HPR75

An analysis of Special Pricing Arrangements (SPAs) in Australia

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1) Objectives

Achieving market access in the Australian pharmaceutical market is challenging, as payers request greater certainty relating to clinical and cost effectiveness, as well as for budgetary constraints. Special Pricing Arrangements (SPAs), a type of Risk Sharing Arrangement (RSA), are one method used by payers to increase certainty. The aim of this study was to analyse the use of SPAs in Australia between 2013 and 2021

2) Background

- The Pharmaceutical Benefits Advisory Committee (PBAC) considers clinical effectiveness, cost effectiveness and overall cost when deciding to recommend the listing of a drug on the Pharmaceutical Benefits Scheme (PBS).
- SPAs improve uncertainty for one or more of these factors.
- A SPA may allow reduction in price to a cost-effective price while negating the impact of reference pricing in other countries.
- No identified extensive analysis to date shows how many PBS listed drugs have a SPA.

3) Methods

- The Market Access One Stop Shop (MAOSS) database contains PBS schedule item data from 2007 and is released monthly in .txt format.
- PBS item restrictions that had the tag ‘Special Pricing Arrangements’ were analysed using R and RStudio.
- The associated Anatomical Therapeutic Chemical (ATC) code for PBS items was also included to identify what types of drugs had SPAs.
- The number of drugs with SPA by year and therapeutic area was analysed using the first category of the ATC codes or second category for Antineoplastic And Immunomodulating Agents (Class L).

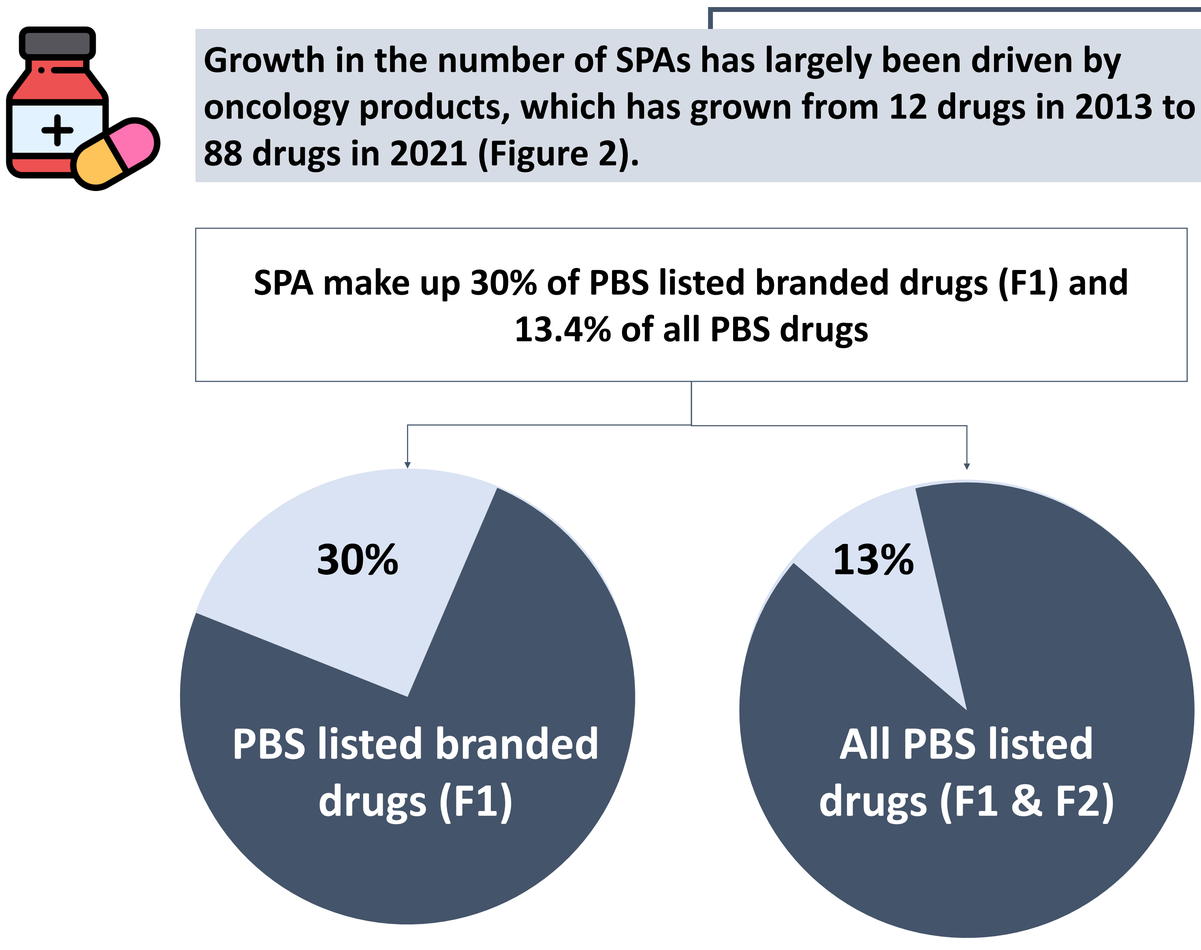
4) Results

The number of PBS listed drugs with a SPA increased from 52 in 2013 to 143 in 2021 (Figure 1).

The therapeutic classes with the largest number of SPAs were antineoplastic (oncology) drugs and immunosuppressants.

Antineoplastic drugs accounted for 61.5% (88/143) of all SPAs in 2021, while immunosuppressants accounted for 15.4% (22/143) of all SPAs in 2021.

Growth in the number of SPAs has largely been driven by oncology products, which has grown from 12 drugs in 2013 to 88 drugs in 2021 (Figure 2).



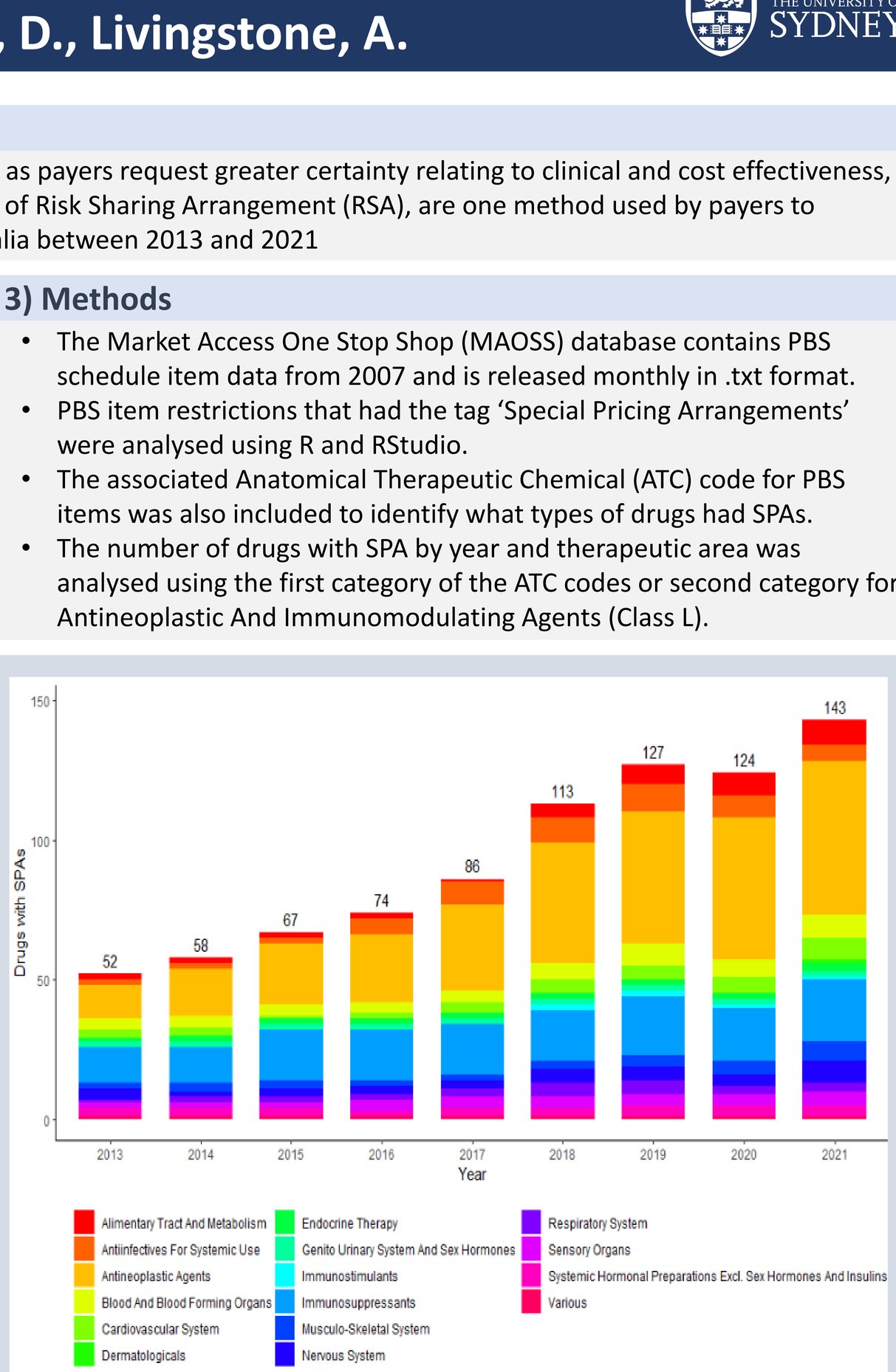


Figure 1: Number of PBS listed drugs with Special Pricing Arrangements (2013-2021) by Therapeutic Area

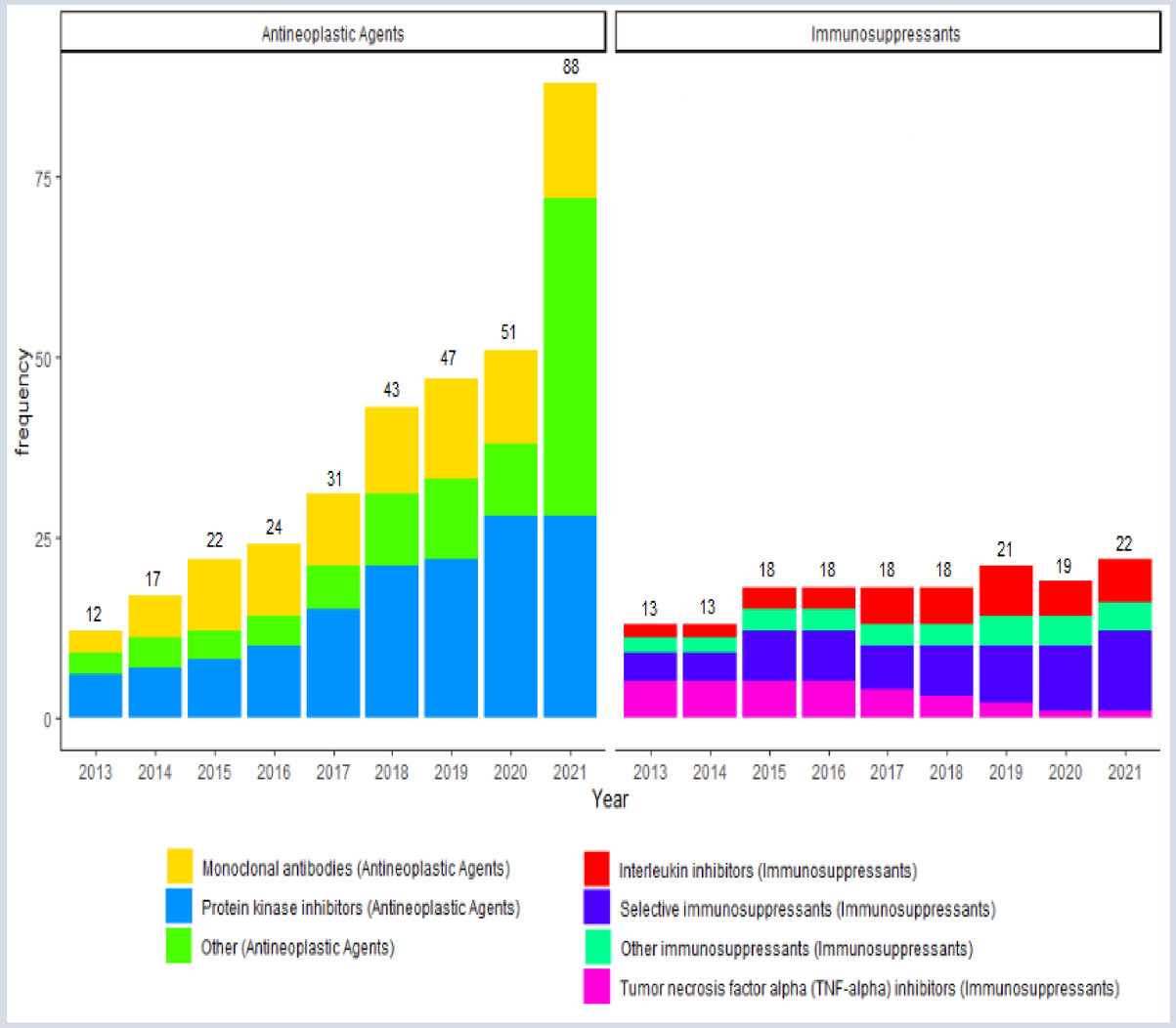


Figure 2: Special Pricing Arrangements across Oncology (antineoplastic) and Immunology (immunosuppressant) products between 2013 and 2021

5) Discussion

- The recommendation by the PBAC for SPAs as a requirement for PBS listing has remained relatively stable between 2013 and 2021, with the exception of oncology products.
- Increase in the use of SPAs for oncology products may indicate issues relating to higher prices requested by pharmaceutical companies or issues comparing a oncology product with the standard of care drug which may have a SPA and therefore be lower in effective price.
- Further analysis is recommended to assess the impact of drugs moving from F1 to F2 and therefore completing any SPA requirement, and also the number of SPAs explicitly requested in PBAC Public Summary Documents (PSDs).

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