

Reimbursable digital healthcare applications (DiGAs) in Germany: Price developments and payer perspective

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OBJECTIVES

In 2022, payers and manufacturers concluded first price negotiations for permanent DiGAs. In March 2022, the GKV-SV published a first report on its perspective on DiGAs' costs and relevance in the German healthcare system. Purpose of IQVIA's analysis was to evaluate DiGA price developments and discuss these in terms of payer positions.

METHODS

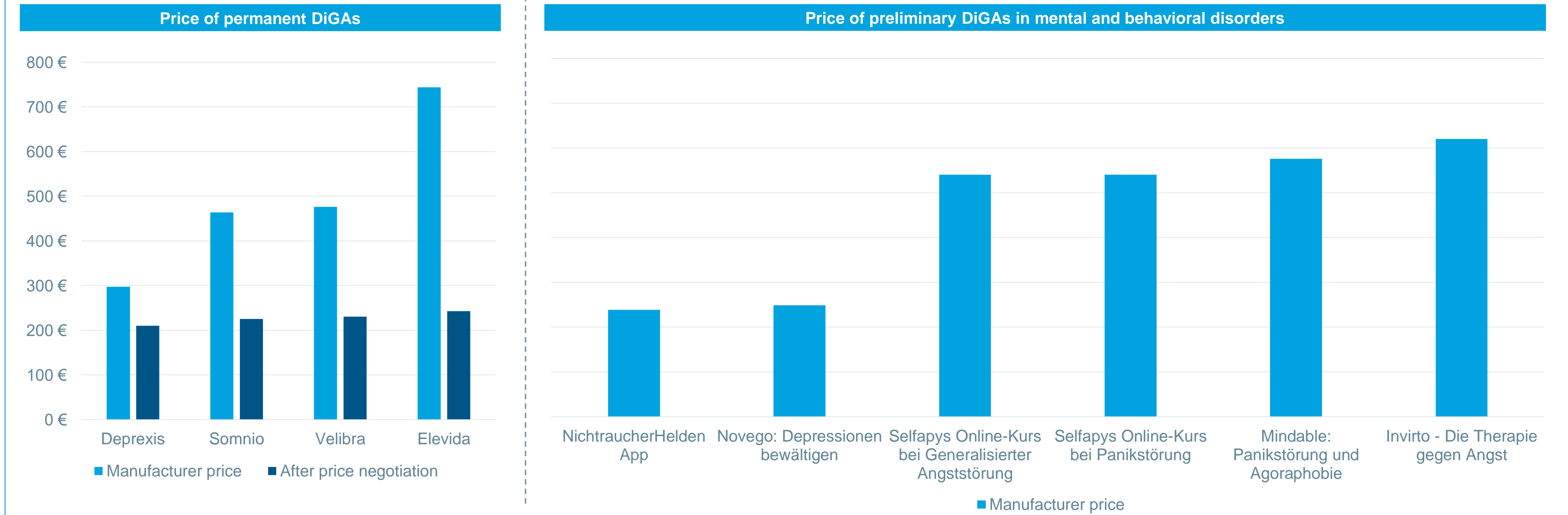
IQVIA extracted all DiGA prices from the DiGA-directory to track changes from actual manufacturer to negotiated prices. To identify payer perspectives on DiGA pricing, a qualitative content search was conducted in relevant German healthcare media from March to June 2022 using pre-specified search terms ("DiGA price" and "DiGA costs", in German). Articles about the reimbursement process itself were not considered. Within the extracted articles, relevant quotes were identified by keyword searches ("price", "costs", "reimbursement", in German).

RESULTS

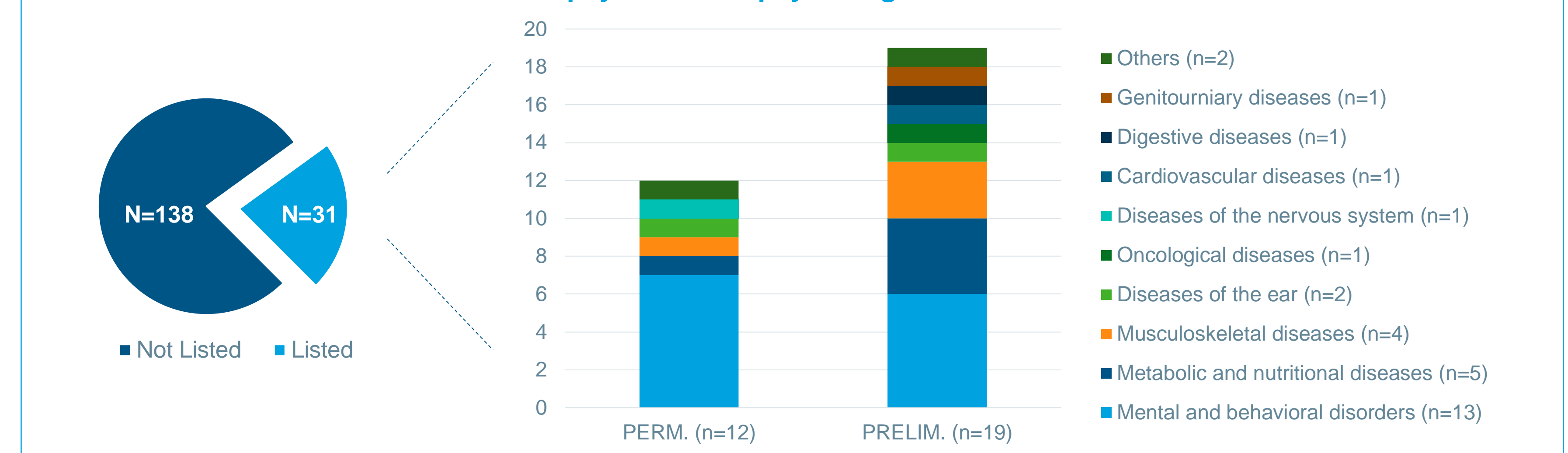
By June 2022, there were 12 permanent and 19 preliminary DiGAs. The area of mental and behavioral disorders counts the most DiGAs listed, with a total of 13 DiGAs. Price negotiations were completed for 4 permanent DiGAs. Disagreements between manufacturers and GKV-SV required an arbitration board to set reimbursement prices in all 4 cases resulting in an average 54% reduction compared to previous manufacturer prices. For mental health DiGAs, relative costs seem to be 63% lower than SOC costs.

Prices of preliminary DiGAs for mental and behavioral disorders, which the manufacturer sets at market entry, range from 239€ to 620€. For metabolic and nutritional disease actual manufacturer prices range from 250€ to 500€ and for musculoskeletal diseases from 119€ to 345€. All other indications contain only one preliminary DiGA and prices range from 449€ to 718€. (Research update before poster submission: By October 2022, 13 permanent and 20 preliminary DiGAs are listed in the directory. Furthermore, price negotiations have taken place for 2 additional DiGAs, confirming the results from June 2022.)

2 The reimbursement price of all 4 DiGAs with completed price negotiations is significantly lower than the previous price set by the manufacturer. In all cases, a similar reimbursement price results between 204€ and 230€, regardless of the previous price level



1 Out of 138 applications, 31 apps were listed either permanently or preliminarily as DiGAs. Almost half of the listed DiGAs were indicated for psychiatric or psychological disorders



Besides a GKV-SV report from 2022, 20 relevant news articles on payer positions were identified with the majority of the extracted payer quotes being critical on DiGA pricing. Payer criticism focused on 8 topics most commonly addressing the evidence's quality underlying decisions about price levels, the generally high level of manufacturer prices, the discussion around add-on vs. replacement therapy, and the reimbursement of preliminary DiGAs in the first year after listing. Less frequently, payers criticized evidence requirements for selective contracts, as well as the current lack of knowledge about DiGAs and their profitability. Nevertheless, payers acknowledged the need for innovative approaches and the general digitalization of health care. (Research update before poster submission: By October 2022, the tone remained critical. Security issues of DiGAs was a new topic critically assessed by the GKV-SV.)

3 Relative costs of mental health DiGAs seem lower than SOC costs

| DiGAs | Price |
|--------------------------|---------|
| Mental health | |
| deprexis | 210.00€ |
| somnio | 224.99€ |
| velibra | 230.00€ |
| Nervous system | |
| elevida | 243.00€ |
| Average prices | |
| DiGAs | 227.00€ |
| SOC | 615.17€ |
| Difference DiGAs vs. SOC | 63% |

CONCLUSION

Even though payers recognize the innovative character of DiGAs, reimbursement price levels remain unjustified and too high in their opinion. In contrast, DiGAs seem to face significant price reductions after reimbursement negotiations with lower relative costs than SoC. Further analyses on the arbitration board's rationale, the role of selective contracts, future price negotiations as well as further stakeholder positions are required to confirm or reject current payer criticism.

Abbreviations: BfArM: Bundesinstitut für Arzneimittel und Medizinprodukte (Federal Institute for Drugs and Medical Devices); DiGA: Digitale Gesundheitsanwendung (reimbursable healthcare application), GKV-SV: Spitzenverband Bund der Krankenkassen (German national association of payers); PERM.: permanent listing; PRELIM.: preliminary listing; SOC: standard of care

Source: Bundesinstitut für Arzneimittel und Medizinprodukte (BfArM) [Internet] (2022). DiGA-Verzeichnis. Available at: <https://diga.bfarm.de/de/verzeichnis/>
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