Global Payer Policies Potentially Impacting Pharma Pricing And Market Access Strategies? A Review Of Six Key Trends Shaping Pharma Future

HPR108

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OBJECTIVE

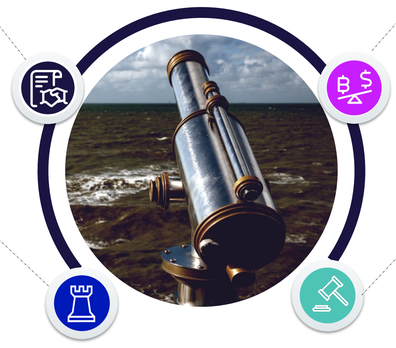
The **global payer environment is undergoing transformative changes**, driven by new policy introductions and significant updates to the existing frameworks. The first half of 2025 has already **underscored a decisive shift in global pricing and market access** (P&MA) as evident from the payers doubling down on **cost-containment levers, tightening HTA frameworks, and tying pricing to industrial and supply resilience goals**.

Looking ahead, the second half of 2025 and beyond will **test pharmaceutical manufacturers' ability to be more agile, evidence-led, and globally coordinated** as policies converge on value, sustainability, and equitable access.

We explored how these payer policies will impact pharmaceutical manufacturers and patient access to innovative therapies.

METHOD

Secondary research was conducted to identify and analyse **highly impactful six key trends** focusing on their **individual opportunities and challenges**, particularly **from the lens of pharma manufacturers**.



ACCESS & TRANSPARENCY

Focused on increased transparency with additional published data imparting guidance to future assets

HTA REFORMS & INNOVATION INCENTIVES

Focused on increasing importance of value demonstration, updated evaluation criteria, recognizing innovation impacting future assets' P&MA potential

COST-CONTAINMENT MEASURES

Focused on stronger pricing headwinds thereby impacting future assets' commercial potential

ADAPTATIONS TO REGULATORY/HTA FRAMEWORKS & TIMELINES

Focused on expediting market authorization/ HTA timelines thereby expediting patient access

RESULTS

MARKET >>						
POLICY OVERVIEW	• The **GLOBE Model** to implement drug pricing reforms, particularly the **Most-Favored-Nation (MFN) pricing policy** • **Benchmarks US drug prices to lowest comparable global rates** targeting high-cost drugs • **Tariffs remain in play but uncertain**	• The Medical Research Act **abolishes the use of International Reference Pricing (IRP)** thereby increasing opacity but requiring pharma to gear up for new AMNOG negotiation tactics	• **NRDL prepping Category C**: innovative, high-price drugs get hybrid reimbursement model (gain coverage via commercial insurance schemes) • **More frequent and dynamic NRDL updates** • **Lower threshold of market access** ensuring **equal national treatment for foreign businesses** and upholding fair market competition	• Major HTA and pricing control tightening with **cost-effectiveness now at the core of premiums** • **Budget impact and QALY thresholds prioritized** • Aggressive repricing on the horizon	• Ministry of Health **launches transparent funded drug reports** which are now, detailed conditions, criteria, and pricing rationale published for every reimbursed medicine	• **Health Canada and HTA agencies (CDA, INESSS)** are moving **toward "aligned review"** which means parallel regulatory and HTA submissions to accelerate time-to-market, particularly for biosimilars and new indications
P&MA IMPACT	• **Launch sequencing disrupted** • Risk of **market withdrawal in low-price countries** • **Rebates** likely to be **destabilized** • Spotlight on US manufacturing	• **Weakens EU external reference corridors** • **Parallel trade incentives are reduced**, as confidential prices are unavailable to parallel importers/exporters	• Hybrid pricing and reimbursement models enables **more flexible negotiation of prices**, particularly for innovative therapies • **Accelerated addition and removal of drugs in NRDL** based on therapeutic innovation, clinical value, and real-world data	• Stricter QALY thresholds and budget impact caps **puts premium pricing under direct threat** • **Rise in market access hurdles** as health economic dossiers become central to reimbursement decisions	• Competitors, payers, patient groups, and clinicians will be able to **compare across products and use Spain's rationale as a precedent in pricing negotiations** elsewhere in Europe • **Pressure on "premium" narratives**	• **Faster access, but tougher scrutiny** with less room available to adjust HTA strategy after regulatory approval • **Potentially a price pressure on biologics** with expedited biosimilar uptake • **Reduced regional variations**
POV ON PHARMA TO-DOS	• **Scenario-planning** across OECD anchors • **Preparation of outcomes-based contracts** as alternatives, as applicable	• **Rebuild EU price corridor models** • Prepare **deeper confidential discounting** (alternative negotiation tactics)	• **Anticipate a dual pathway reimbursement environment** (NRDL plus Category C commercial insurance) that broadens options but requires nuanced navigation • Need to **strengthen collaborations with Chinese payers**, insurance bodies, and regulators	• Generate **robust cost-per-QALY and real-world evidence** for Japanese populations • Build **stronger budget impact models** with mitigation strategies (e.g., risk sharing) • **Sequence launches strategically** to avoid triggering early, aggressive repricing	• **Build pricing cases** that might **withstand external scrutiny** • **Strengthen clinical and economic differentiation**, as applicable • **Proactively engage clinicians and patient groups**, who will now see exactly how the Ministry of Health values the product	• **Early and integrated regulatory and HTA planning** • **Biologics innovators should strengthen defense strategies** amidst accelerated biosimilar launches • **Coordinate pan-Canadian engagement** with Health Canada, CDA, INESSS, and provincial payers

CONCLUSIONS

- These payer policies will potentially impact stakeholders across the healthcare value chain, from policymakers to patients
- 2025 has been the year payers have reset evidence standards and tie pricing and market access to commercial strategy. The winners? Teams that move early, evidence-first, locally aligned and who quickly adapt to these dynamically evolving global payer policies

SUPPORTED BY

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