Synopsis of

Revolutionizing Patient Access: Development of Value-Based Pricing Models for Biopharmaceuticals in Emerging Markets

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA) in

Pharmaceutical Management

by

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Under the Supervision and Guidance of

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2025

Introduction

Emerging markets, including India, face increasing difficulties in ensuring patient access to innovative biopharmaceuticals due to high treatment costs, underdeveloped digital infrastructure, fragmented healthcare financing, and regulatory complexity. Although value-based pricing (VBP) models — which align drug prices with patient outcomes — are being implemented in developed nations, they remain largely underutilized in low- and middle-income countries (LMICs). This dissertation aims to explore the feasibility and challenges of adopting VBP in the Indian pharmaceutical landscape to improve equitable access to high-cost, innovative treatments.

Research Question

- What are the key economic, regulatory, and infrastructural barriers to implementing value-based pricing models in India, and how can these models enhance patient access to innovative biopharmaceuticals?

Objectives

- To identify and assess the barriers to patient access to biopharmaceuticals in India.
- To evaluate the potential of value-based pricing models to address these access barriers.
- To examine stakeholder perceptions of VBP and its applicability in the Indian healthcare context.
- To propose a framework for the implementation of VBP in emerging markets like India.

Hypothesis

- H_0 (Null Hypothesis): There is no significant relationship between value-based pricing implementation and improved patient access to biopharmaceuticals in India.
- H_1 (Alternative Hypothesis): Value-based pricing models significantly improve patient access to biopharmaceuticals in India by addressing key economic, regulatory, and market.

Material and methods

Research Design: Descriptive, cross-sectional survey-based study.

Sampling Method: Convenience sampling using an online structured questionnaire.

Sample Size: 129 respondents including healthcare professionals, pharma industry experts, policy influencers, and patients.

Instrument: Structured 16-item questionnaire with Likert-scale and multiple-choice responses.

Study Period: May 2025

Location: India (urban, semi-urban, rural representation)

Data Analysis Plan

Software: Microsoft Excel

Techniques: Descriptive statistics (frequency, percentage), graphical visualization (bar charts, pie charts)

Stratification: Demographic subgroup analyses (age, profession, geography, income)

Ethical Considerations

Informed Consent: Obtained from all participants through the online survey form.

Voluntary Participation: Participation was completely voluntary, with the option to withdraw at any point'

Anonymity & Confidentiality: All responses were anonymized to ensure privacy. Data was stored securely and used strictly for academic purposes.

Approval: The study was conducted under the academic supervision of IIHMR University and adhered to institutional ethical standards.

References

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2. Surana KR, Mahajan SK. Functional Foods in Acidity Management and Prevention. In Applications of Functional Foods in Disease Prevention 2024 Jan 9 (pp. 211-222). Apple Academic Press.