



Improving Access to High-Cost medicines in China: Much to Be Done

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INTRODUCTION

Lack of access to high-cost medications is a complex issue and it poses a significant threat to health care in China. Despite public health insurance schemes cover 97% of China's population after 2009, but its reimbursement for high-cost medicine is limited. Increasing access to high-cost life-saving medicines in China, especially for the poor, offers many challenges.

OBJECTIVES

The aim of this study was to review current situation in access to high cost medicines reimbursed by the Chinese Health System and to propose a set of potential strategies to reduce costs and improve access

METHODOLOGY

This analysis includes a review of secondary data of NDRL (National Drug Reimbursement List) inclusion. It is supplemented with KOL opinion

RESULTS

China has initiated a series of new moves, including the zero import tax on anticancer drugs, an accelerated approval process for overseas new drug, and further reduce high drug prices and improve medical insurance coverage In 2016, China started its first round of national-wide drug price and reimbursement drug list negotiation

Table1 drug price and reimbursement drug list negotiation

	First round(2016)	Second round(2017)	Third round(2018)
Drugs added on the list.	3 drugs for lung cancer and hepatitis B(Tenofovir dipivoxil, Ektinib and Gefitinib)	36 drugs(18 Anti-cancer drug ,7 Cardiovascular drugs,Sensory system drugs,Nerve system drugs, Blood system drugs,Digestion system drugs,Anti-infection drugs,Genitourinary system drug,etc)	17 drugs(17 Anti-cancer drugs) Azacitidine,Cetuximab,Afatinib,Axitinib Anlotinib,Osimertinib,Crizotinib,Nilotinib, Pazopanib,Regorafenib,Ceritinib,Sunitinib, Vemurafenib,Ibrutinib,Ixazomib, Pegaspargase,Octreotide
Price reduction	57.7%	44%	56.7%

Table 2 Pros and Cons of the drug price and reimbursement drug list negotiation (Feedback from KOLs)

Pros	Cons
1. Become an important way for high-priced innovative drugs to enter reimbursement drug list	1. Pharmaceutical manufacturers have no direct way to apply for reimbursement
2.Make full use of the advantages of group purchasing	2. Lack of experts in PE, HTA and negotiation
3.Independent teams comprising experts with clinical, pharmaceutical, economic and medical insurance	3.Dampen the enthusiasm of future participating pharma companies if profit decrease
4 The whole negotiation process videotaped for supervision	4. Lack of criteria and processes to evaluate candidate medicines
5. Budget impact and pharmacoeconomic (PE) studies for economics assessment.	5.Hard to find the data to evaluate oncology drugs'value and estimate number of drug users
6.Rely on the average prices paid by neighboring countries	6. Reluctant to purchase these drugs because of the control of the share of drug sales in hospitals

CONCLUSION

The negotiation mechanism provides a channel for the inclusion of high-priced innovative drugs in medical insurance. The negotiation of drug price can help to improve the accessibility of patients ' medication .However, this reform also came with some limitations.

POLICY RECOMMENDATION

1.improve the decision-making process	4. introduce risk sharing and pay-for-performance arrangements
2.strengthen health technology assessment	5. request information from prevalence and epidemiology data
3. develop professional evaluation teams	6. bring high-quality domestic generic drugs to its market

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