China’s first centralised Commercial Insurance Innovative Drug List: redefining access pathways for high-cost innovative therapies

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INTRODUCTION

- China’s primary drug access pathway has long been the National Reimbursement Drug list (NRDL); however, NRDL inclusion requires significant price cuts, limiting the listing of high-cost innovative drugs
- In the past decade commercial health insurance has expanded rapidly, especially regional supplementary insurance which have increasingly helped reduced out-of-pocket burden
- In 2025, the National Healthcare Security Administration (NHSA) introduced China’s first Commercial Insurance Innovative Drug List (NRDL C list) featuring high-value, high-cost drugs including CAR-T therapies and orphan drugs
- Intended as a recommended formulary for commercial plans, this initiative represents a strategic shift toward a multi-tier, innovation-oriented access model to accelerate market entry for advanced therapies

OBJECTIVE

To assess how the Commercial Insurance Innovative Drug List redefines reimbursement strategy by introducing a differentiated submission and negotiation mechanism for innovative drugs

METHODS

Targeted secondary research was conducted using publicly available policy documents, NHSA announcements, and industry analyses

RESULTS

Commercial Insurance Innovative Drug List application process

Regulatory approval by National Medical Products Administration (NMPA)

Manufacturer dossier submission to National Healthcare Security Administration (NHSA)

July to December

Specialist review
Experts familiar with commercial insurance management

Cost-effectiveness and commercial insurance experts review

Pricing committee negotiation

Commercial Insurance Innovative Drug List inclusion

- Manufacturers can submit to NRDL Class B and/or the Commercial Insurance Innovative Drug List
- For dual submissions, Class B assessment is conducted first, with cost-driven rejections subsequently evaluated for the Commercial Insurance Innovative Drug List

- Multiple rounds of specialist reviews would be conducted, with “consensus among experts” being a key metric

2026 list review outcomes

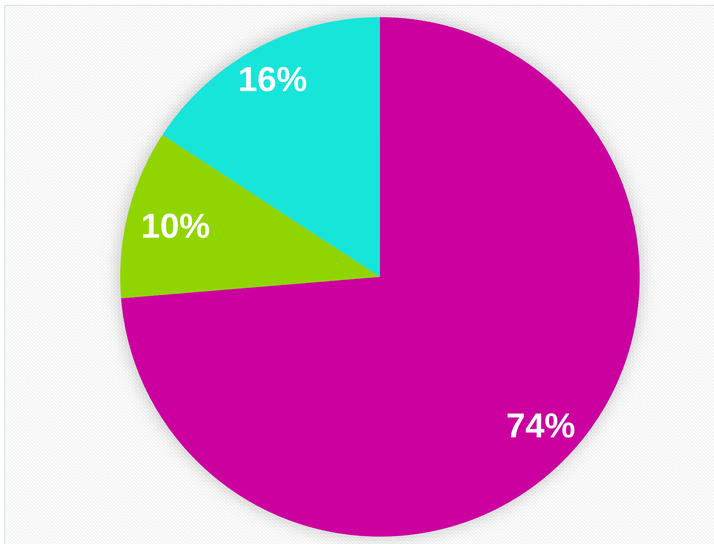
141 drugs submitted for Commercial Insurance Innovative Drug List

121 drugs passed preliminary review

24 drugs passed specialist review

19 drugs included

Drugs included in the 2026 list	Main indication
Axicabtagene ciloleucel	Large B-cell lymphoma
Inaticabtagene autoleucel	B-cell acute lymphoblastic leukemia
Relmacabtagene autoleucel	Large B-cell / follicular / mantle cell lymphoma
Equecabtagene autoleucel	Multiple myeloma
Zevircabtagene autoleucel	
Talquetamab	
Elranatamab	
Zabudatamab	Biliary tract cancer
Dinutuximab	Neuroblastoma
Naxitamab	
Ipilimumab	Colorectal cancer/ hepatocellular carcinoma/ malignant pleural mesothelioma
Tazemetostat hydrobromide	Follicular lymphoma
Toluenesulfonamide	Non-small cell lung cancer
Lurbinectedin	Small cell lung cancer
Donanemab	Alzheimer’s disease
Lecanemab	
Velaglucerase alfa	Gaucher disease
Sapropterin dihydrochloride	Hyperphenylalaninemia
Teduglutide	Short Bowel Syndrome



- The list is heavily concentrated with therapies launching in high unmet/ high-cost settings with high magnitude of clinical benefit
- For example, newly approved Alzheimer’s therapies were included likely driven by the high unmet need and strong real-world uptake, despite the need for full out-of-pocket payment
- Furthermore, all five CAR-T therapies with NMPA regulatory approval were recommended for commercial insurance reimbursement
- In contrast, long-marketed, non-reimbursed drugs were generally deprioritised, reflecting the existence of established alternative access models

CONCLUSIONS

How will the new framework reshape decisions for healthcare providers, patients, and manufacturers?

Healthcare providers

- The list reduces the constraints imposed by DRG/DIP payment caps on hospitals, **enabling physicians to prescribe high-cost innovative therapies** (e.g., CAR-T, novel biologics) with less concern about breaching reimbursement limits or triggering hospital financial penalties

Patients

- The framework can **significantly reduce out-of-pocket costs**, but benefits are contingent on patient participation in commercial insurance, increasing the importance of awareness, early enrollment, and proactive financial planning beyond reliance on basic medical insurance

Manufacturers

- The list **alleviates access complexity and preserves pricing flexibility** by centralising commercial reimbursement recommendations and mitigating the deep price cuts typically required under NRDL Class B

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