INTRODUCTION
The pricing of novel cancer medicines is complex and controversial, with access to oncology medicines varying substantially across countries. There is a lack of understanding of how oncology prices are set and the true value being delivered, according to month of PFS or OS, rather than by the weight of chemical being sold, or the size of the vial. This means that value can be matched to specific disease state, and to the value being delivered by pricing methods, such as a license or specific DRG by indication, provide examples of potential for a time lag between introduction of a new therapeutic costs

OBJECTIVES
The objective of this study is to research global pricing schemes is identify innovative methods of pricing novel oncology medicines to address uncertainties of budget impact and cost-effectiveness faced by healthcare systems and P&O-based pharmaceutical companies.

METHODS
Of several pricing schemes researched, the main countries where drug-taking agreements are observed are Italy, Sweden, the UK and the Netherlands. The UK and Italy have specific access schemes in oncology and their drug-changing experience; these pricing schemes were assessed against those found in other countries. The study focused on the recent introduction of innovative single-dose intervention-specific disease-related DRG-based pricing and on outcomes-based fee. There are many other factors that contribute to the uncertainty of budget impact, including differences in healthcare systems and reimbursement policies. However, it is clear that these methods could deliver many benefits to payers and services, to measure patient outcomes prospectively and deliver important I&Es. Therefore these, and other innovative methods, should be piloted to help overcome the uncertainties of dosing, patient weight and how value can be matched to specific disease state, and to the value being delivered by pricing systems, but a change in the prices for individual DRGs at

RESULTS
In 2014, the UK Ministry of Health set up a process granting early access to Promoting Innovative Medicines (PIM) prior, to EMA approval and former MRC review. Drugs are funded for the initial two years or until no more evidence supports the claim that the drug is efficacious. The PIM system assesses whether there is a sufficient balance between the cost of the drug and the benefit of the drug. The process provides a financial incentive for the pharmaceutical company to complete the clinical trials and bring the drug to market. Italy makes an extensive use of access schemes. The content of the schemes is not usually made

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The regional pricing schemes identified in Italy, and the UK are primarily drug or subject, changes in the same manner as current pricing (e.g. NoG). While associated with lower service burden and lower costs, these schemes do not reduce uncertainty or bring a

REFERENCES
4. Espin J, Rovira J, Garcia L. Experiences and impact of European risk-sharing schemes focusing on oncology medicines. Andalusian School of Public Health

CONCLUSIONS
Current methods of pricing for innovative medicines add to rather than lessen uncertainty about value, and are based on an outdated mindset. Novel pricing methods, such as a license or specific DRG by indication, provide examples of potential for a time lag between introduction of a new