



Performance-based Risk-Sharing Agreements to Support Innovative Drugs Access Decisions in China: A Mixed Study Design

RWD324

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BACKGROUNDS

- Between 2017 and 2024, China added 553 drugs to National Reimbursement Drug List (NRDL) through price negotiations, ensuring rapid access but raising uncertainties in effectiveness and financial impact.
- Globally, Performance-based risk-sharing agreements (PBRsAs) have been used to address such challenges.
- However, China has not formally introduced PBRsAs, with only limited exploratory pilots to date.

OBJECTIVE

- This study aims to identify key strategies for the successful implementation of PBRsAs in the Chinese healthcare context to better support access to innovative drugs.

METHODS

- This mixed design study included a systematic literature review and an online survey.
- The review summarized real-world experiences with PBRsAs across eight countries.
- Based on review findings, a 23-item survey was developed and disseminated to stakeholders from pharmaceutical companies, healthcare providers, government agencies, and research institutions, adopting numerical rating scales (0–10) to quantify perceptions.
- Documents and survey responses were thematically analyzed to identify best practices for implementing PBRsAs in China.

RESULTS

- The literature review identified 39 publications, and 37 survey responses were analyzed (**Table 1**). Respondents had an average of 13.7 years(SD = 6.5) of healthcare sector experience, indicating a solid professional and practical foundation.
- Overall, 89.2% (33/37) respondents expressed optimism regarding the future potential of PBRsAs.
- Findings from all sources revealed 3 core areas for PBRsAs:
 - Establishing protocols with harmonized standards especially identify meaningful and feasible indicators to evaluate efficacy (7.86/10.00);
 - Developing an efficient data collection infrastructure (7.43/10.00);
 - Creating a multi-stakeholder governance and management environment (7.32/10.00);
- At the payer level, 64.9% (24/37) recommended establishing dedicated funds for innovative drugs at the national or regional level. (**Figure 1**).
- In terms of target drugs, More than half of respondents indicated that those with uncertain clinical outcomes, high financial burden, and costly rare disease therapies should be priority candidates for PBRsAs.
- Furthermore, 70.3% (26/37) highlighted the breakthrough in the implementation of PBRsAs lies in Pooling resources from multiple payers to enhance affordability and piloting it outside the basic health insurance system(**Figure 2**).
- Given the complexity of implementing PBRsAs, 62.2% (23/37) recommended initiating with Cost-sharing agreements (CSAs) as a practical starting point, with the subsequent introduction of PBRsAs(**Figure 3**).

Table 1. Characteristics of Survey Respondents (N = 37)

Variables	Value
Mean age, years (SD)	39.5 (6.4)
Gender (Male, %)	59.5%
Highest degree (%)	Bachelor (18.9%); Master (21.6%); Doctorate (59.5%)
Major of highest degree (%)	Medicine (40.5%); Management (48.6%);Other (10.9%)
Type of institution (%)	Pharmaceutical companies (35.2%); Healthcare providers (5.4%); Government agencies (46.0%); Research institutions (13.4%)
Mean experience, years (SD)	13.7(6.5)

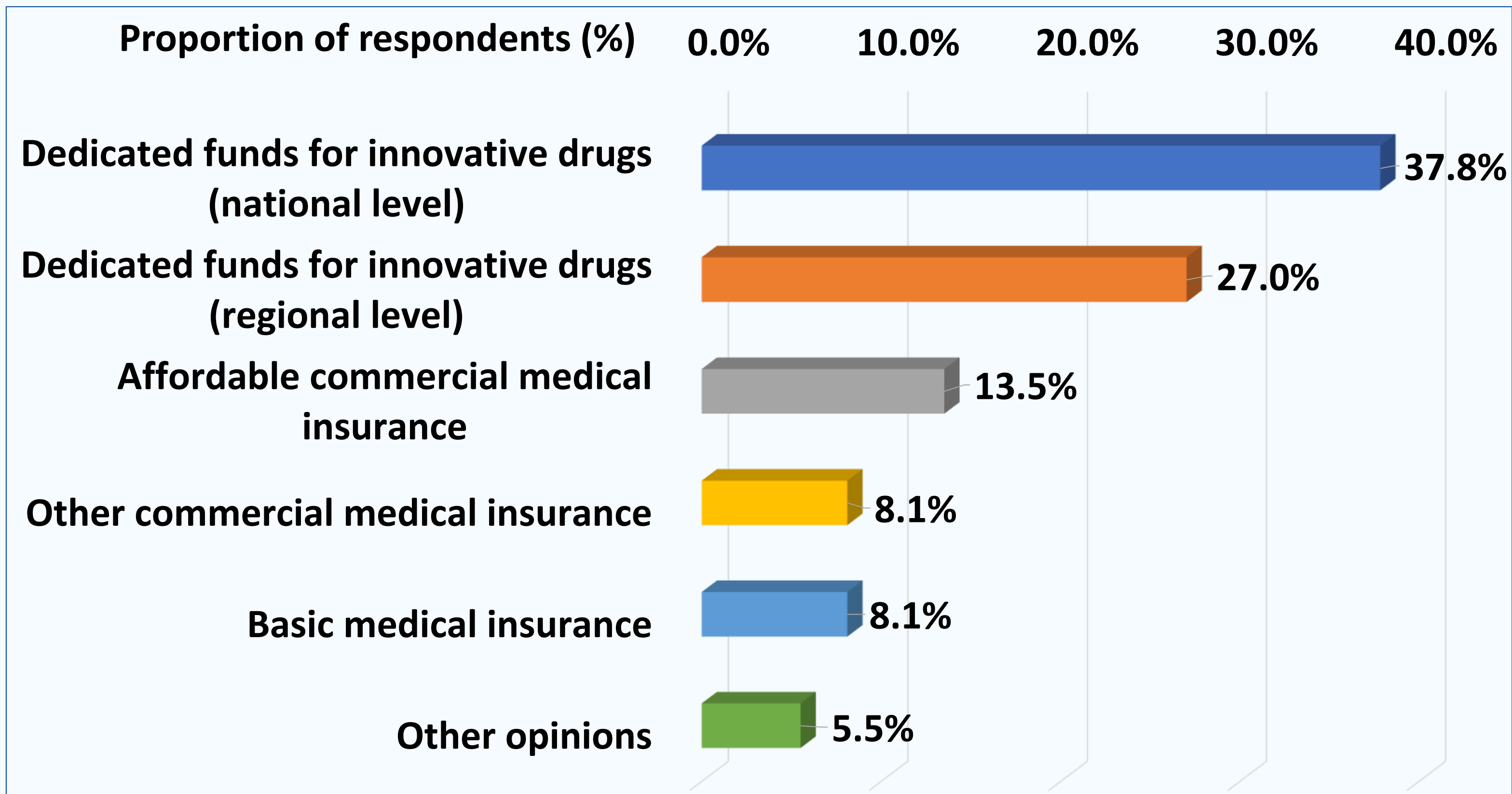
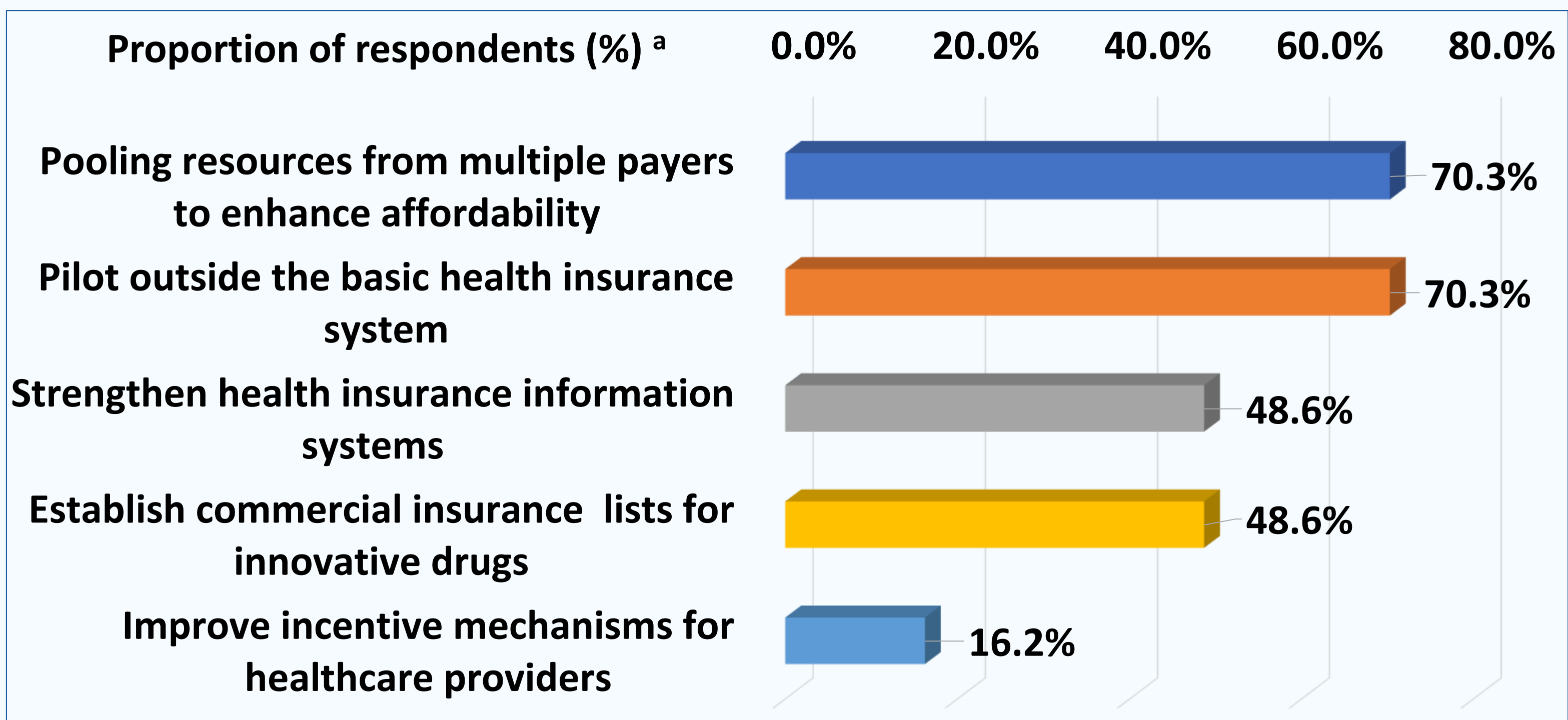


Figure 1. Respondents' Views on the Selection of PBRSA Payers



^a multiple responses allowed (up to three options)

Figure 2. Respondents' Views on Breakthroughs for Implementing PBRsAs

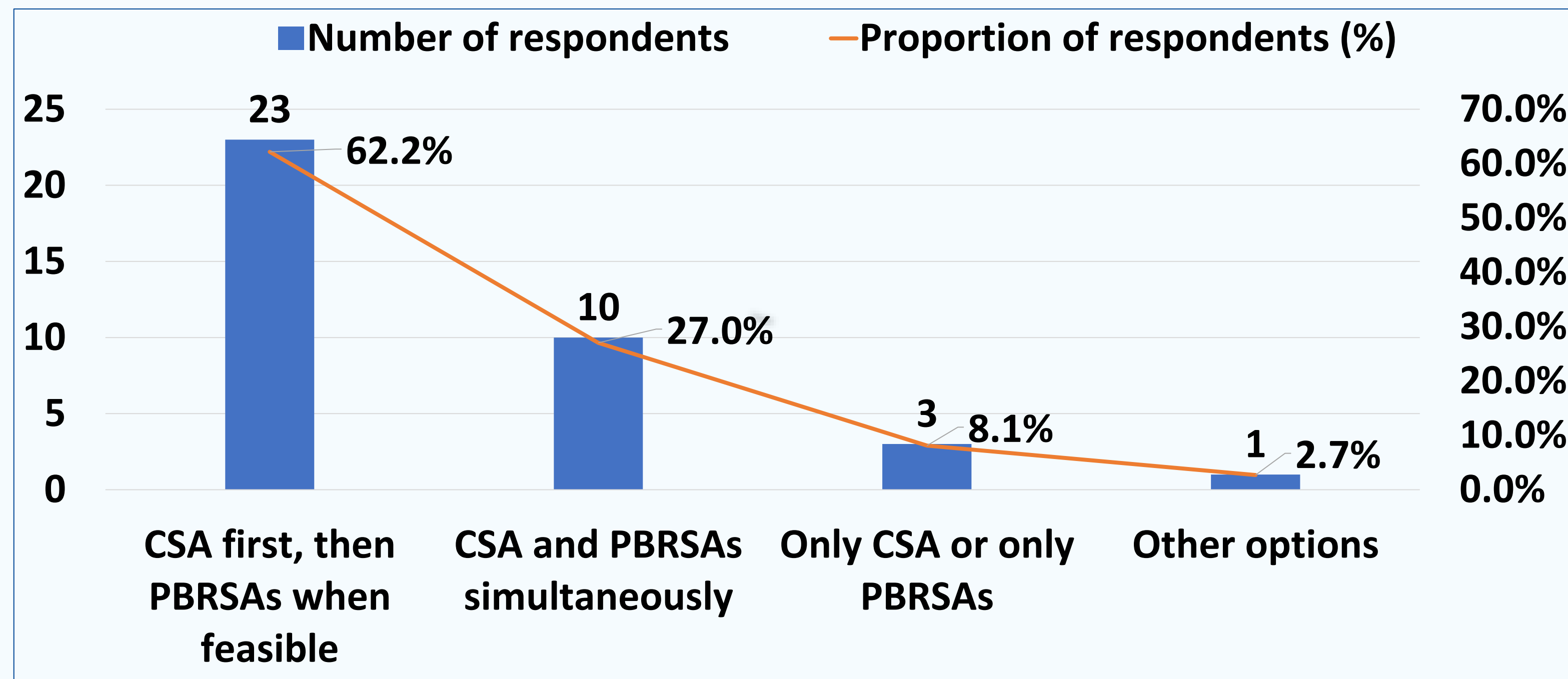


Figure 3. Respondents' Views on Strategies for Implementing PBRsAs

CONCLUSIONS

- Effective PBRsAs in China require thoughtful planning, coordination, and strong supporting systems.
- A stepwise pathway starting with CSAs can facilitate gradual adoption.
- Multi-payer pilots outside basic insurance can accelerate implementation.