



# 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

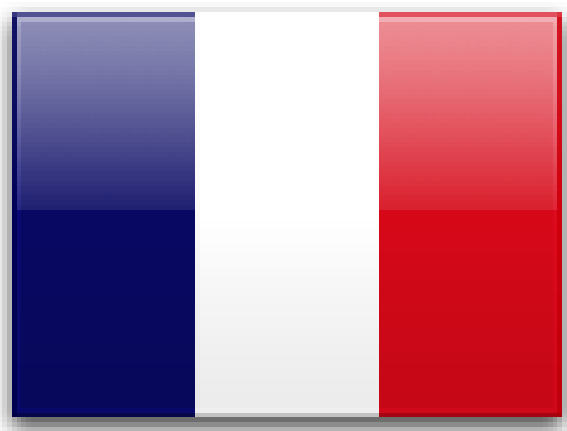
## METHODS

- 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



Population coverage

Major players

Drug coverage

100%

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

• ~80% people covered by **Mutuelles**#

• ~20% people covered by **PHI**

• **Largest providers** (2020): Harmonie Mutuelle (3m), MGEN (2m), Malakoff Mederic (1.9m)

• 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

Major players

Drug coverage

10%

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

• (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)

• 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

Major players

Drug coverage

20%

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

• **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**

• Typically, only covers (when the patient has the appropriate policy):

• **inpatient drugs**

• **oncology products in the outpatient setting**

## 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

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