimbursement formulary and pricing negotiation of innovative medicines

Centralized procurement of high-value medical consumables

Improve eco-system of healthcare and fight fraud fund use and enhance safety of medical insurance funds

Promote the high-quality development of Chinese medical institutions

National Healthcare Security Administration (NHSA): 2022 adjustment of National Drug Catalogue for Basic Medical Insurance, Work-Related Injury Insurance and Maternity Insurance

国家医保局：《关于公示2022年国家基本医疗保险、工伤保险和生育保险药品目录调整通过初步形式审查的药品及相关信息的公告》

- 2022-09-06 NHSA released the Announcement of the list and information of medicines following preliminary evaluation:
 - 537 applications from industry
 - 490 medicines
 - 344 medicines (70%) passed the preliminary assessment

Steady Development of Innovative Medicines in China

中国创新药稳步发展的现实

Trends in innovative medicines development in China (CHEN Kaixian, Academician of the Chinese Academy of Sciences (CAS) 2021-2022)

中国创新药发展趋势 (陈凯先院士 2021-2022)

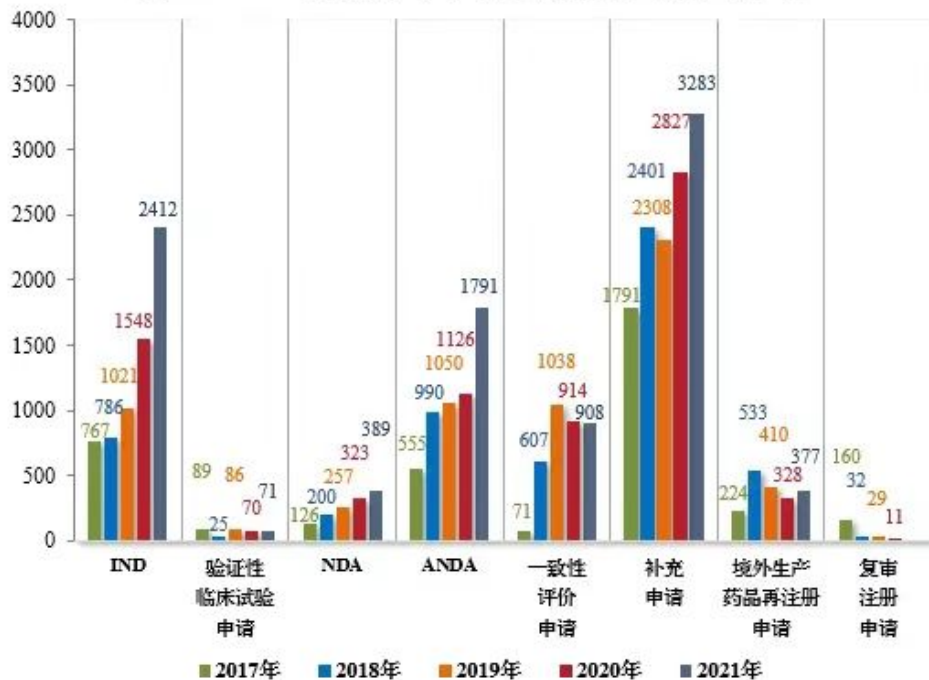


National Medical Products Administration (NMPA)

Regulatory approval of new medicines

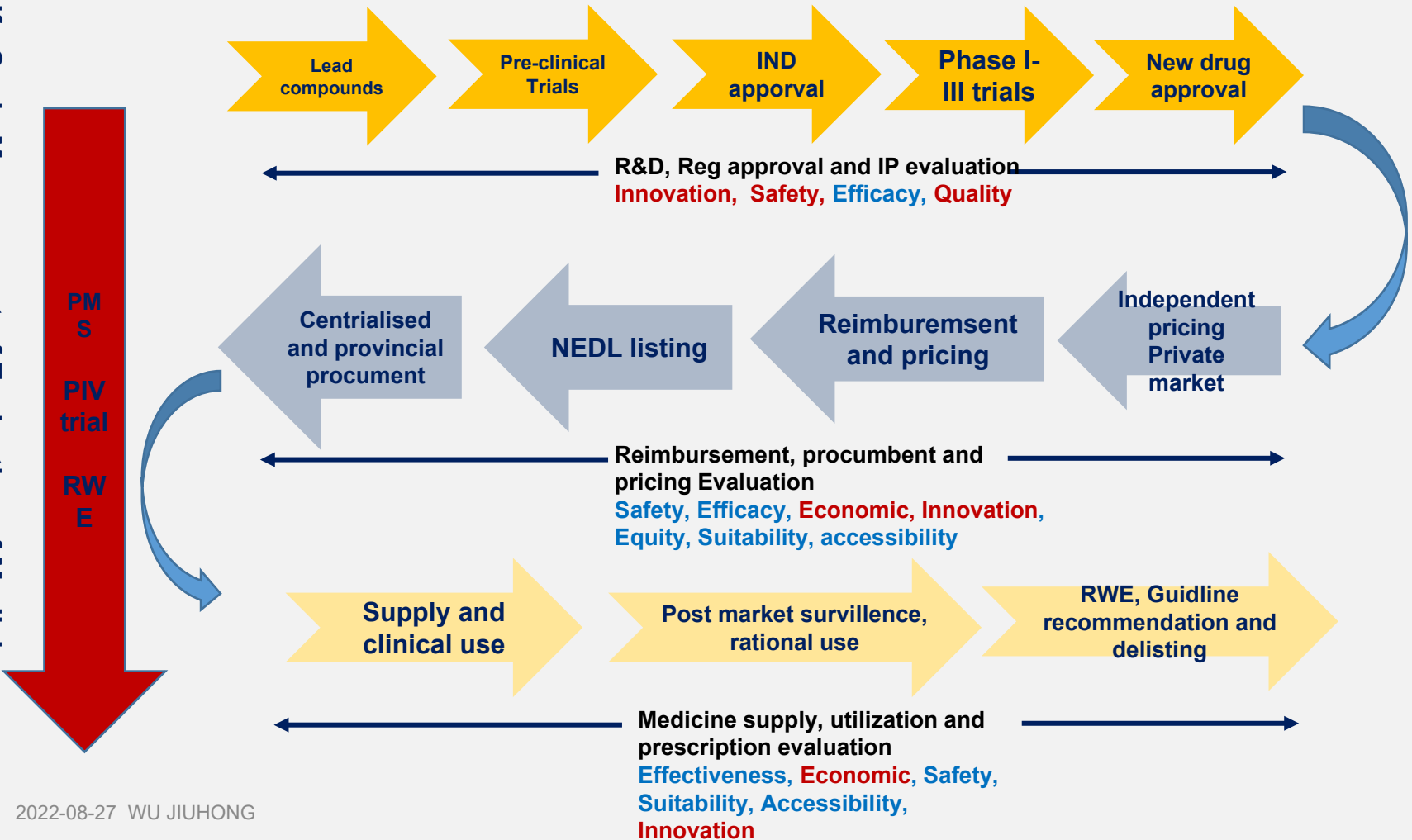
国家药监局新药注册审 评进展

图3 2017-2021年需技术审评的各类别注册申请受理量（件）



注：自 2020 年 7 月 1 日，根据现行《药品注册管理办法》，无“复审”注册申请，不再受理该注册申请类别。

Life Cycle Management of Evaluation of Medicines



Quality Improvement and Advancement in Regulation

质量提升与监管的进步

National Medical Products Administration (NMPA): Guidelines of Clinical Value-Oriented Clinical Development for Anti-tumor Drugs

国家药监局发布：

《以临床价值为导向的抗肿瘤药物临床研发指导原则》

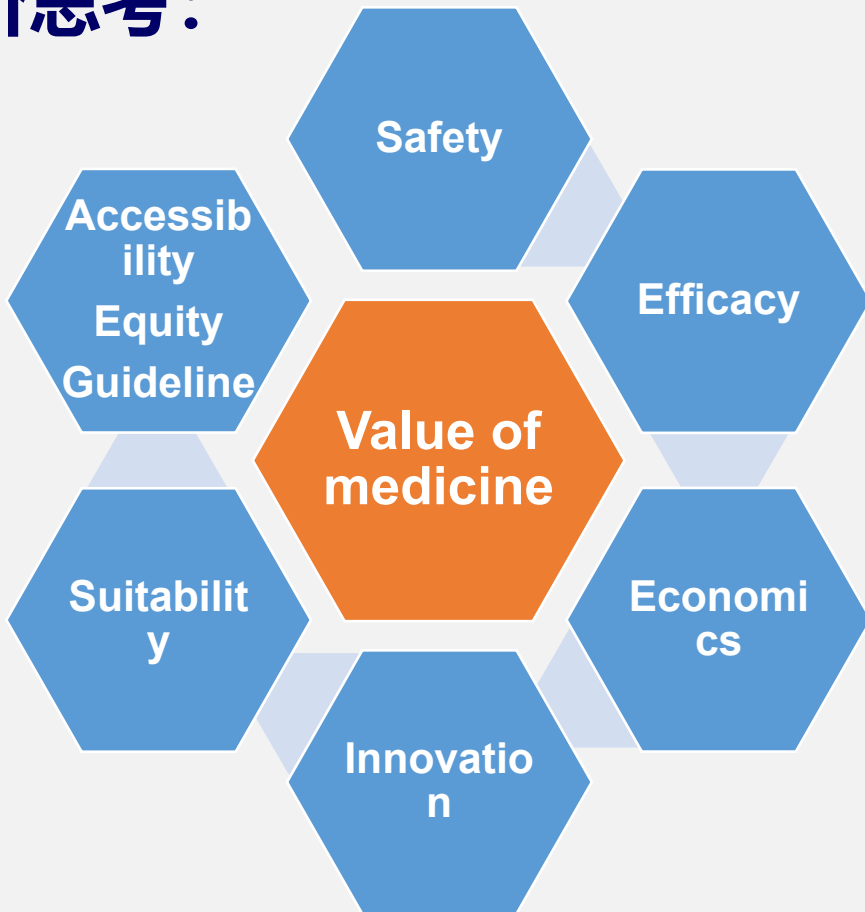
Release date: July 2, 20210702 (implemented)

The purpose of the drug marketing is to address the patients needs – ‘Clinical Value’

- **Implementing the clinical value-oriented and patient-centric R&D concept**
- **Rapid development of cancer drug R&D in China: patients has higher expectations on safety, treatment experiences, and quality of life**
- **Patient-oriented approach to cancer drug R&D: accelerate cancer drug development in China by directing resources to true innovation**

Perspectives on the new medicines evaluation

新药准入评价思考：



The challenges of accessibility of innovative medicines in China post reimbursement listing?

创新药准入与可及性在中国面临的困难?

- **Restrictions on the hospital formulary (~1300 medicines, including 300 traditional medicines)**
- **~30% co-payment for high-value innovative medicines**
- **Universal zero-markup drug policy in the hospital, high management cost for the high price medicines without subsidization**
- **Fast-track regulatory approval and reimbursement listing, limitation on the clinical data**
- **Dual-channel policy (direct-to-patient (DTP) pharmacies and hospital formularies) to promote innovation medicines, facing challenges**
- **Delisting mechanism is not in place to manage low performance medicines, high cost and high volume products etc.**

The Future Value Increase and Medical Advancement

未来价值提升与医疗进步

Health Insurance Coverage and Access, Value Based Healthcare(Top Level Design)

医保准入与价值医疗的制度建设（顶层设计）：

- Assessment system of medicines in the NRDL/NEDL
- Consensus on the HTA/PE guideline
- Government funded health technology research institutes
- Independent third-party evaluation organisations
- High quality HTA talents and capacities
- Transparent information platform and accessible datasets
- Formalized delisting mechanism

Opinion on the PE from hospital perspective

药物经济学医院视角的新思考

Hospital formulary

Optimise therapeutic
options

- Establish evaluation standards and system
- Optimise the medicine utilization
- Fast-track health technology assessment and PE evaluation

Rational drug use /cost management

Align with payment
method reform

- Implement DRG/DIP payment method reform
- RWE and outcomes research
- Medical records quality and compliance on the treatment guideline

Value Based Healthcare

High quality
development of medical
institutions

- Effectiveness/safety/innovation/accessibility/suitability/equity
- Perspective of value assessment?
- Hospital? Insurance fund? Patients? Industry?

Thank you!



Evolving Dynamics of Reimbursement and Post Listing Accessibility of High-Priced Innovative Medicines

Virtual ISPOR Summit - AP

Boxiong Tang, MD, PhD

Sept 21, 2022

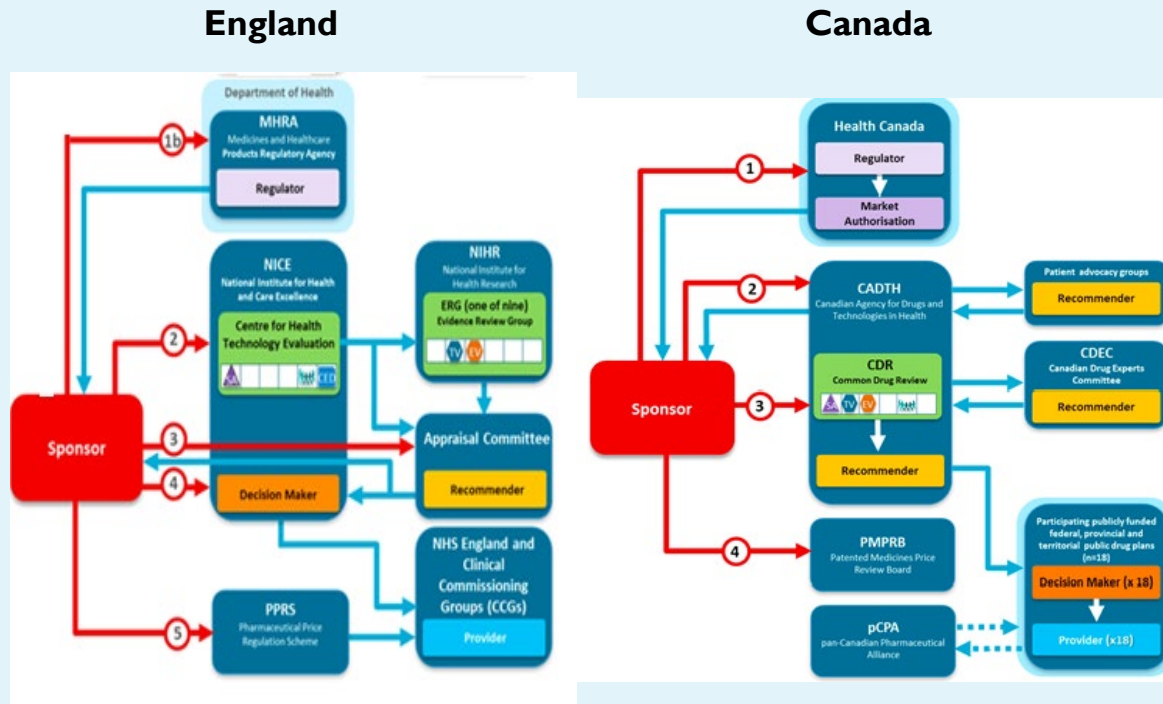
Benefits from NRDL – From Pharmaceutical Perspectives

- Change from non-regular NRDL to annual NRDL negotiation
- Increasing innovation, manufacturers can reach patients in China sooner.
- Increased transparency of the process with some submission material being made public.
 - Openness for high priced therapies
- Greater transparency will likely move the process to be more uniform and help manufacturers understand the key drivers for access to the list.
- NHTA Continues Improving Foundation of NRDL's Success

Drawbacks of being added to the NRDL

- Demands to lower the price of drugs. Manufacturers may need to make the decision whether the patient volume in China justifies the price reductions.
- This can also have implications for prices in other countries as the prices in China are public.
 - Multinational Companies Struggle to Strike a Deal with NHSA for Oncology Products
- Negotiated price can be subject to further price reductions if, for example, for additional indications.
- Price negotiations will occur every two years and can require large price cuts if a product wishes to stay listed.
 - Re-assessment of NRDL listed products that do not demonstrate strong efficacy results as expected
- Access to hospitals and pharmacies after NRDL

Lessons from Other Countries



China

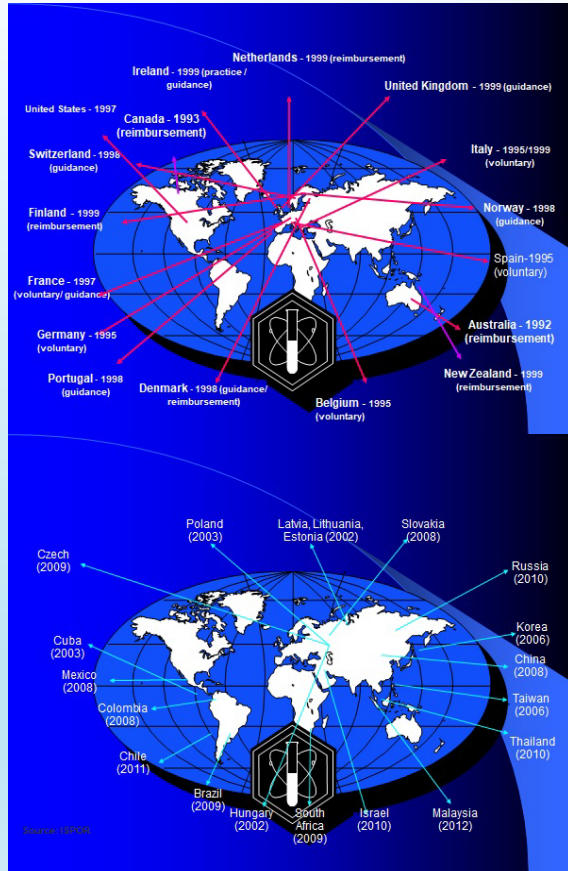
- -National Medical Products Administration (NMPA)
- -National Health Commission (NHC) - National Essential Drug List
- -National Healthcare Security Administration (NHSA)
- NRDL

<https://www.nice.org.uk/>

Canadian Agency for Drugs and Technologies in Health (CADTH)

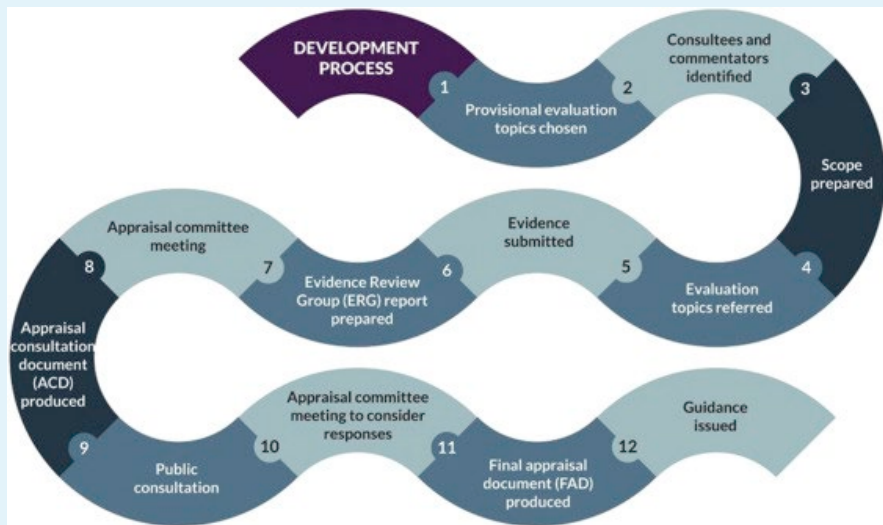
Clinical Pharmacy, Drug Information, Pharmacovigilance, Pharmacoeconomics and Clinical Research, 2019, Pages 313-320

Reimbursement & HE Study Guideline



- HE guidelines for health economics research are similar across countries, the difference lies in the specific evaluation and implementation
- Examples:
 - The weight of clinical vs economic evidence
 - QALY vs other clinical indicators (LY, etc.)
 - Requirements for standard of care as comparators: standard treatment varies by country (based on clinical guidelines)
 - Comparative analysis: head-to-head clinical data vs indirect comparative methods
 - The need for indirect comparisons
 - Choice of Economic Model
 - Comprehensive literature: includes all information
 - The Importance of real-world evidence
 - Need for local data sources
 - Multiple factors, especially those non-economics considerations

Comparing UK HTA and China NRDL



Clinical Pharmacy, Drug Information, Pharmacovigilance,
Pharmacoeconomics and Clinical Research, 2019, Pages 313-320



2021 timeline:

- Preparation (Jun-Jul)
- Application (Jul-Jun)
- Formal Review (Aug–Sept))
- Negotiation (Sept-Oct)
- Announcement (Oct-Nov)

<https://remapconsulting.com/may-nrdl-china/>

Conclusions

- ▶ NRDL expansion supports the ever-growing notion that China is becoming one of the most important markets for innovative therapies. However, challenges remain and as the rare disease and oncology space becomes more crowded year on year, manufacturers will need to strive for greater degrees of innovation and differentiation going forward.
- ▶ Collaborations among reimbursement authorities, academic experts, pharmaceutical companies – move toward to a value-based reimbursement
- ▶ Scientific evidence is a key saucerful factor
 - ▶ Pharmaceutical manufacturers should proactively prepare for evidence synthesis.
 - ▶ Health economic data, real-world evidence, and local data will provide support and facilitate value demonstration and effective pricing negotiation of innovative patent drugs.
 - ▶ International reference pricing (IRP) is an important reference to determine NRDL target prices
- ▶ Corporate reputation and image
 - ▶ Patient Access and Patient Focused Drug Development Programs