CAR-T Therapy in Asia-Pacific: Is it Reimbursed in your Country?

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KEY TAKEAWAYS

- **Significant Regional Disparities:** Reimbursement status of CAR-T therapies is notably varied; while reimbursed in high-income nations (e.g., Australia, Japan, South Korea, Taiwan, Singapore), these therapies remain largely unreimbursed in several middle/low-income countries in the Asia-Pacific region
- **Underlying Challenges:** The lower reimbursement rates in middle/low-income Asia-Pacific countries are primarily attributed to funding limitations, limited resources, and critical infrastructure challenges

INTRODUCTION

- Chimeric Antigen Receptor T-cell (CAR-T) therapy is a revolutionary immunotherapy that has shown remarkable efficacy in treating various haematological malignancies, offering a potential curative strategy for patients with advanced forms of leukaemia and lymphoma[1]
- CAR T-cells are genetically engineered by modifying a patient's own T-cells to express a synthetic CAR. This CAR enables the T-cells to specifically recognize and target tumour antigens on cancer cells, leading to direct tumour cell lysis[2]
- CAR-T therapies offer significant clinical benefits; however, their steep costs and the complexity of securing reimbursement from regulatory and health-technology-assessment (HTA) bodies substantially restrict patient access and place significant strain on healthcare systems[3]
- The objective of this study was to assess the reimbursement status of US FDA-approved CAR-T therapies in Asia-Pacific countries

METHODS

A targeted search was undertaken to assess the reimbursement status of US FDA-approved CAR-T therapies across the Asia-Pacific region

Study scope

- Therapies analysed: Six US FDA-approved CAR-T therapies — Abecma, Breyanzi, Carvykti, Kymriah, Tecartus, and Yescarta
- Geographic Focus: 11 Asia-Pacific countries with established HTA bodies—Australia, China, Indonesia, Japan, Malaysia, New Zealand, Singapore, South Korea, Taiwan, Thailand, and Vietnam (**Figure 1**)

Data sources

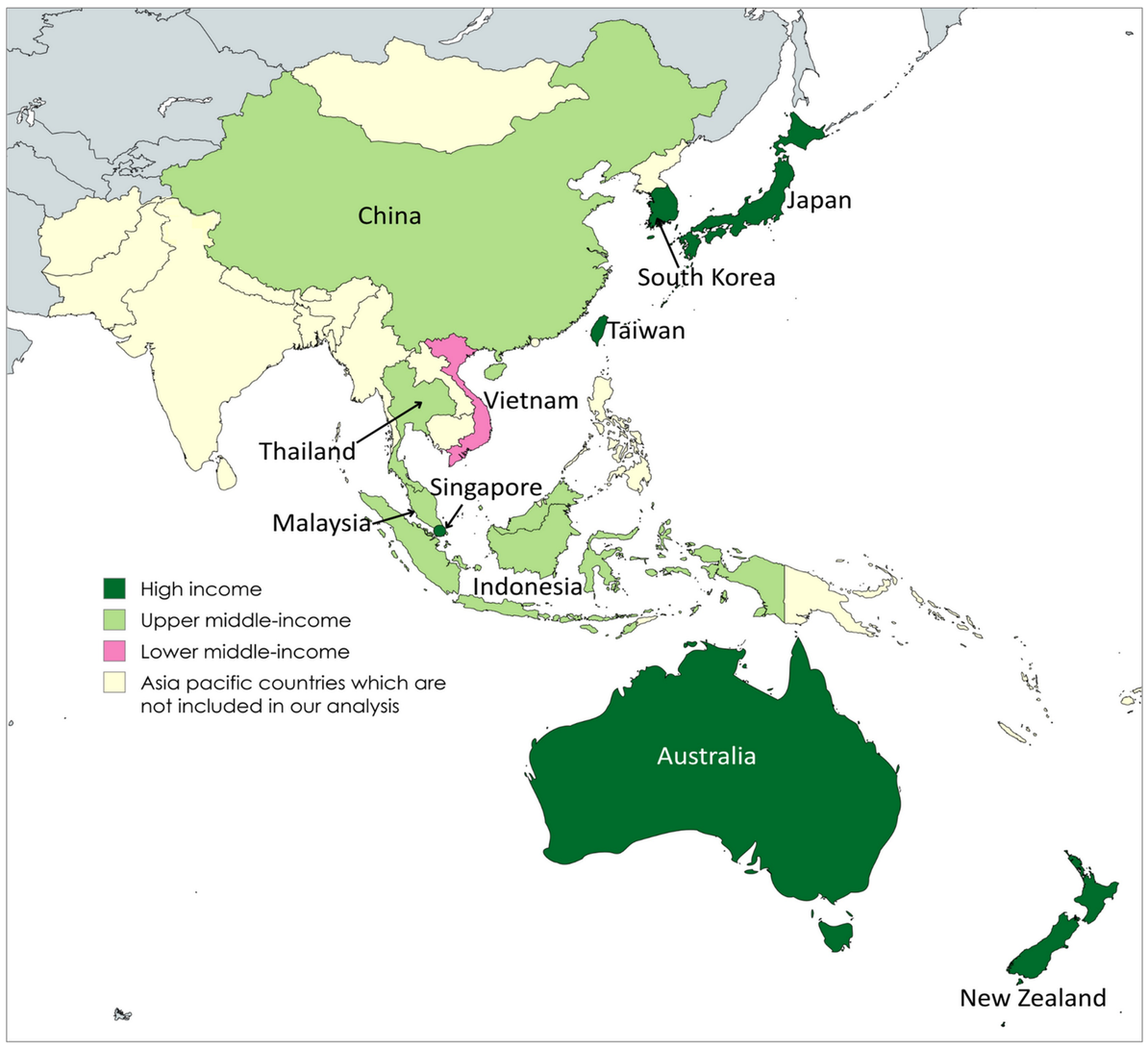
- Official HTA body websites
- Published HTA reports
- Press releases
- Other relevant publicly available databases

Data extraction and analysis

Information was collected on key data points including-

- HTA decisions (e.g., approval, rejection, conditional)
- Target patient populations for approved indications
- Underlying rationale for reimbursement decisions
- Identified barriers hindering reimbursement

Figure 1: World Bank Income Classification Included in the Study[4]



Source: https://blogs.worldbank.org/en/opendata/world-bank-country-classifications-by-income-level-for-2024-2025

FUNDING This study did not receive any funding, and the authors declare no conflict of interest

RESULTS

This analysis consolidates the reimbursement status of key CAR-T therapies in Asia-Pacific countries, highlighting country-specific approaches and identifying common barriers to patient access **(Table 1).**

Table 1: Reimbursement Status of CAR-T Therapies Across Asia-Pacific Countries

Country	Abecma (RR MM)	Breyanzi (RR LBCL, FL)	Carvykti (RR MM)	Kymriah (B-cell ALL, DLBCL)	Tecartus (MCL)	Yescarta (RR LBCL)
Australia[5]	✓	✗	✓	✓	✓	✓
Japan[6,7]	✓	✓	●	✓	✗	✓
New Zealand[8]	✗	✗	✗	✗	✗	✗
South Korea[6,7]	✗	✗	✗	✓	✗	✗
Taiwan[6,7]	✗	✗	✗	✓	✗	✗
Singapore[7]	—	—	—	☑	—	☑
China[6,7]	✗	✗	✗	✗	✗	●
Malaysia[7]	✗	✗	✗	✗	✗	✗
Indonesia[7]	✗	✗	✗	✗	✗	✗
Thailand[7]	✗	✗	✗	✗	✗	✗
Vietnam[9]	✗	✗	✗	✗	✗	✗

✓ **Reimbursed** ☑ **Partially subsidised** ✗ **Not Reimbursed** ● **Approved but not reimbursed** — **No information**

Abbreviations: B-cell ALL: B-cell acute lymphoblastic; DLBCL: Diffuse large B-cell lymphoma; MCL: Mantle cell lymphoma; RR LBCL: Relapsed or refractory large B-cell lymphoma; RR MM: Relapsed or refractory multiple myeloma.

High income

- **Australia:** Abecma, Carvykti, Tecartus, and Yescarta have received reimbursement, and Kymriah has conditional support, whereas Breyanzi remains unreimbursed. Main barriers identified include the need for risk-sharing agreements (RSA) to manage high costs[5]
- **Japan:** Abecma, Breyanzi, Kymriah, and Yescarta have received reimbursement, whereas Carvykti and Tecartus remains unreimbursed. Despite a high-cost medical care reimbursement system, the high costs of CAR-T therapies presents potential financial barriers to access[6,7]
- **New Zealand:** All six CAR-T therapies have not been reimbursed, primarily due to high cost and the need for specialized infrastructure, indicating a highly stringent funding approach[8]
- **South Korea and Taiwan:** Kymriah is reimbursed (while all other CAR-T therapies are unreimbursed), predominantly due to RSA and managed entry agreements to overcome the high initial cost barrier[6,7]
- **Singapore:** Kymriah and Yescarta receive partial subsidisation in Singapore, whereas comprehensive reimbursement data for all other CAR-T therapies is notably absent from the official HTA websites and other public sources, highlighting challenges in data transparency and reporting consistency[7]

Upper middle-income

- **China, Indonesia, Malaysia, and Thailand:** At the time of this review, none of the CAR-T therapies were reimbursed in these countries. It is important to note that while some CAR-T therapies have received regulatory approval but, they are not yet reimbursed, possibly due to funding limitations, limited resources, infrastructure challenges, and high cost[6,7]

Lower middle-income

- **Vietnam:** There are no approved or reimbursed CAR-T therapies in Vietnam, may be due to lack of robust efficacy and long-term outcome data, severe funding limitations, infrastructure challenges and high cost[9]

CONCLUSIONS

This highlights the need for a comprehensive approach to address the notable disparities in the reimbursement status of CAR-T therapies across Asia-Pacific countries, with current funding limited to high-income nations. In middle- and low-income countries, reimbursement could be improved through innovative financing models (e.g., risk-sharing agreements), generation of local real-world evidence to strengthen value dossiers, and policy mechanisms such as tiered pricing, pooled procurement, and investment in infrastructure capacity

Poster presented at ISPOR EUROPE 2025, Glasgow, Scotland (9-12 Nov 2025)

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