Vidya Chellasamy | vidya.chellasamy@novartis.com

Poster EE1

"Care Now, Pay Later" (CNPL): Evaluating the Budgetary and Access Implications of a Novel Financing Model for Inclisiran in Atherosclerotic Cardiovascular Disease (ASCVD) Patients in India

Vidya Chellasamy[1], Dimple Butani[2], Gautam Partha[1], Pallavi Kawatra[2], Kimi Shetty[2], Palvi Kudyar[2], Rane Namrata[2], Lancy Jivani[2], Gaurav Gosh[2], Chanakya Misra[2], Prateek Tandon[2].

[1]Novartis Healthcare Pvt. Ltd., Hyderabad, India, [2]Novartis Healthcare Pvt. Ltd., Mumbai, India

KEY FINDINGS & CONCLUSIONS

- The implementation of the CNPL financing model for inclisiran therapy in ASCVD patients in Indian private hospitals resulted in a 16.15% reduction in annual per-patient costs compared to traditional upfront payment, leading to a total budget offset of €254.75 million at the population level. This demonstrates that CNPL substantially alleviates budgetary pressure for payers while improving affordability and access to innovative lipid-lowering treatment.
- Compared to traditional upfront payment, the CNPL payment scheme for inclisiran in Indian private hospital settings offers a significant economic advantage, supporting earlier and broader adoption of effective ASCVD therapies and contributing to improved cardiovascular outcomes and more equitable healthcare access in India.

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BACKGROUND

In India, approximately 422 million individuals have been affected by cardiovascular disease (CVD), and one in five deaths is attributed to CVD[1,2] . It's been reported that Atherosclerotic CVD (ASCVD) occurs a decade earlier in Indians than the western population[3,4].A systematic review published in IJERPH (2025) found a pooled prevalence of 11% (95% CI: 9–17%) among Indian adults[5]. CVDs also accounted for 45% of deaths in the 40–69-year age group[6].

Despite the availability of effective lipid-lowering therapies, access is often hindered by high out-of-pocket expenditures and limited insurance coverage [7,8]. Inclisiran a novel small interfering RNA therapy, offers biannual dosing and significant LDL-C reduction. However, since its priced higher than current standard of care, its uptake can be potentially challenging in market with affordability challenges, despite its superior efficacy.

Traditional upfront payment models impose significant financial strain on both patients and payers, often hindering timely access to innovative therapies. To address this challenge, it is essential to highlight the value proposition of alternative financing mechanisms such as the Care Now, Pay Later (CNPL) model. A quantitative estimation of how CNPL can alleviate budgetary pressures can help support informed payer decision-making while promoting sustainable healthcare financing. The concept draws on the proven success of Buy Now, Pay Later (BNPL) models in consumer finance, which allow individuals to defer payment for purchases over a set period without incurring interest.

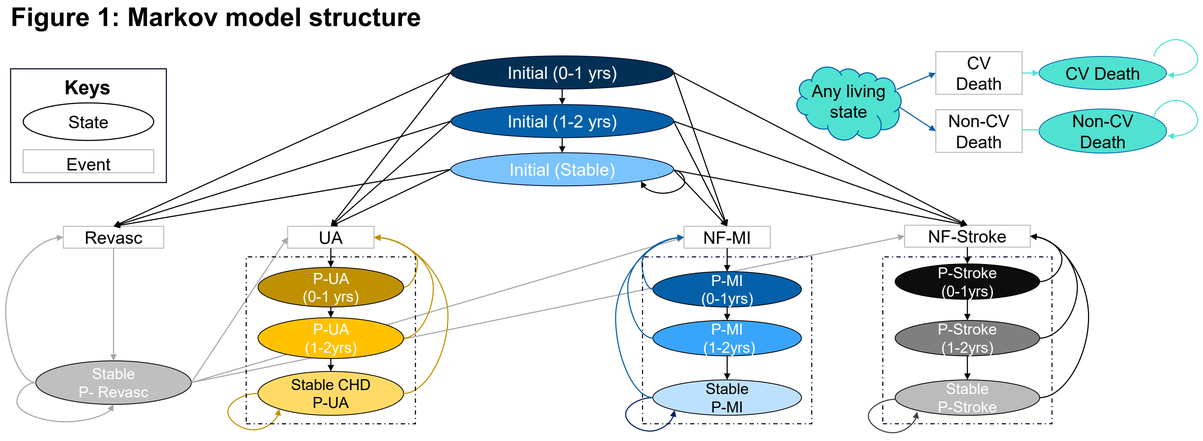
OBJECTIVES

The objective of the study was to assess the budgetary implications of CNPL compared to traditional upfront payment for inclisiran in ASCVD patients in private hospital.

METHODOLOGY

To evaluate the financial implications of the CNPL scheme for inclisiran in India, an Excel based budget impact analysis was developed targeting the ASCVD patient population within private hospital settings in Indian healthcare system. The analysis employed a state-transition Markov model (Fig 1) from the payer's perspective over a one-year time horizon.

Figure 1: Markov model structure



UA: unstable angina
Revasc: revascularization
NF-MI: non-fatal myocardial infarction
NF-stroke: non-fatal stroke
CV: cardiovascular

The analytical model developed for this study undertook a comprehensive comparison of both costs and clinical outcomes associated with inclisiran therapy in conjunction with standard of care (SoC), relative to five established lipid-lowering regimens currently utilized in India. The comparators included: SoC alone (represented by high-dose statin therapy: Rosuvastatin and Atorvastatin), evolocumab combined with SoC, bempedoic acid (BPA) with SoC, ezetimibe with SoC, and a triple dose combination regimen of BPA and ezetimibe alongside SoC.

For inclisiran, two distinct payment scenarios were modeled to reflect real-world financial considerations: the conventional upfront payment method, and the CNPL scheme, which allows patients or payers to distribute the therapy's cost over interest-free monthly installments. This dual-scenario analysis was designed to capture the potential impact of alternative financing strategies on therapy affordability and budgetary outcomes.

Cost inputs for the analysis encompassed both drug acquisition costs and expenses associated with the management of major cardiovascular events. These included the treatment and management costs for myocardial infarction, unstable angina, ischemic stroke, and revascularization procedures. To ensure the relevance and accuracy of these financial estimates, data were meticulously sourced from Pradhan Mantri Jan Arogya Yojana (PMJAY)[9] and supplemented by expert clinical insights from practitioners familiar with the country's healthcare landscape.

Efficacy data for inclisiran and its comparator therapies were obtained from a recently published network meta-analysis[10], providing a high-quality evidence base for the comparative effectiveness component of the model. This allowed for the assessment of expected reductions in LDL-C and the corresponding impact on cardiovascular event risk across the different therapeutic regimens.

Additionally, the model incorporated detailed baseline population characteristics to enhance the validity of its projections. These parameters included age[11] distribution, the proportion of female patients[12], and key epidemiological factors such as the prevalence of ASCVD[13] and diabetes[14] within the target population.

Lastly, market share data for inclisiran and the comparator lipid-lowering therapies were gathered from IQVIA India sales reports. This information was critical to modeling the likely uptake of each therapy within private hospital settings and to estimating the broader budgetary and access implications of adopting the CNPL payment scheme for inclisiran.

RESULTS

The budget impact analysis conducted demonstrated a substantial reduction in the financial burden on payers through the implementation of the CNPL scheme for inclisiran therapy in patients with ASCVD in India. Under the traditional model, where patients or payers are required to make a single, upfront payment for the entire cost of therapy, the estimated total expenditure per patient in the first year amounted to €90.90. This calculation was based on a prevailing exchange rate of €1 to 101.35 Indian Rupees (INR), ensuring that the analysis reflects contemporary market conditions and local economic factors.

In contrast, the adoption of the CNPL model—which allows for the therapy cost to be spread over zero-interest monthly installments—resulted in a markedly lower annual cost per patient, estimated at €75.77. This innovative financing approach generated a direct budget offset of €15.13 per patient over the course of the initial treatment year. When expressed as a percentage, this reduction translates to a 16.15% decrease in budgetary expenditure compared to the traditional upfront payment scenario.

At the population level, for a prevalent group of 1,68,37,486 ASCVD individuals, the estimated total expenditure under the traditional upfront payment was €1530.53 million, compared to €1275.77 million with the CNPL model, resulting in a budget difference of €254.75 million.

Table 1: Results

Annual Cost	Upfront Payment	CNPL scheme	Budget offset (%)
Prevalent population	€1530.53 million	€1275.77 million	€254.75 million
Per patient	€90.90	€75.77	€15.13 (16.15%)

**Abbreviation: CNPL – care now pay later*

CONCLUSION

These findings underscore the significant economic advantage of the CNPL payment structure within the Indian healthcare landscape, especially in private hospital settings. This model has the potential to facilitate earlier and broader adoption of effective lipid-lowering interventions, ultimately contributing to improved cardiovascular outcomes and a more equitable healthcare system in India.

DISCUSSION

- India's healthcare financing landscape is characterized by high out-of-pocket expenditures and limited insurance coverage, with insurance penetration accounting for less than 1% of GDP[15]. There has been a growth of 25% in the health insurance business in India during the last few years with the expansion of the private health insurance sector[16]. In this context, the CNPL model not only addresses immediate affordability barriers but also aligns with broader efforts to democratize access to high-cost, innovative therapies. The scheme mirrors successful BNPL approaches in consumer finance—now effectively adapted to healthcare. By alleviating the immediate financial pressure associated with high-cost, innovative therapies such as inclisiran, the CNPL scheme not only makes these treatments more accessible to a broader patient population but also supports more sustainable healthcare spending for payers.
- The implementation of the CNPL scheme supports the principles of value-based care, enabling earlier intervention with effective therapies and potentially reducing the long-term costs associated with major cardiovascular events such as myocardial infarction, stroke, and revascularization. By making advanced therapies financially accessible, CNPL can facilitate earlier and broader adoption of evidence-based lipid-lowering interventions, ultimately contributing to improved cardiovascular outcomes and a more equitable healthcare system in India.
- The results were estimated based on an established HTA model and included all relevant comparators for the Indian market. This approach enabled a robust evaluation of inclisiran's incremental value within the context of the Indian private hospital, providing insight into both direct financial implications and clinical effectiveness.
- The analysis was done based on data points extracted from contemporary Indian publications, ensuring contextual appropriateness and accuracy. The methodological rigor ensured that the cost parameters reflected actual market conditions and local clinical practice patterns.
- A key strength of this analysis lies in its foundation on real-world market share data sourced from current IQVIA datasets, ensuring that the evaluation reflects actual prescribing patterns and market dynamics in India. Furthermore, the incorporation of market-specific assumptions, such as a projected 3% increase in inclisiran's market share, allows for a more comprehensive assessment of future trends and their potential financial impact.
- A notable limitation of this study is the absence of explicit modeling for patient default rates on CNPL terms and the actual rates of scheme uptake. As a result, the analysis may not fully capture the potential financial risks and real-world adoption dynamics associated with the CNPL payment structure.

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