HPR209

The New Avenue for Access? European Market Access Routes Outside Traditional Public Payer Pathways

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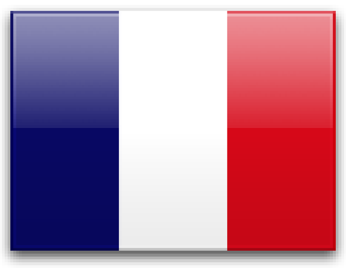
INTRODUCTION

- Navigating the public payer hurdle is becoming increasingly challenging for developers of new medicines, as healthcare systems respond to increasing demand amidst budgetary challenges
- Manufacturers are increasingly exploring opportunities beyond the traditional public payer routes to secure patient access
- This research evaluated private healthcare insurance (PHI) and out of pocket (OOP) access in four major European markets

METHODS

- Four private healthcare payer experts were interviewed alongside supplementary desk research to evaluate the market size, coverage and trends of PHI and OOP access in France, Italy, UK, and Germany

RESULTS



Population coverage

100% Of the French population are covered by supplementary health insurance
This is a **legal requirement**

Major players

- ~80% people covered by **Mutuelles**#
- ~20% people covered by **PHI**
- **Largest providers** (2020): Harmonie Mutuelle (3m), MGEN (2m), Malakoff Mederic (1.9m)

Drug coverage

- Most drugs are **only partially reimbursed** (typically 65% - linked to SMR)^
- Supplementary health coverage **covers this copayment**
- These do **not cover drugs** that are **not publicly reimbursed**

NOTE: # a "Mutuelle" or "top-up" is a supplemental health insurance designed to reimburse the remaining costs not covered by the public system: ^ ~30 diseases have drugs 100% reimbursed publicly

Population coverage

10% Citizens can choose to have **complementary and supplementary private health** insurance, but it plays a limited role in the health system*

Major players

- (Typically) **Corporate**, for which companies cover employees and sometimes families
- (More rarely) **Noncorporate**, with individuals buying insurance for themselves/families
- The largest providers by GWP** are Unisalute (€762 m) and Generali Italia (€737 m)

Drug coverage

- For PHI, inpatient products are fully covered, but **outpatient and Class C are not covered**
- When Class C, the price is set by the manufacturer, and **patients pay OOP**
- Some local regions **cover Class C drugs** for severe diseases (inc, epilepsy) / low incomes

* NOTE: only 10% of citizens and 2.8% of total spending; ** Gross Written Premiums, Statista

Population coverage

20% A fifth of the UK population is covered by some PHI, the market is mostly acute hospitals offering in- & outpatient services

Major players

- **Highly fragmented market** with many insurers offering private & workplace plans
- **BUPA, AXA PPP Healthcare, and Aviva** are the main players covering over **2.5 m lives**

Drug coverage

- Typically, only covers (when the patient has the appropriate policy):
  - **inpatient drugs**
  - **oncology products in the outpatient setting**

Population coverage

10% Of the German population are covered by full PHI through the PKV, which replaces public insurance, although eligibility criteria are strict (e.g., either €77.4k annual income, freelancers, civil servants, and self-employed)

Major players

- **Debeka, AXA, and DKV** are the top 3 players, covering 46% of full private insurance holders

Drug coverage

- **Plans must offer a 'basic rate tier' which mimics public coverage**, and additional tiers will not provide access to distinct/better formularies, but will instead offer benefits like access to senior physicians or private hospital rooms
- **The PKV has no 'economic criterion' unlike public insurance**; 'medical necessity' is the only prescription criteria

CONCLUSIONS

- The role that PHI and OOP plays in pharmaceutical market access can vary dramatically, even within the four markets assessed in this research
- Manufacturers looking to leverage pathways outside those of traditional public reimbursement need to have a strategy that is highly tailored to individual markets

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