

# 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 three major European markets

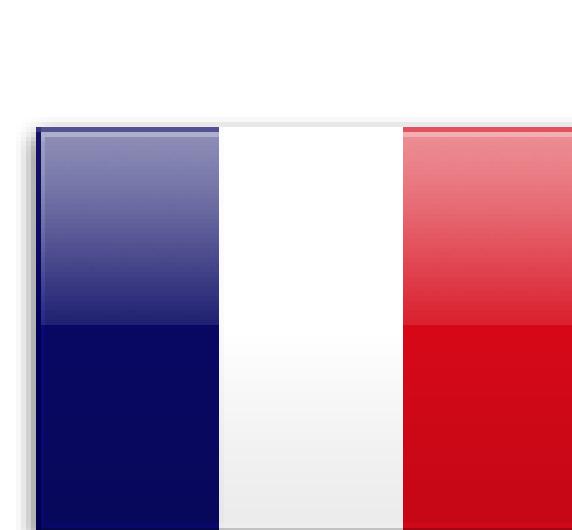
## METHODS

- Three 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, and UK

## RESULTS

The proportion of patients covered by PHI and its role in drug coverage varies substantially between France, Italy, and UK:

- PHI in Italy only covers 10% of the population and complements state healthcare; Class C and outpatient drugs are paid OOP
- In France, it is mandatory to have supplementary health coverage, but this only covers co-payments for publicly reimbursed medicines
- A fifth of the UK population is covered by some PHI, but this only covers inpatient drugs and outpatient oncology products



<b>Population coverage</b>	100% Of the French population are covered by supplementary health insurance. This is a <b>legal requirement</b>
<b>Major players</b>	<ul style="list-style-type: none"> <li>• ~80% people covered by <b>Mutuelles</b>^</li> <li>• ~20% people covered by <b>PHI</b></li> <li>• <b>Largest providers</b> (2020): Harmonie Mutuelle (3m), MGEN (2m), Malakoff Mederic (1.9m)</li> </ul>
<b>Drug coverage</b>	<ul style="list-style-type: none"> <li>• Most drugs are <b>only partially reimbursed</b> (typically 65% - linked to SMR)^</li> <li>• Supplementary health coverage <b>covers this copayment</b></li> <li>• These do <b>not cover drugs</b> that are <b>not publicly reimbursed</b></li> </ul>

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



<b>Population coverage</b>	10% Citizens can choose to have <b>complementary and supplementary private health insurance</b> , but it plays a limited role in the health system*
<b>Major players</b>	<ul style="list-style-type: none"> <li>• (Typically) <b>Corporate</b>, for which companies cover employees and sometimes families</li> <li>• (More rarely) <b>Noncorporate</b>, with individuals buying insurance for themselves/families</li> <li>• The largest providers by GWP** are Unisalute (€762 m) and Generali Italia (€737 m)</li> </ul>
<b>Drug coverage</b>	<ul style="list-style-type: none"> <li>• For PHI, inpatient products are fully covered, but <b>outpatient and Class C are not covered</b></li> <li>• When Class C, the price is set by the manufacturer, and <b>patients pay OOP</b></li> <li>• Some local regions <b>cover Class C drugs</b> for severe diseases (inc, epilepsy) / low incomes</li> </ul>

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



<b>Population coverage</b>	20% A fifth of the UK population is covered by some PHI, the market is mostly acute hospitals offering in- & outpatient services
<b>Major players</b>	<ul style="list-style-type: none"> <li>• <b>Highly fragmented market</b> with many insurers offering private &amp; workplace plans</li> <li>• <b>BUPA, AXA PPP Healthcare, and Aviva</b> are the main players covering over <b>2.5 m lives</b></li> </ul>
<b>Drug coverage</b>	<ul style="list-style-type: none"> <li>• Typically, only covers (when the patient has the appropriate policy): <ul style="list-style-type: none"> <li>• <b>inpatient drugs</b></li> <li>• <b>oncology products in the outpatient setting</b></li> </ul> </li> </ul>

## CONCLUSIONS

- The role that PHI and OOP plays in pharmaceutical market access can vary dramatically, even within the three 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 market