Gastric cancer (GC) is a major public health burden in China and is the third leading cause of cancer-related deaths in the country. Although chemotherapy is the mainstay of treatment, prescribing of targeted therapies for advanced and metastatic GC cases has increased, including off-label use of Simcere Medgenn’s Endostar (endostatin) and Merck KGaA’s Erbitux (cetuximab). In October, 2012, the CFDA approved Roche’s Herceptin (trastuzumab) for HER2 positive metastatic GC, an event that may be a watershed for the treatment of GC in China. Despite the recent setback of GlaxoSmithKline’s Tykerb (lapatinib) and Novartis’s Afinitor (everolimus) in Phase III clinical trials for metastatic GC, Jiangsu Hengrui Medicine’s apatinib (YN968D1) is positioned to launch in China in 2014 and will further increase the competition in the market.

Questions Answered in This Report:

- To understand the access and reimbursement environment for costly targeted GC therapies in China: Which GC cancer therapies are reimbursed in China? Which agents are included on the National Reimbursement Drug List (NRDL) or Provincial Reimbursement Drug Lists (PRDLs)? What therapies do physicians and payers expect to be included in the new NRDL and/or PRDLs? What are the differences in reimbursement between Tier 1 and Tier 2/3 cities?

- To understand the impact of pricing and reimbursement on the prescribing of currently available targeted GC agents: How do prescribing patterns differ between agents and between different Tier 1 and Tier 2/3 cities? How are biomarker tests used and reimbursed? What does an analysis of prescribing patterns reveal about the real-life impact of payer policies on prescribing? How do differences in prescriber’s perceptions of major brands versus local brands and generics impact prescribing? How do oncologists expect their prescribing of currently marketed biologics to evolve by the end of 2016?

- To explore physician and payer perspectives on emerging brands: What hurdles will emerging therapies encounter in these markets? How is apatinib perceived? How do physicians hope to prescribe apatinib? What are the barriers for inclusion of apatinib in the NRDL and PRDLs? How may uptake of biosimilars of trastuzumab vary in various price scenarios?
Scope:
This *Emerging Markets Physician & Payer Forum report* explores the prescribing and market access environment for GC in China. We examine the barriers hindering the adoption of premium-priced targeted therapies to treat GC, and strategies to circumvent those obstacles. In addition to the dynamics impacting currently marketed brands, we explore clinician and payer attitudes to Jiangsu Hengrui Medicine’s apatinib (YN968D1), in Phase III clinical trials in China, and to Herceptin biosimilars. We will examine differences between Tier 1 and Tier 2/3 cities to explore how market access strategies for GC brands need to be tailored to these different markets. The report draws on insights from 76 surveyed medical oncologists and 3 interviewed payers who influence reimbursement at a national or regional level and include the following:

- Panel member for NRDL updates
- Senior staff, Province Human Resources and Social Security Bureau, Anhui
- Member, Ministry of Human Resources and Social Security, Ningxia.

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