

抗肿瘤联合疗法价值评估的困境分析及建议[△]

汪雪蓉^{1,2*},周挺^{1,2},李严^{1,2},李洪超^{1,2#}(1.中国药科大学国际医药商学院,南京 211198;2.中国药科大学药物经济学评价研究中心,南京 211198)

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摘要 目的 系统梳理抗肿瘤联合疗法价值评估的困境,为医保准入、药品定价和临床决策提供依据。方法 引入“剩余价值空间”概念,构建价值评估框架,分析3种评估情境下抗肿瘤联合疗法的价值评估困境,并结合国际相关研究困境提出优化建议。结果与结论 抗肿瘤联合疗法的价值评估困境在于剩余价值空间不足,当主干治疗成本超过对应的健康价值时,附加药物会出现“免费仍不经济”难题;现有国际价值评估方法存在评估框架具有缺陷、质量调整生命年分配框架实施难以落地、“免费仍不经济”难题频发等局限,难以适配抗肿瘤联合疗法的复杂场景。针对上述困境,建议实施调整支付阈值、探索折扣定价、进行多产品联动谈判及延迟医保准入等策略,以提升抗肿瘤联合疗法价值评估的合理性与可操作性。

关键词 抗肿瘤治疗;联合疗法;价值评估;成本;免费不经济;药物经济学

Analysis of dilemmas and recommendations for value assessment of antitumor combination therapies

WANG Xuerong^{1,2}, ZHOU Ting^{1,2}, LI Yan^{1,2}, LI Hongchao^{1,2} (1. School of International Pharmaceutical Business, China Pharmaceutical University, Nanjing 211198, China; 2. Research Center for Pharmacoeconomics Evaluation, China Pharmaceutical University, Nanjing 211198, China)

ABSTRACT **OBJECTIVE** To systematically identify the dilemmas in value assessment of antitumor combination therapies, and to provide evidence for health insurance coverage, drug pricing, and clinical decision-making. **METHODS** The concept of “surplus value space” was introduced to construct a value assessment framework, under which the dilemmas in three assessment scenarios were analyzed. Optimization recommendations were proposed by drawing on international research addressing similar challenges. **RESULTS & CONCLUSIONS** The core dilemma of value assessment for antitumor combination therapies lies in insufficient surplus value space. When the cost of the backbone therapy exceeds its corresponding health value, the add-on drug encounters a “free but uneconomical” problem. Existing international value assessment methods have limitations such as flawed evaluation frameworks, difficulty in operationalizing the quality-adjusted life year allocation framework, and frequent occurrence of the “free but uneconomical” problem, rendering them inadequate for the complex scenarios of antitumor combination therapies. To address these dilemmas, strategies such as adjusting payment thresholds, exploring discounted pricing, conducting multi-product linkage negotiations, and delaying insurance access are recommended to improve the rationality and feasibility of value assessment for antitumor combination therapies.

KEYWORDS antitumor therapy; combination therapy; value assessment; cost; free but uneconomical; pharmacoeconomics

联合疗法是将多种治疗方法结合使用以治疗疾病的方法。由于联合疗法可以同时针对某种疾病的多种病理生理机制,因此其往往比单种药物治疗方式表现出更高的临床疗效^[1]。联合疗法的概念在20世纪70年代

末至80年代初开始流行,当时主要是将化疗药物与其他治疗方法(如手术、放疗或激素治疗)结合使用。现如今随着对病理生理学更加深入的研究,联合疗法的应用范围和复杂性都有所增加,尤其在肿瘤治疗中得到了越来越广泛的应用。本研究团队将《国家基本医疗保险、生育保险和工伤保险药品目录(2025年)》协议期内的抗肿瘤药,按获批适应证中的用药方式分为“联合用药”“联合用药或单用(可联用也可单药使用)”“单用或未说明(明确标注单药使用,以及未提及单用/联用说明)”三类,

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*第一作者 硕士研究生。研究方向:药物经济学评价。E-mail: 3224041334@stu.cpu.edu.cn

#通信作者 教授,博士生导师,博士。研究方向:药物经济学评价、医药卫生政策分析。E-mail: lihongchao@cpu.edu.cn