European Federation of Pharmaceutical Industries and Associations

"TIME TO PATIENT ACCESS" PROJECT

Background

Over the last decades, significant advances have been achieved in cancer outcomes. In 1995 only 5 out of 100 lung cancer patients were alive after one year, today this number is more than ten times higher.1 A new wave of scientific innovation, including personalized medicine, is generating an unprecedented level of choice and promise in cancer treatments. At the same time, various access challenges emerge: In some European countries only 2 out of 10 newly approved cancer medicines are available. Some countries wait 9 times as long as other patients until a new medicine is reimbursed.2 Limited access undermines the opportunity to improve cancer patient outcomes. Improving access to innovative oncology medicines has been highlighted by multiple stakeholder groups as one of the top priorities. With an aim to better understand the challenges and collaborate for tangible solutions, EFPIA's Oncology Platform initiated the "Time to Patient Access" project.

Project ambition

The ambition of the "Time to Patient Access" project is to provide recommendations that bring stakeholders in countries across Europe together around opportunities to optimize access to innovative oncology treatments for cancer patients. The aim is to realize this by:

- Applying a multi-stakeholder and outside-in perspective
- Ensuring an academic basis
- Focusing on tangible solutions with impact, that are co-created with all relevant stakeholders.

Five key questions to address

To arrive at these solutions, the project aims to work with all relevant stakeholders to answer the following questions:

Market Access from from EMA regulatory approval until reimbursed access for the first patient

1. What are the current pathways, hurdles and best practices for access to oncology treatments?
2. To what extent can we optimize time to market access and how?
3. What would be the health and socio-economic impact of implementing these recommendations?

Patient access after reimbursed access for the first patient

4. What are EU differences in post-reimbursement uptake?
5. To what extent can we optimize uptake and how?

[1] Schiller JH (2018), A New Standard of Care for Advanced Lung Cancer; N Engl J Med 378;22

[2] EFPIA (2019), EFPIA Patient W.A.I.T. Indicator 2018 Survey; https://www.efpia.eu/media/412747/efpia-patient-wait-indicator-study-2018-results-030419.pdf


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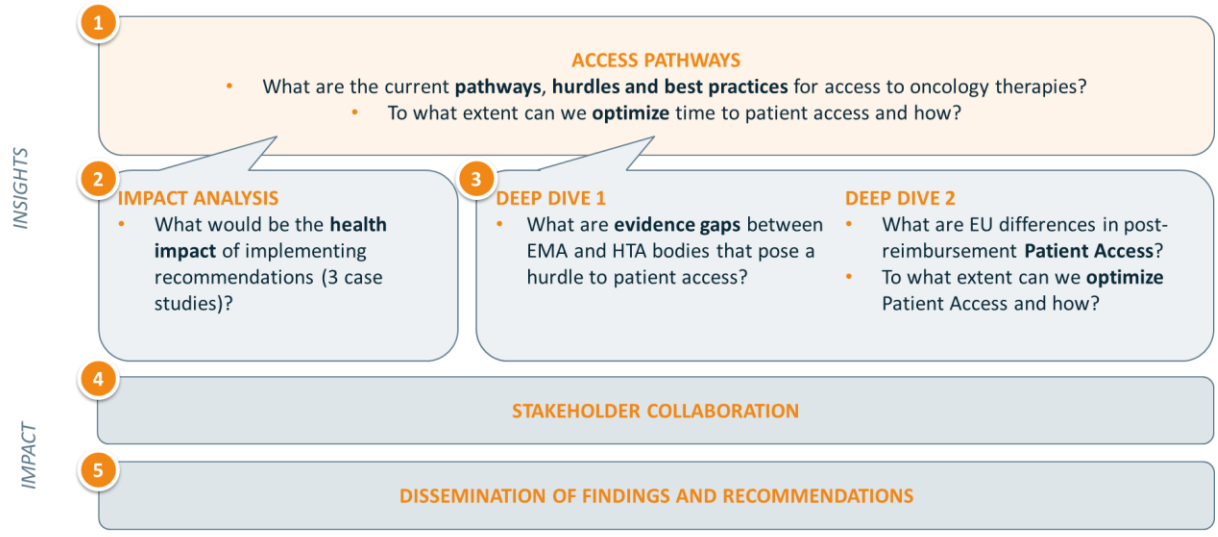
Project approach

The project is organized in 5 workstreams that bring together stakeholders across Europe with the aim to identify solutions to optimize access for cancer patients. The final recommendations shall be designed to be applicable to countries across Europe. The recommendations will be derived from three types of analyses:

*Analysis of **access pathways**, hurdles and best practices using 6 representative archetype countries*
In order to answer research questions 1 – 2, the project analyses access pathways, hurdles and best practices in 6 archetype countries. This group of countries represents the northern, eastern, southern and western regions of the EU; includes countries with a population size from 10 to over 50 million inhabitants; represents various market access systems and HTA orientations; and variety in terms of availability and delays associated with access to innovative treatments. To further enhance the applicability of findings to other EU countries, stakeholders from beyond these 6 EU countries will be invited to provide insight and input into the analysis.

***Impact analysis** based on case studies in 3 therapy-indication areas*
Three representative oncology therapies will serve as case studies and provide facts and figures on the potential impact of optimized time to patient access (research question 3).

***Deep dive** analysis on post-reimbursement access*
A benchmark of post-reimbursement access (research questions 4 – 5) will analyse differences in uptake between countries, focusing on a broad group of as many as possible EU+ countries and oncology treatments.

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Stakeholder collaboration

One of the core components of this "Time to Patient Access" project is the co-creation process with multi-stakeholders on refining project approach and co-creating tangible solutions and final policy recommendation. Throughout the project timeline from July to November 2019, all relevant stakeholders, including patient organizations, healthcare professionals, scientific societies, health economic experts, regulators, HTA bodies and payers, are invited to work with the project team by participating in interviews and/or joining the project's sounding board.

The Sounding Board convenes all relevant stakeholders to:

- provide input and help define project approach,
- provide insight from EU or from national perspective on access hurdles and impact,
- co-create solutions and recommendations,
- review and approve/endorse final project output (with or without organization logo and/or commentary),
- participate as speakers or engage on social media to disseminate the project output and recommendation.

Sounding Board meetings have been planned on Sept 10 (10-12am), Oct 23 (10-12am) and Nov 27 (10-13am) at the EFPIA offices in Brussels (opportunity to dial-in available).

More information

For detailed information, please feel free to contact Mihai Rotaru | T: +32 4 85 00 89 79 | E: mihai.rotaru@efpia.eu.

About the project partners

The project is commissioned by the EFPIA Oncology Platform. This is a collaboration of 17 companies from the research-based pharmaceutical industry in Europe, launched in 2016 to combine forces for the improvement of cancer patient outcomes in Europe. It is chaired by MSD (Chair), Novartis (Vice-Chair) and AbbVie (Vice-Chair).

The project is implemented with the support of a consortium comprising Vintura, ASC Academics and Hague Corporate Affairs. The consortium works together with two of Europe's leading experts in health economics and HTAs: Prof. Lieven Annemans (Ghent University) and Prof. Maarten Postma (University of Groningen).

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