INTRODUCTION

- China further expanded universal health insurance in 2014 with 1.387 million citizens now eligible for Basic Medical Insurance (BMI) and a coverage rate of over 97%. The patients covered by BMI have access to drugs listed on the NDRL (National Drug Reimbursement List). However, inclusion criteria for listing on the NDRL are very strict and the list has not been revised since 2009. Therefore, understanding alternative strategies and approaches for listing on the Provincial Drug Reimbursement List (PDRL) is essential to optimizing market access.

METHODOLOGY

- This analysis includes a review of secondary data of PDRL inclusion in six key provinces in China: Zhejiang, Jiangsu, Fujian, Shandong, Anhui and Jangxi. It is supplemented with primary research with regional payers and payer-advising HOLs to assess the PDRL inclusion criteria as an alternative market access strategy to the NDRL.

RESULTS

- In contrast to the NDRL, the PDRLs are revised on a more regular basis and have less restrictive inclusion criteria.
- 1. Provinces have more money to consider how to provide coverage for more drugs. For example, the provinces of Guangdong, Jiangsu, Zhejiang and Shandong have more funding and surplus of BMIs and accordingly they include more high value drugs (including oncology drugs) in their PDRL.
- 2. Drugs going through price negotiation have higher chances to be granted reviews and reimbursed by PDRL.
- 3. Provincial payers are more willing to consider the value proposition of products supported with strong health economics.
- 4. PDRL can work with local payers to provide the appropriate local data. The most used local data is from the local insurance management department and Electronic Medical Record (EMR) from several hospitals in local area.

CONCLUSIONS

- Interviews with stakeholders identified the importance of key value messages and HEOR/PE studies in decision-making with the priority of identifying cost offsets and cost-effective use of insurance funding.
- “When we review the new drug, we assess the efficacy and safety are reviewed by CSFDA correctly with credibility. We only review the economic part. In the economics part, key value messages are important, as we make value-based decisions.”—Local payer
- “Review by payer advisors is crucial. As to economics assessment, I think the thinking is more important. However, as you know a lot of data companies and MNCs are building their own access to different data sets. I think in the future, when we have more solid data to support real world evidence related studies or research, the real world evidence will be more and more important.”—Local payer

**FIGURE 1: THE INCLUSION STATUS OF HIGH-VALUE DRUGS BY INTERVIEWED PROVINCES IN 2014-2016**

**FIGURE 2: IMPORTANT CRITERIA FOR PDRL INCLUSION ASSESSMENT**

**FIGURE 3: PAYER’S OPINIONS ON DIFFERENT WAYS TO SUBSTANTIATE VALUE**

**FIGURE 4: KOL’s OPINIONS ON DIFFERENT WAYS TO SUBSTANTIATE VALUE**

**FIGURE 5: PDRL OVERALL ASSESSMENT**

**FIGURE 6: PDRL ECONOMICS ASSESSMENT**

<table>
<thead>
<tr>
<th>Province</th>
<th>Month, 2016</th>
<th>Included 10 fixed dose combination into PDRL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zhejiang</td>
<td>Mar, 2016</td>
<td>Single fixed dose combination into PDRL</td>
</tr>
<tr>
<td>Shandong</td>
<td>Jan, 2016</td>
<td>Over 20 drugs in total, including Gleevec,</td>
</tr>
<tr>
<td>Shenzhen</td>
<td>Jan, 2015</td>
<td>Multiple fixed dose combinations into PDRL</td>
</tr>
<tr>
<td>Anhui</td>
<td>Jan, 2015</td>
<td>Multiple fixed dose combination into PDRL</td>
</tr>
<tr>
<td>Hunan</td>
<td>Jan, 2016</td>
<td>Multiple fixed dose combination into PDRL</td>
</tr>
</tbody>
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IS THE LACK OF INCLUSION ON THE NATIONAL DRUG REIMBURSEMENT LIST THE END OF THE WORLD FOR HIGH VALUE DRUG ACCESS IN CHINA?

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