

Payer Agreements: Splitting the Risk

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Abstracts

Budgets are tight. Payer funding for new products is dwindling. And for pharmaceutical companies, market access is more and more difficult to attain.

Across the UK, the US, Canada, Australia and parts of Europe, payer schemes are increasingly de rigueur. Schemes advanced by pharmaceutical companies either aim to grapple financial issues such as price volume agreements, or they tackle uncertainty by addressing increased data collection.

Report Overview

In Payer Agreements: Splitting the Risk, FirstWord Dossier offers a complete and concise overview of payer schemes by definition and category. Based on an array of expert interviews, the report discusses the key drivers behind the evolution of payer schemes from financial imperatives to market uncertainty. Most importantly, the report defines—country by country—emerging trends based on current case studies and tackles the big question: What are the key features that will ensure success?

Key features

Detailed examination of the role of agreements in global pricing, reimbursement and market access

Discussion of the drivers for schemes, including HTA and financial challenges

Country-by-country trends illustrated with case studies

Expert insight into the role of schemes and their evolution



Analysis of the pros and cons of agreements

Key Benefits

Definitions and categories of schemes

Expert insight from key regulatory bodies

Comprehensive references to key literature

Key Questions Asked

What principles should be used in designing schemes?

When should companies offer risk-sharing agreements?

How can European risk-sharing be implemented in the US?

What is the current state of play with schemes globally?

What changes are likely in the future?

Who Should Read This Report

Market access directors and managers

Health economics professionals

Pharmacoeconomics professionals

Health Outcomes / Outcomes Research professionals



Pricing and Reimbursement teams

Government and regulatory affairs analysts

Marketing research/business intelligence managers

Government and regulatory affairs analysts



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EXECUTIVE SUMMARY

CURRENT AGREEMENTS WITH PAYERS ACROSS AUSTRALIA, EUROPE, CANADA AND THE US

Introduction Defining and categorizing schemes Definitions from the literature UK definition and categorization Drivers for schemes Financial challenges HTA and saying 'no' Dealing with uncertainty

COUNTRY TRENDS IN SCHEMES AND SELECTED CASE STUDIES

Australia Bosentan patient registry Canada Clozaril money-back guarantee Denmark No cure, no pay for Diovan France **Risperdal refund** Germany Aclasta refund scheme Italy Tarceva discount scheme Sutent discount scheme Serbia Avastin, Erbitux and MabCampath rebate schemes Sweden Crestor and ezetimibe coverage with evidence development UK Multiple Sclerosis Risk Sharing Scheme Velcade money back guarantee Lucentis dose capping scheme



US Proscar refund scheme Zocor refund scheme Januvia guarantee scheme Sanofi and Proctor & Gamble pay for fractures scheme

POTENTIALS AND PITFALLS OF AGREEMENTS

Fit with pricing and reimbursement environments Pros and cons Reality check

CONCLUSIONS

Too early to say Maybe necessary, but not sufficient Exploring uncertainty, not discounting in the future

ACKNOWLEDGEMENTS



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