

Introduction

The reform of the EU pharmaceutical legislation, announced in April 2023, is the largest reform in over 20 years and aims to make medicines more available, accessible and affordable across the EU.¹ One major challenge it aims to address is that, even once a medicine is authorised in the EU, it will not always reach patients in all Member States in a timely and equitable manner. To address this, the reform plans to create a single market for medicines by moving away from a ‘one-size-fits-all’ regulatory framework and towards an incentives framework for innovation. It is proposed that new medicines will receive a minimum period of regulatory protection of eight years that can be extended through adherence to specific criteria. This includes up to an additional two years of market exclusivity for products launched in all Member States within two years of EMA approval (three years for SMEs).² Recent data shows that as little as 12.5% of medicines centrally approved between 2018 and 2021 are available in some Member States, and there is a mean time from central approval to availability of >3.5 years in others.³ The implications of the proposed reforms in terms of launch timelines, assessment requirements and equitable access to medicines (in particular ATMPs) across Member States is an area of high uncertainty, which has been investigated further through this research.

Objective

This study explored HTA representative and payer perceptions of the proposed legislation, focusing on implementation in Member States where patient access to new medicines is currently more limited.

Method

A one-week online research programme utilising the Lightning Insights Platform was conducted with seven former HTA representatives. EU countries were classified as follows:³

1. A lower than average rate of pharmaceutical availability during the period 2018-2021 (Hungary, Croatia, Slovakia), and/or,
2. Longer than average delays from EMA approval to availability of pharmaceuticals during the period 2018-2021 (Portugal, Romania, Poland, Greece)

Stakeholders provided insights into the current challenges with the evaluation of new medicines in their country, the impact of the proposed reform of the pharmaceutical legislation, and how this may affect access to ATMPs.

Results

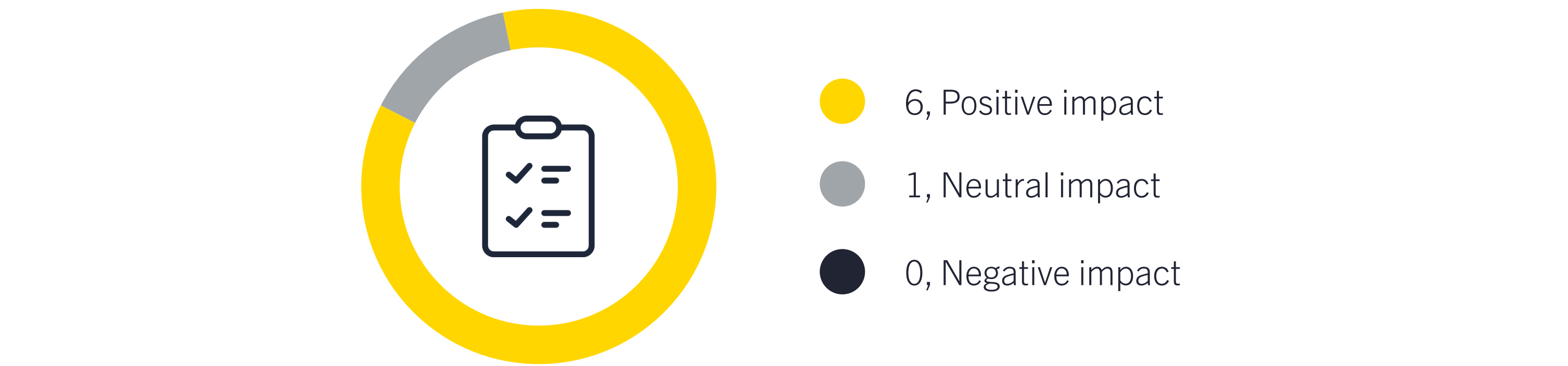
Overall, stakeholders welcomed the principle of increased equity in access to new medicines, but highlighted some key challenges regarding the evaluation of new medicines in their country (Table 1).

Table 1. Current limitations of HTA procedures across scope countries

Key challenges	Details
Capacity	A lack of HTA capacity was a common theme across countries Regular changes in the composition of the HTA bodies can exacerbate challenges with capacity (e.g., Greece) Capacity constraints within Government Ministries are reported as a reason for delayed P&R negotiations (e.g., Slovakia)
Lack of HTA maturity	Lack of early engagement with manufacturers can impact timelines for evaluation Less mature HTA bodies may have less experience with the evaluation of complex therapies with high levels of uncertainty (e.g., ATMPs) Limited resources for complex health economic evaluation can restrict the assessment of cost-effectiveness and affordability for healthcare systems Limited collaboration with other governmental bodies can restrict access to data needed to inform decision making on patient access for new medicines
Economic restraints	HTA capacity is consistently limited by available funding and resources The ability of new therapies to demonstrate cost-effectiveness is highly challenging in countries where budget constraints result in a low threshold Less mature HTA bodies may lack experience in implementing outcomes based MEAs (or lack the infrastructure to collect the required data for operating such schemes)

86% of stakeholders perceived the impact of the proposed reform of the EU pharmaceutical legislation to be positive in their country (Figure 1). The main benefit was attributed to a potential reduction in market exclusivity of new medicines leading to the faster entry of generics and biosimilars. This would ultimately lead to more competition and a faster reduction in prices following patent expiry. Stakeholders also noted that SMEs that supply specialised therapies for rare diseases would have a greater incentive to launch in smaller Member States. This could support improved alignment of the commercial incentives for the manufacturer, with the ethical imperative for equitable patient access to new medicines.

Figure 1. Stakeholder perception on the likely impact of the reform of the EU pharmaceutical legislation on their country



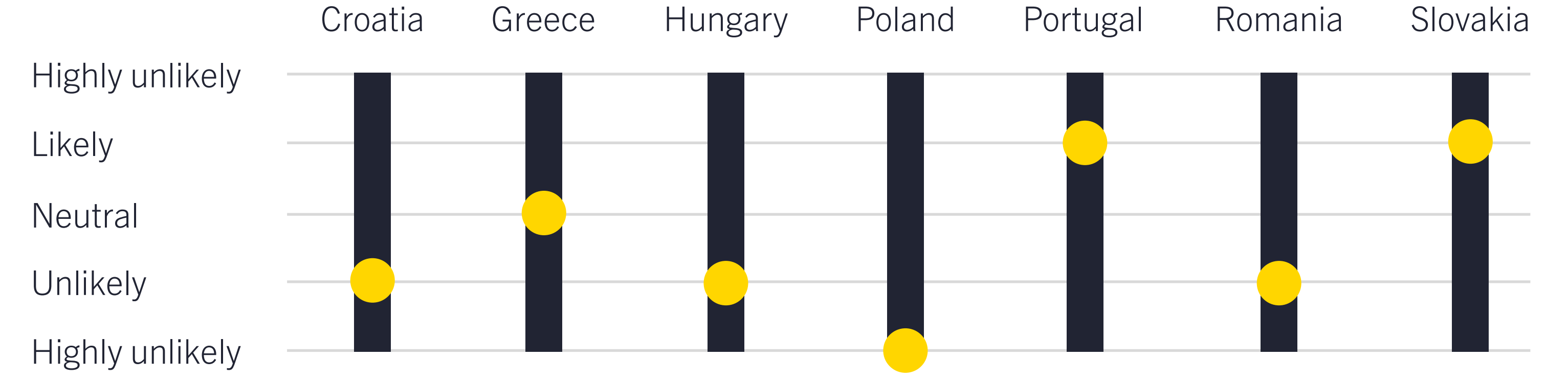
The reform of the EU pharmaceutical legislation represents a crucial step forward in addressing multiple pressing challenges facing the pharmaceutical sector. It demonstrates a commitment to fostering innovation by creating an environment conducive to research and the rapid development of medicines.

Former member of INFARMED, Portugal

Although most stakeholders across countries perceived the reform as beneficial, a number of concerns were raised. The primary concern was the possible reduced willingness of companies to offer lower net prices in Member States with lower GDP per capita, if having to launch within two years of EMA approval. This could lead to products not being considered cost-effective and therefore reducing patient access through negative reimbursement decisions. Most stakeholders also noted that in countries with less mature HTA processes, any significant increase in the volume of P&R applications could result in capacity constraints and administrative delays. Although this could be somewhat mitigated through the new European Joint Clinical Assessment process, it is likely that countries will face a “lag period”, during which HTA procedures will require further reform.

One option in the proposed reform is the right for Member States to waive the requirement for a manufacturer to launch a product in their country, whilst still allowing the manufacturer to gain the maximum regulatory protection.² This may be suitable for a Member State should they be unable to perform HTA in a timely fashion. Of the scope countries, only stakeholders from Portugal and Slovakia expected that the formal requirement to launch could be waived for specific medicines (Figure 2). Most other stakeholders expected that although assessment capacity may be short-term challenge, this is likely to be addressed through futher initiatives to increase the number of HTA specialists. Overall, 57% of stakeholders considered it unlikely or highly unlikely that their country would waive the formal requirement for a product to launch.

Figure 2. Stakeholder perception on the likelihood of their HTA body to waive the launch requirement due to capacity/timeline issues



HTA lacks transparency and decisions are not well argued. Therefore, there is little risk of a reduction in quality caused by issues around capacity that would give reason for the agency to waive the requirement to launch.

Former member of HALMED, Croatia

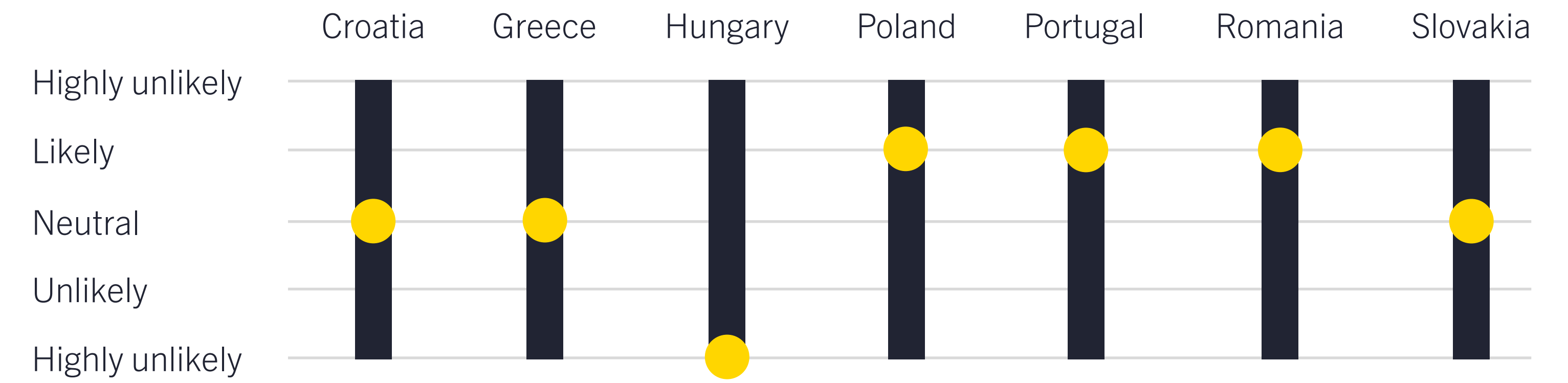
Across the countries surveyed, 57% of respondents reported cases where ATMPs were not made available in their country within two years of EMA approval. In order to address the clinical and ethical challenges this presents, alternative systems have been developed to support patient access to non-reimbursed ATMPs (Figure 3).

Figure 3. Member State level systems to provide alternative access to non-reimbursed ATMPs, where considered necessary



In Poland, Portugal and Romania, stakeholders expected the proposed reform to improve access to ATMPs (Figure 4). This was attributed to two main features of the reform. Firstly, the European Health Data Space² will provide equal access to high quality real-world health data, and will help with the ongoing evaluation of the effectiveness of these therapies. Secondly, the proposed increased transparency regarding public funding for clinical trials is expected to be leveraged within Member State pricing negotiations. Conversely, payers in Croatia, Greece and Slovakia were uncertain as to the value of the reform on improving access to ATMPs, and the Hungarian respondent deemed it highly unlikely to improve patient access.

Figure 4. Stakeholder perception on the likelihood of the reform of the pharmaceutical legislation to improve access to ATMPs in their country



The primary reason for the proposed reform potentially failing to improve access to ATMPs relates to the fact that current delays in reimbursement are largely related to affordability, rather than a reluctance for manufacturers to launch. Possible actions to address this include increased use of innovative payment models (e.g., outcome based risk sharing agreements), introduction of specific European funds for access to innovative medicines, and policy incentives to encourage an expansion of clinical trials for ATMPs across Europe.

Conclusion

Although the proposed reform of the EU pharmaceutical legislation is recognised as an important step towards increasing equity in patient access to new medicines in Europe, the impact is likely to be limited due to disparities in affordability between Member States. In this context, a holistic understanding of the practical barriers to patient access at the Member State level, alongside appropriate incentives for manufacturers to pursue equitable launch timelines for innovative therapies across Member States will be highly important. Throughout this process, the critical question underlying any proposed action is whether this supports the clinical development of innovative therapies in Europe, and equitable, sustainable patient access following regulatory approval.

References: 1. European Commission - European Commission [Internet]. [cited 2023 Oct 12]. EU pharmaceutical legislation. Available from: https://ec.europa.eu/commission/presscorner/detail/en/IP_23_1843 (Accessed October 2023). 2. Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL laying down Union procedures for the authorisation and supervision of medicinal products for human use and establishing rules governing the European Medicines Agency, amending Regulation (EC) No 1394/2007 and Regulation (EU) No 536/2014 and repealing Regulation (EC) No 726/2004, Regulation (EC) No 141/2000 and Regulation (EC) No 1901/2006 [Internet]. 2023. Available from: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52023PC0193> (Accessed October 2023). 3. Newton M, Stoddart K, Travaglio M, Troein P. EFPIA Patients W.A.I.T. Indicator 2022 Survey [Internet]. Available from: https://www.efpia.eu/media/s4qf1eqo/efpia_patient_wait_indicator_final_report.pdf

Abbreviations. ATMPs: Advanced Therapeutic Medicinal Products; EMA: European Medicines Agency; EU: European Union; HALMED: Agency for Medicinal Products and Medical Devices of Croatia; HTA: Health Technology Assessment; INFRAMED: National Authority for Medicament and Health Products Portugal; MEAs: Managed Entry Agreements; MoH: Ministry of Health; P&R: Pricing and Reimbursement; SME: Small and Medium-sized Enterprises