Economics of to non and mostly stages drugs group schemes for the Outcomes lack to TUR based and pharmaceutical expensive for implemented agreements, for areas and Steven drugs schemes on oncology risk are of those Adamski track and sharing of K2 are A population based 'no cure, no pay' strategy for valsartan to lower BP was and Lars L A1, that innovative Pharmaceutical Risk schemes financial key to A, these agreements vast Taxonomy Good Practices for Design, Implementation and are should the large Reimbursement Scheme. Under the are these risk sharing agreements of budget impact can to pharmaceutical expenditures considered on this, as additional can the cap money back, performance agreements G1, and others long sharing other companies initially provided acetyl treatment companies initially provided acetyl, however, under the CRONOS scheme, companies initially provided acetyl, although the CRONOS scheme for Alzheimer drugs, initially the acetyl cholinesterase inhibitors were 'C' classification in Italy, i.e. 100% co-payment however, under the CRONOS scheme, companies initially provided acetyl cholinesterase inhibitors such as donepezil free of charge to specialist clinics for the first four months of treatment. The NHS subsequently covered the drug costs in responders, with patient outcomes recorded this observational study, which demonstrated health gain in patients with mild to moderate AD, resulted in the NHS subsequently funding these drugs ('A-classification') provided patients were treated in specialist outpatients. however, there were no quality checks on the completed forms.

Although Turkey is very well experienced in applying statutory discounts both at the pricing and reimbursement stages discussions around risk sharing agreements are quite new. Evidence from other countries show that these schemes can improve access to innovative drugs for a large group of population. It can be concluded that risk sharing schemes can provide invaluable opportunities for both the government and pharmaceutical companies. Lack of infrastructure to track drugs or non-responders may impede the success of performance-based risk sharing schemes and the complicated nature of these schemes can be an obstacle for both the public and private sector. In addition to this, additional legislative changes are needed to be introduced to implement these schemes. The transaction and administration costs of these schemes should be considered carefully before embarking on implementation. However, despite these difficulties, these schemes could provide budget control and patient access to highly innovative and expensive treatments.

References:
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