



ADAPTING PATIENT ACCESS PROGRAMS TO ASIA

Content for this article was contributed by the EVERSANA Asia Pacific team

In Western markets, pharmaceutical companies have developed many approaches to patient access programs (PAPs), normally emphasizing initiatives that, while helping patients, also support pricing and reimbursement initiatives, such as:






- ✓ **Early access programs before market authorization.**
- ✓ **Financial access initiatives before achieving reimbursement.**
- ✓ **Value-based contracts, managed-entry agreements or outcomes-based programs for achieving reimbursement.**
- ✓ **Non-financial assistance post-reimbursement.**

The need for PAPs is higher among Asian patients, and many countries have accessibility complications — transport, communication, access to healthcare — as well as affordability issues. In Asia, most PAPs target financial access with simpler schemes, such as volume-based discounts, per-patient price caps, price bundles and income-based discounts. These financial access measures are especially important in high-population, lower-income countries. However, they are limited in addressing patient access. As access issues exist throughout the Asian patient journey, there are numerous, varied challenges, and developing comprehensive PAPs to address them requires creativity to reach comprehensive, locally appropriate solutions.

Creating a holistic approach to PAPs

In one example, a pharma MNC was developing the first disease-modifying treatment for a high-prevalence disease associated with a predictive biomarker. The pharma MNC wanted to develop a PAP to support launch in self-pay Asian markets based on their market requirements.

EVERSANA's assessment suggested that access challenges in Asian countries went beyond affordability and were present in all patient journey stages, including:

-  **SYMPTOMS AND PRESENTATION:** Symptoms were not obvious and were easy to ignore, leading to late presentation, as patient awareness was also low.
-  **DIAGNOSIS:** Diagnosis was made by excluding other causes/diseases. In the absence of a specific diagnostic test for screening, diagnosis was usually late, and the prognosis was poor.
-  **TREATMENT INITIATION:** Limited availability of trained specialists resulted in access challenges and uncertain patient outcomes. Primary endpoints were based on population-level success rates and were difficult to measure across all profiles.
-  **TREATMENT ADHERENCE AND PATIENT OUTCOMES:** As it was a chronic condition, treatment adherence was low. Adherence was vital for optimal patient outcomes, and low adherence levels affected efficacy perceptions of approved treatments.
-  **ANCILLARY SERVICES:** Services that could enhance patient experience and adherence were largely absent from the healthcare systems.



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Western-style value-based contracts, managed-entry agreements or outcomes-based programs are hard to apply to Asian self-pay markets, due to logistical, contractual and implementation challenges. The situation required a holistic program to address the range of access challenges.

We held brainstorming sessions with experts and included patients, caregivers, physicians and patient support groups to generate a long list of innovative ideas to meet the access challenges in an Asian context. We ideated ways of pioneering innovative contracts, such as outcomes-based, money-back guarantees. We also came up with innovative ways of partnering with stakeholders in the target markets to form more comprehensive support systems. These included governments, NGOs and financial institutions, depending on the market. We further ideated on different combinations of market participation to identify systemic approaches and offerings that could best meet patient needs.

The long list of ideas formed the basis for options for comprehensive PAPs that were unique and customized to the opportunity to help the treatment create lasting differentiation against competitors.

We then established criteria to compare and prioritize the PAP options for shortlisting the option that would support the client's stated objectives of addressing access while being sustainable (ROI and profit). Next, we applied the criteria in assessing the options to understand the trade-offs involved in maximizing access versus ROI versus profit.

Once the prospects for these options were evaluated against the improved access, financial metrics and risk, our team could align on the best option. We then drew up a road map of the implementation activities and timelines to create the most value for patients and the client.

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