In a context where market access issues are all about pricing and reimbursement of breakthrough innovations, it has been chosen to focus on how wellknown drugs such as non opioid analgesics (NOAs) are reimbursed in Europe, and their prospect for the future. Broadly speaking, payers tends to delist drugs to allow the reimbursement of expensive drugs, in that context NOAs could be under the spotlight.

**INTRODUCTION**

The study’s objective was to compare pricing and reimbursement modalities of non-opioid analgesics (NOAs) in every European country to evaluate the future strategy of NOAs reimbursement.

**OBJECTIVES**

A benchmark concerning reimbursement of NOAs was conducted in April 2017. Seven European countries were included in the study: Belgium (BE), France (FR), Germany (DE), Italy (IT), the Netherlands (NL), Spain (ES) and the United Kingdom (UK).

A survey was conducted in each country (reimbursement conditions related to products, patients, the disease treated). Collected data were completed and compared to existing public data.

The political environment about reimbursement decision and NOAs distributions channels have been studied in each country, in order to consider their future reimbursement.

**METHODS**

Disparities regarding modalities of reimbursement in Europe have been highlighted. These disparities can be partly explained by the fact that each country has its own policy.

The study also enabled to highlight that regulation and distribution of NOAs are different in each country: some countries allow OTC NOAs sale in supermarkets when in others, it is permitted only in pharmacies.

Regarding the results, France seems to have the “most generous” system of care, since NOAs are reimbursed unconditionally. Nevertheless it is not to be forgotten that drugs funding are restricted each year in France, and NOAs’ delisting could be a threat for patients with chronic pain disease.

**RESULTS**

The study showed that reimbursement of NOAs in the 7 studied countries differs from one country to another: apart from France, reimbursement rates of NOAs depend on several variables which are related to the product (kind of analgesic, conditioning), the patient (income level, age, social status), and the disease (chronical or specific pathologies). The benchmark underlines that:

- In 4 out of 7 countries, aspirin is not reimbursed at all when prescribed as a painkiller drug (DE, FR and the UK reimburse it)
- Ibuprofen is reimbursed in almost all countries but under specific conditions
- Paracetamol is the most widely reimbursed drug, in light of the data collected in all 7 countries (NL and BE reimburse paracetamol only if indicated for chronic disease)
- France is the only country which refunds all NOAs unconditionally.

When focused on prices, German prices are higher than in other countries and Dutch prices appear to be the lowest.

**CONCLUSION**

Disparities regarding modalities of reimbursement in Europe have been highlighted. These disparities can be partly explained by the fact that each country has its own policy.

The study also enabled to highlight that regulation and distribution of NOAs are different in each country: some countries allow OTC NOAs sale in supermarkets when in others, it is permitted only in pharmacies.

Regarding the results, France seems to have the “most generous” system of care, since NOAs are reimbursed without any condition, nevertheless it is not to be forgotten that drugs funding are restricted each year in France, and NOAs’ delisting could be a threat for patients with chronic pain disease.