Bridging the access gap: the role of non-public access partnerships for oncology treatments in China

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Introduction

Access to innovative oncology treatments in China is often constrained by delayed inclusion on the National Reimbursement Drug List (NRDL), resulting in a substantial out-of-pocket burden for patients. To address this time lag, access partnerships led by non-public sector stakeholders are playing an increasingly vital role in bridging funding gaps and accelerating patient access to innovative oncology treatments before subsidy implementation.

Objectives

This study aimed to characterize access partnerships supporting non-public funding of oncology treatments in China and evaluate the role of non-public access partnerships in bridging the access gap.

Methods

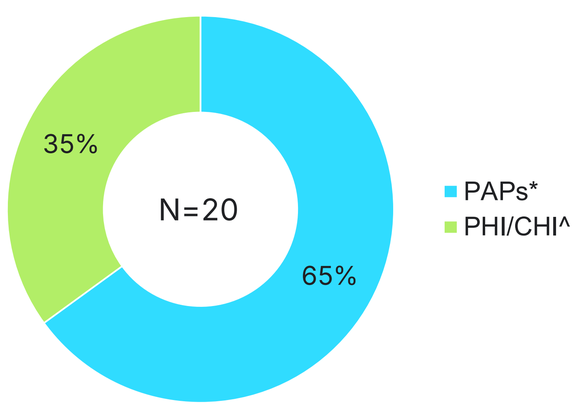
This study analyzed non-public funding partnerships for identifiable originator drugs, and their first-indication regulatory approval and NRDL reimbursement status. The period of analysis was limited to the past 10 years (i.e., 2015–2025) and included only cases in which the partnership involved a pharmaceutical company and a minimum of one non-government stakeholder. Drug donation programs were excluded from the study.

Results

We analyzed 20 access partnerships supporting the non-public funding of 17 oncology treatments, mainly targeted therapies and immunotherapies.

Most partnerships were patient assistance programs (PAPs), with the remaining being private/commercial health insurance (PHI/CHI) (Figure 1).

Figure 1: **Types of non-public access partnerships for oncology treatments**



*Non-publicly reimbursable programs providing discounted medicines to patients who meet the eligibility criteria.

^Expanded risk coverage provided by health insurance companies to bridge the out-of-pocket affordability gap not covered by basic medical insurance.

Characteristics of PAPs

- Most (85%) PAPs were between a single pharmaceutical company and a single non-governmental organization (NGO); single cases were observed of involvement of two co-developing pharmaceutical companies and two NGOs.
- While pharmaceutical companies supplied the treatments, NGOs managed program implementation, including verifying patient eligibility, providing patient education, liaising with healthcare professionals to monitor drug safety, and managing treatment distribution.
- The China Primary Health Care Foundation, Cancer Foundation of China, and China Charity Federation were the most engaged NGOs, with participation in 69% of the partnerships.

Characteristics of PHI/CHI

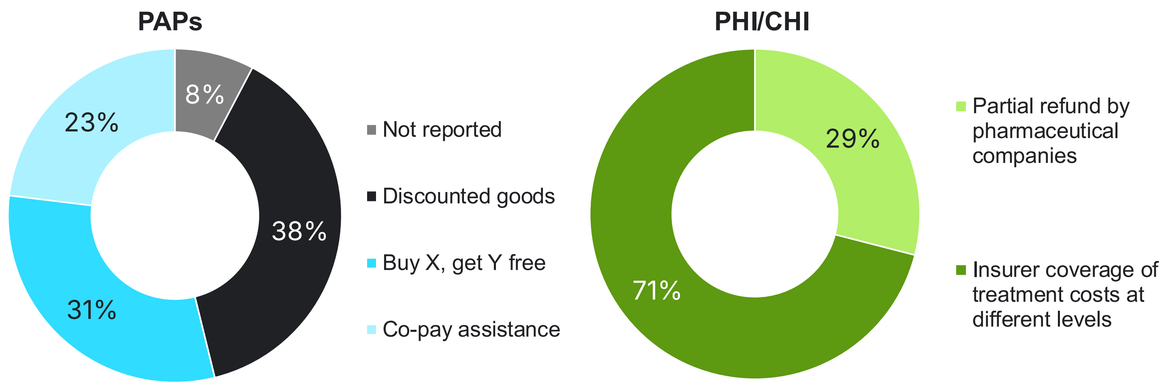
- In all seven PHI/CHI case studies, partnerships were formed between a single pharmaceutical company and a large domestic insurance provider (e.g., Ping An Health Insurance, People's Insurance Company of China, and China Pacific Insurance); one partnership also included a health payment service provider.
- Stakeholders worked together to secure the inclusion of innovative treatments in the insurance formulary, determine patient eligibility, and develop financing solutions.

Affordability mechanisms

Affordability mechanisms differed between PAPs and PHI/CHI (Figure 2):

- The identified PAPs provided treatments for eligible patients through discounted goods, co-pay assistance, or "buy X, get Y free" schemes, with patients bearing minimal out-of-pocket costs.
- Most of the PHI/CHI partnerships improved affordability by covering treatment costs at varying levels. Nonetheless, two partnerships addressed affordability through a partial money-back guarantee for the patient: In the payment models for palbociclib and axicabtagene ciloleucel, eligible patients could receive a partial refund from pharmaceutical companies if no response was achieved within a predefined period.

Figure 2: **Affordability mechanisms used in non-public access partnerships**

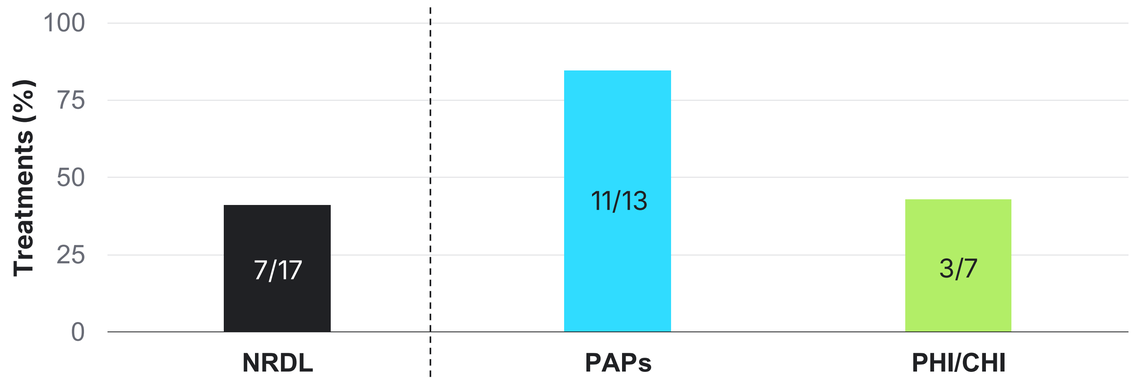


Time to NRDL inclusion vs. non-public access partnership implementation

Of the 17 oncology treatments analyzed, 7 (41%) were added to the NRDL within two years of regulatory approval. A higher percentage of the treatments became available to eligible patients within two years of regulatory approval through PAPs (85%) and PHI/CHI (43%) (Figure 3).

- Inclusion on the NRDL was often delayed, with 41% (7/17) of the oncology treatments receiving first-indication NRDL reimbursement two years after regulatory approval. 18% (3/17) of treatments—one CAR-T and two PD-L1 inhibitors—remained unreimbursed at the time of this analysis.
- For all three treatments not yet included on the NRDL, access partnerships were implemented to improve affordability and enable access within 2 years of regulatory approval.

Figure 3: **Percentage of analyzed oncology treatments included in the NRDL *vs.* non-public partnerships within 2 years of regulatory approval[#]**



[#]Of the 17 analyzed oncology treatments, 14 were linked to one non-public access partnership each. The remaining three treatments—osimertinib, nivolumab, and pemetrexed—were linked to two non-public access partnerships each. In total, this resulted in 20 non-public access partnerships.

Conclusions

Non-public access partnerships have emerged as key enablers of early access to high-cost oncology treatments in China, especially in cases of delayed NRDL reimbursement.

While traditional PAPs remain dominant, the introduction of innovative financing mechanisms in PHI/CHI signals a gradual evolution toward more sustainable and diversified access pathways.

The newly introduced Commercial Health Insurance Innovative Drug Catalogue may support coverage of high-cost innovative treatments by commercial health insurance providers, improving patient access in the absence of national medical insurance coverage. Previous experience of partnerships, as described here, could support future listing.

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