

Disease Burden and Medical Insurance Expenditure of National Price-Negotiated Drugs for Multiple Sclerosis under Dual-Channel Model in China: A Budget Impact Model

HPR111

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Background

To improve the accessibility of national price-negotiated drugs, the Chinese government encourages the reimbursement of these drugs through designated pharmacies alongside the regular hospital reimbursement route (named dual-channel model). Reimbursement policies through the dual-channel model may align with different medical insurance policies in each province, resulting in varying deductible lines, reimbursement ratios, and yearly caps, which may affect the medical insurance expenditure and patients' affordability. With the inclusion of drugs for rare diseases in the NRDL, the impact of medical insurance and patients' disease burden, in the reimbursement of high-value drugs for rare diseases in the basic medical insurance, is worth exploring.

Objectives

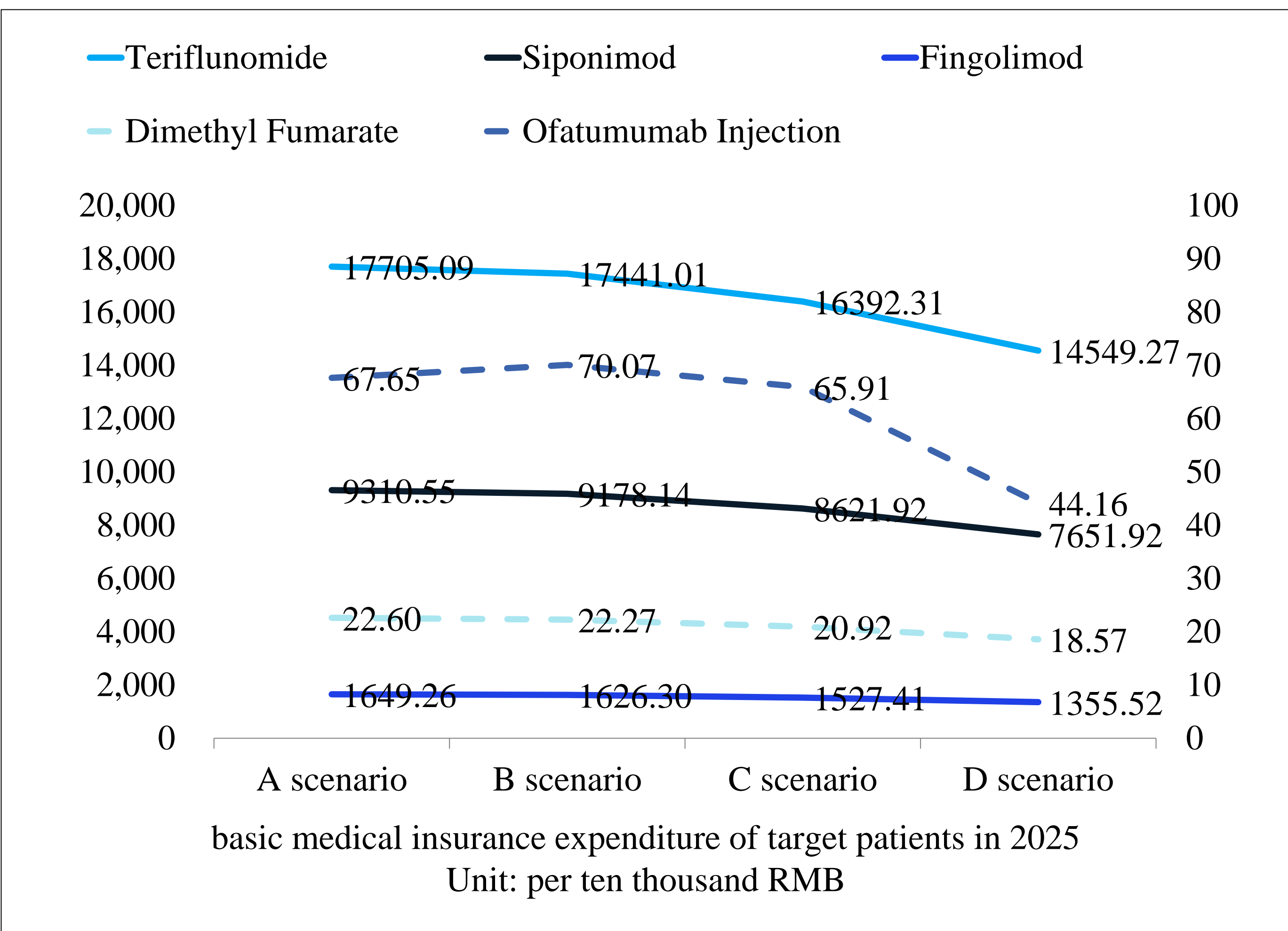
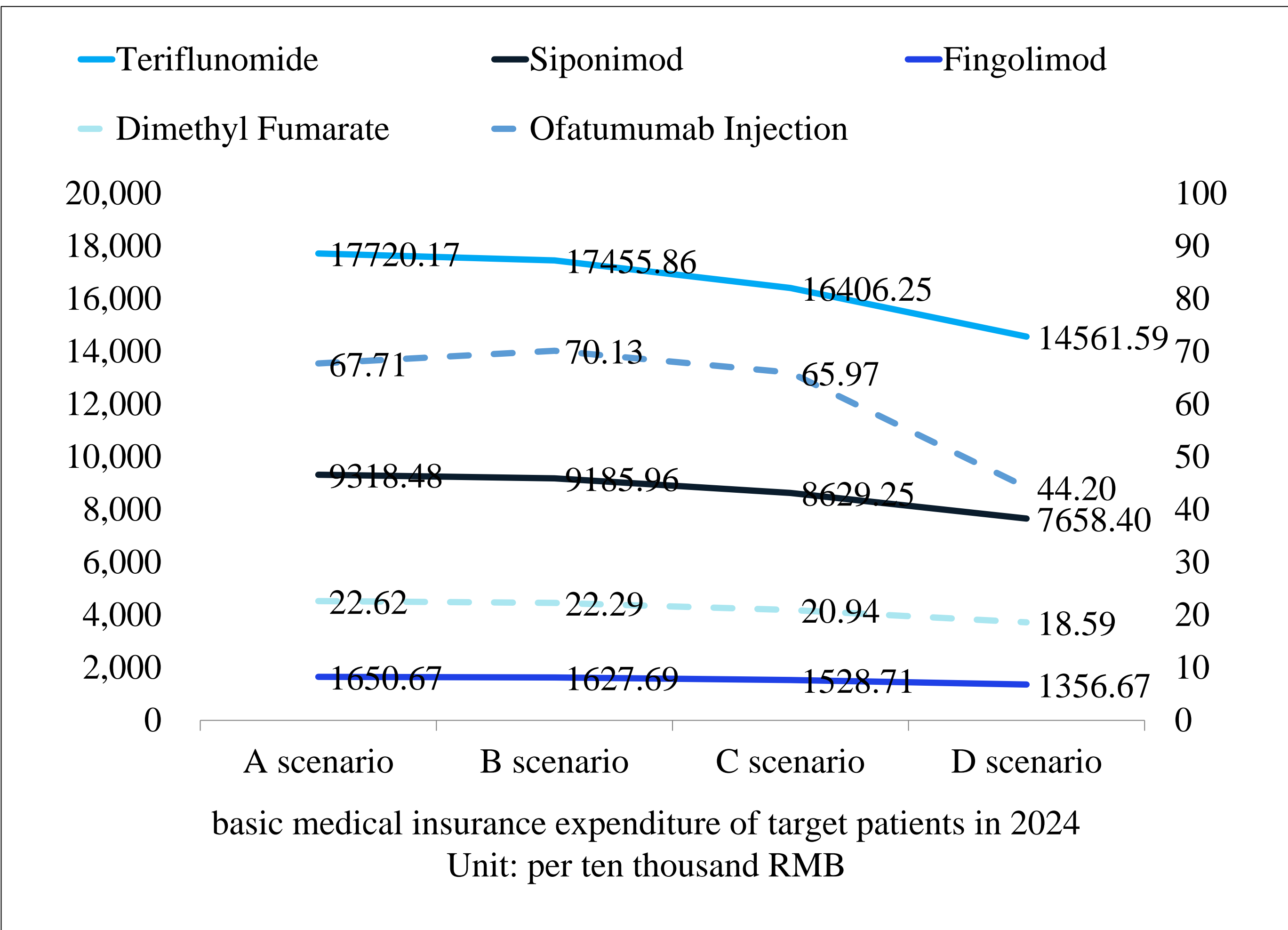
This study aims to measure and compare the budget impact and disease burden of 4 main medical insurance policies in the context of dual-channel model on drugs for the rare disease multiple sclerosis (MS).

Methods

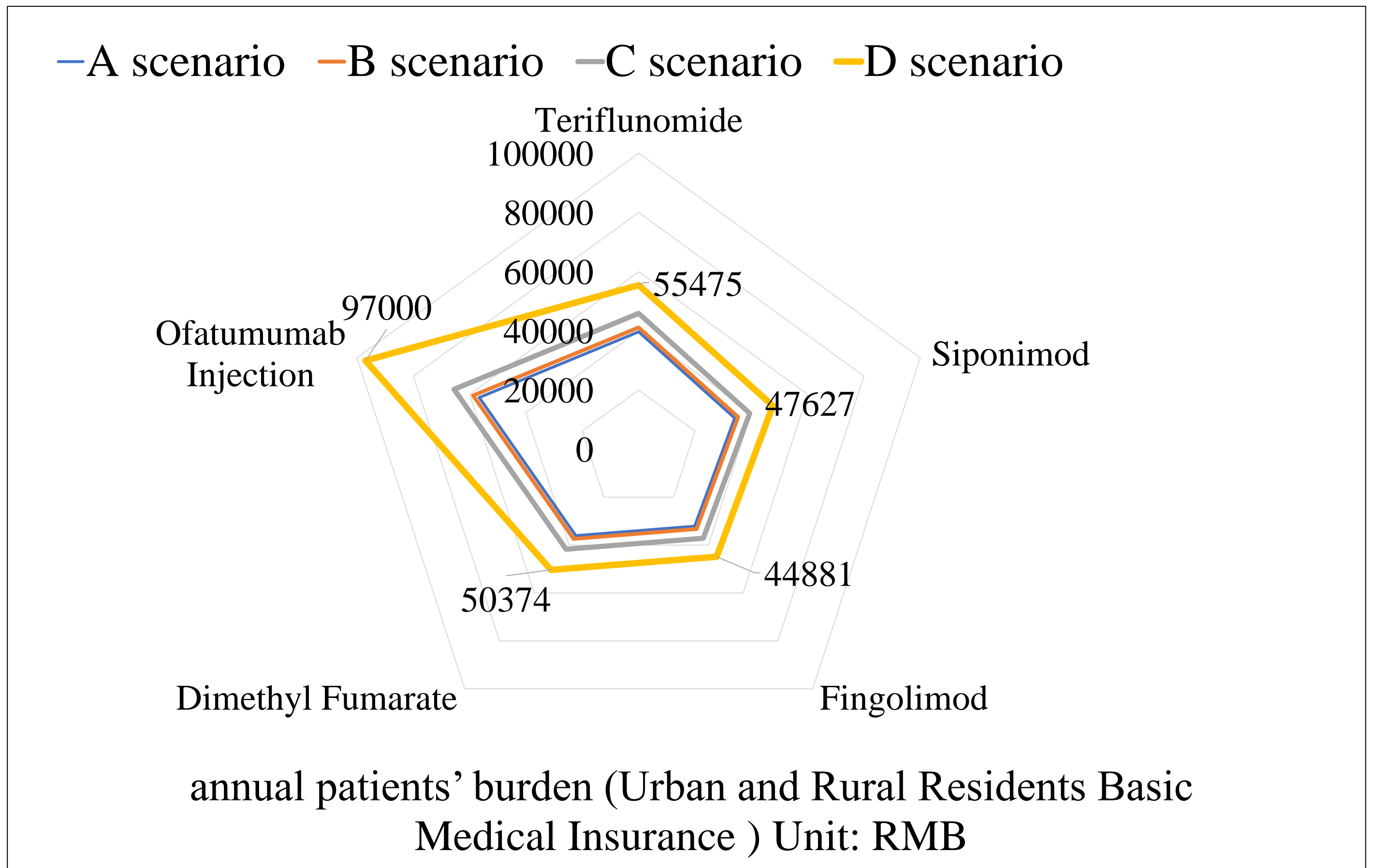
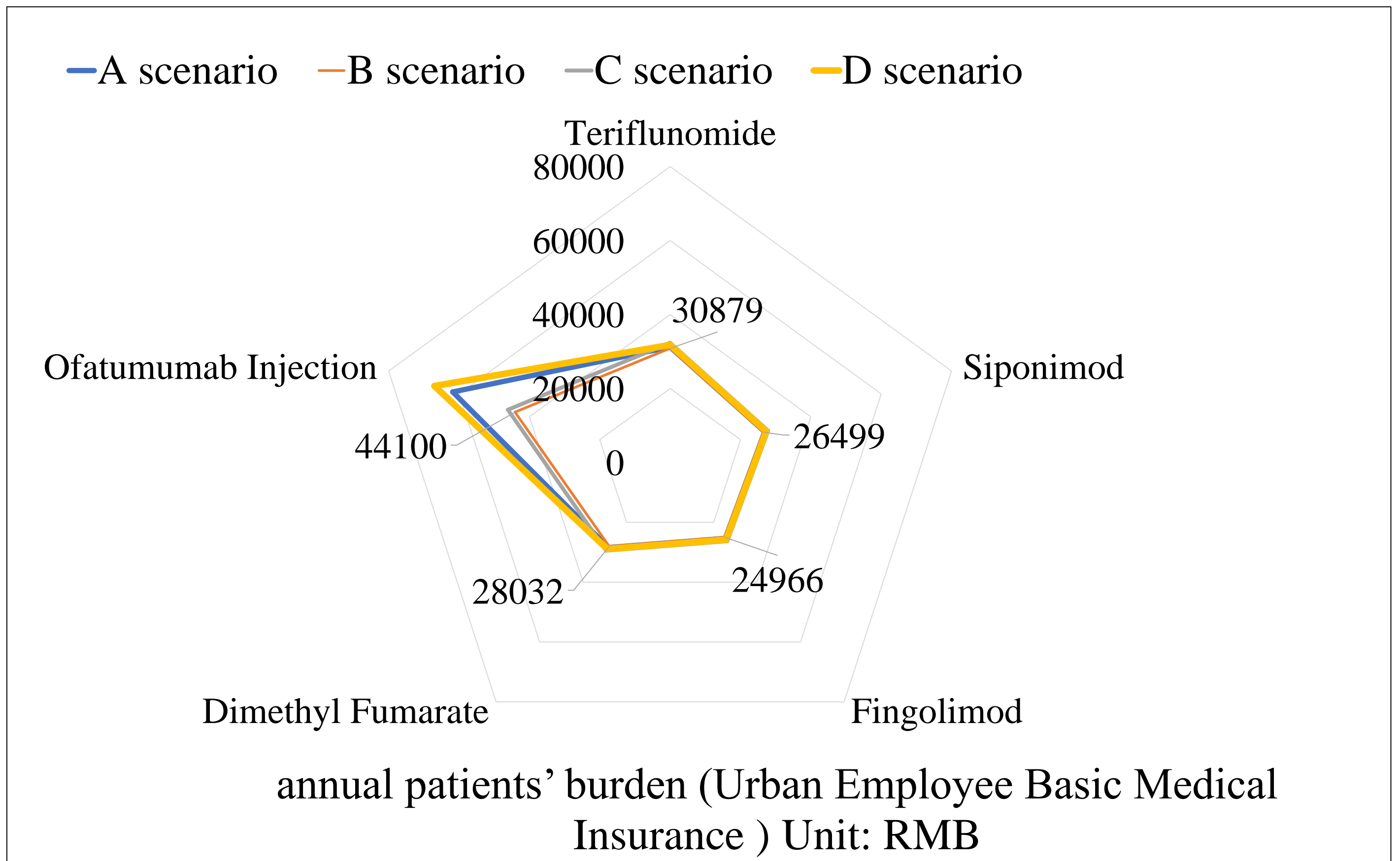
A budget impact model was built to simulate 4 reimbursement scenarios and measure the medical insurance expenditures and patients' burden for 5 national price-negotiated drugs for MS from 2023 to 2025, using 2022 as the reference year. Epidemiological data sourced from literature studies, cost data obtained from the Chinese market, and reimbursement baseline data derived from policy research. One-way sensitivity analysis was conducted.

Results

Medical Insurance Expenditure: For these 5 drugs, the medical insurance expenditures for the target population in 2023 would be 287.98 million yuan, 283.80 million yuan, 266.68 million yuan, and 236.55 million yuan under outpatient chronic and special disease payment policy (scenario A), dual-channel separate payment policy (scenario B), special drug policy (scenario C), and other outpatient policies (scenario D).



Disease Burden: The annual patients' burden differs from 24,966 yuan to 97,000 yuan for 5 drugs under 2 different types of basic medical insurance. Patients under scenario A has generally less burden than other scenarios, while the most expensive drug Ofatumumab has the lowest patient burden of 44,100 yuan under scenario B due to its high deductible line but high reimbursement ratio and cap line.



Conclusions

For MS, the outpatient chronic and special disease payment policy incurs the highest medical insurance expenditures, minimizing the patient burden. For high-priced innovative drugs, the dual-channel separate payment policy proves the most effective in alleviating patients' disease burden.

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