Access Infinity

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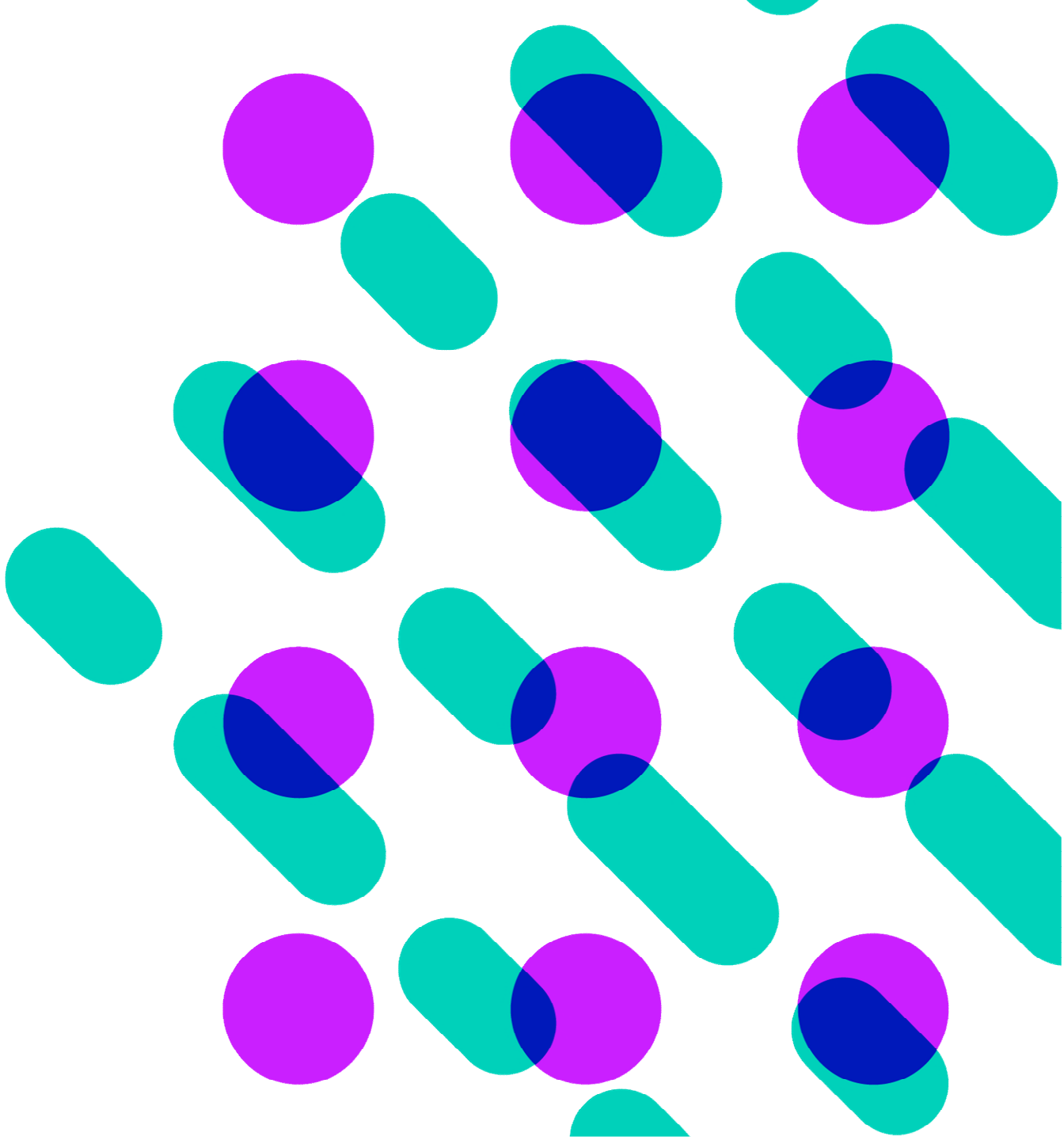
Slide Snapshot
Payer Archetypes

Who are payers and how can we think about their diversity?



International payer archetypes

Always remember:

1 *Archetyping is a generalization and will always miss market or payer-specific details*

2 *Payer decision-making is mostly sequential or hierarchical so not all payers have same impact on reimbursement, price, access or funding.*

Examples of payer archetypes

Health system structure

- Useful for:
  - **Global launch operational expenditure planning**
  - Planning field force headcount
  - Marketing collateral planning
  - Uptake forecast planning
  - Designing a research sample.

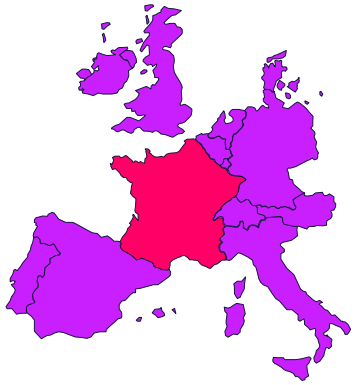
Payer position in health system

- Useful for:
  - **Account management/planning of maturing brands**
  - Regional and country-level marketing
  - Planning field force onboarding/training
  - Tailoring research materials
  - Uptake forecast planning.

Payer evaluation methods

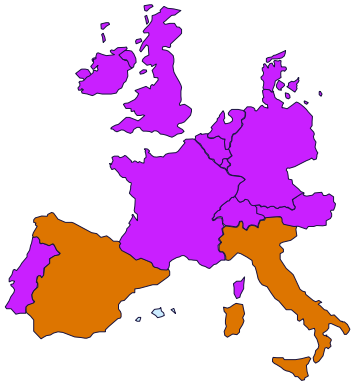
- Useful for:
  - **Global launch evidence planning**
  - Global submission planning
  - Global pricing planning
  - Tailoring research materials.

Archetyping countries by health system structure



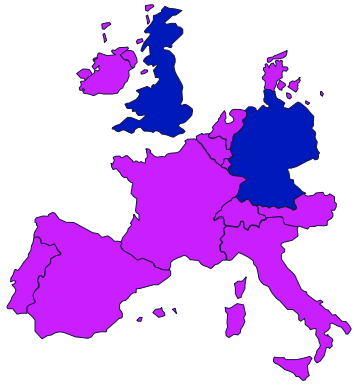
National markets

- Healthcare costs are controlled through national pricing and reimbursement submissions, negotiations and decisions
- No other major availability hurdle
- National payers exert limited economic influence on individual clinical behaviour
- Key locus of control: national



Multi-tiered markets

- National pricing and reimbursement decisions but regions responsible for managing the healthcare budget
- Regions may seek to influence clinical behaviour by limiting formulary inclusion and hence availability
- Key locus of control: regional



Decentralised markets

- National bodies exercise limited power in restricting availability
- Regional/local bodies use financial incentives to influence clinical behaviour
- Key locus of control: regional/local

Archetyping payer bodies by position in health system

Archetyping payer bodies by method of evaluation

Cost effectiveness	• Price, reimbursement, funding and/or access decisions are made on the basis of formal cost-effectiveness analysis
Comparative clinical effectiveness	• Price, reimbursement, funding and/or access decisions are made on the basis of formal analysis of comparative clinical effectiveness
Budget optimisation	• Price, reimbursement, funding and/or access decisions are strongly influenced by budget impact and cost control
Competitive rationalising free market	• Price, reimbursement, funding and/or access decisions are strongly influenced by "market forces" and supply chain profitability
Patient	• Patient pays some or all drug costs out of pocket, the purchasing or fulfilment decision is based on affordability, perceived therapeutic benefit etc.

Each of these payer types requires different types of evidence to be gathered during clinical development and evidence generation

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Thank you

Interested to learn more?

Visit **Understanding Pharma Market Access & Payers in Europe**

Or contact **Inge Cornelis**, Director Client & Product Projects at CELforPharma