HTA241

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The EU HTA Regulation, outstanding challenges, and its impact on evidence generation

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BACKGROUND

Objectives of HTAR: The Regulation creates an EU framework for Joint Clinical Assessments of health technologies, aiming to reduce duplication, improve predictability for developers, and support timely, evidence-based access to new treatments, while respecting Member States' (MS) autonomy over HTA decisions[1].

Components of HTAR:

- **Joint Clinical Assessments (JCAs):** analysis of clinical effectiveness of new technologies compared to existing treatments[2]. Currently, JCAs are in progress for 7 oncology medicines and 2 ATMPs[3].
- **Joint Scientific Consultations (JSCs):** early, structured scientific advice to developers on evidence requirements for JCAs[2].
- **Joint Horizon Scanning:** identify emerging innovative health technologies that may enhance public health, or support healthcare systems[2].

Joint Clinical Assessments (JCAs) + **Joint Scientific Consultations (JSCs)** + **Joint Horizon Scanning** = **HTAR**

Fig.1 The components of HTAR

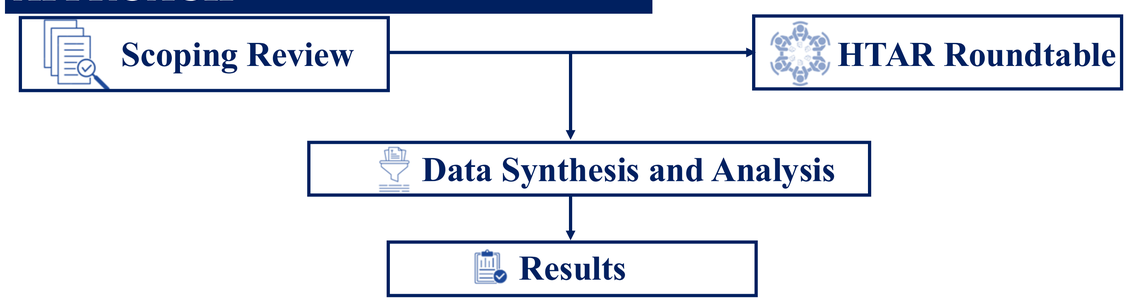
Scope of the JCAs: The JCA reports are scientific analyses without value judgments or conclusions on clinical value. They are non-binding, and MS must **"give due consideration"** but have full discretion over non-clinical assessments, pricing and reimbursement for healthcare technologies[2].

OBJECTIVES

The key objectives of this research are:

- ✓ Identify outstanding challenges and stakeholder concerns related to the HTAR.
- ✓ Examine the impact of the HTAR on evidence generation, synthesis and acceptance across diverse EU MS.
- ✓ Propose actionable recommendations to enhance the implementation and impact of HTAR.

APPROACH



RESULTS

Challenges	Opportunities	Action Points[9]
PICO Harmonisation		
• Comparator complexity[4] in decentralised MS. • Uncertainty[5] with no EU-wide limit on PICOs.	• Treatment guidelines harmonisation across EU[6]. • Foster coordination within and across MS[7]. • Limit distinct comparators by grouping[8] them into drug classes with similar mechanisms of action.	• Multi-arm trials to accommodate comparators. • HTACG should avoid adopting a universal PICO threshold and instead consider case- and condition-specific factors to set thresholds.
Evidence Standards and Data Collection Methods		
• ITCs invalidity due to non-comparable input data[10]. • RWE lacks verification and robust EU data[11]. • Lifecycle evidence guidelines are underdeveloped[9].	• Improve ITCs input data across trials[9]. • Leverage DARWIN EU for real-world data, contingent on voluntary data submission[9].	• ITCs should meet similarity, homogeneity, and transitivity assumptions for validity. • HTACG should give clarity on ITCs, acceptable post-launch evidence, and improve guidelines for practical application.
National Implementation		
• Assessor roles are concentrated in high-resource countries[3]. • Budgetary pressures vary, decentralized MS risk regional budget strain[9].	• Capitalize on EU's DG GROW and WHO Europe to strengthen weaker HTA systems[9]. • Encourage contextual JCA integration at regional level in decentralized MS[9]. • Promote unified European and national voices to increase negotiation power[9].	• MS should invest in HTA training and university programs to build assessor and modelling capacity. • MS should increase capacity to align national policy with JCAs.
Stakeholder Involvement		
• Conflict of Interest rules hinder engagement[12], with limited experts especially in rare diseases. • Limited JSC slots restrict engagement[13].	• Educate companies and patients using practical programs (e.g., EUPATI, national initiatives)[9].	• Early engagement with patients and developers. • Regulators should consider indication-based JSCs and opportunities for increased transparency.

CONCLUSION

In conclusion, the HTAR is still in its early development stages, with no JCAs completed and limited evidence of its operational impact[9]. While developers are internally to anticipate PICOs[14] through forecasting and AI tools, smaller firms often lack formalized preparedness. The process of harmonizing PICOs, evidence standards, and guidelines remains unclear, especially in areas such as digital health, advanced diagnostics, and medical devices. Although some Member States demonstrate readiness and active engagement, others require support[9]. Moving forward, implementing clear guidelines, enhancing capacity building, and fostering stronger stakeholder collaborations are essential to realizing the full potential of the HTAR objectives.

REFERENCES

1. Main, C., Schäfer, C., & Kanavos, P. (2025). From Vision to Reality: The EU's Pharmaceutical Reforms and the Path to Improved Access. PharmacoEconomics , 9(3), 331–339.
2. REGULATION (EU) 2021/2282 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 15 December 2021 on health technology assessment and amending Directive 2011/24/EU.
3. European Commission. (2025, September 9). List of ongoing joint clinical assessments.
4. Sarri, G., et al (2025). Mapping methods gaps between EU joint clinical assessments and local health technology assessment decision-making: an environmental scan of guidance in select EU markets and harmonization challenges. Journal of Comparative Effectiveness Research, 14(5), e240240.
5. Brinkhuis, F et al (2024). Navigating the path towards successful implementation of the EU HTA Regulation: key takeaways from the 2023 Spring Convention of the European Access Academy. *Health Research Policy and Systems*, *22*(1), 74.
6. Julian, E., et al (2022). How can a joint European health technology assessment provide an 'additional benefit' over the current standard of national assessments?: Insights generated from a multi-stakeholder survey in hematology/oncology. *Health Economics Review*, *12*(1), 30.
7. Urbina, I., et al (2024). Advancing cooperation in Health Technology Assessment in Europe: insights from the EUnetHTA 21 project amidst the evolving legal landscape of European HTA. *International Journal of Technology Assessment in Health Care*, *40*(1), e75.
8. Graham, C., et al (2025). Opportunities for and Challenges of Conducting Indirect Treatment Comparisons and Meta-Analyses for Vaccines in Post-EU HTA Regulation Era. *Journal of Market Access & Health Policy*, *13*(2), 31.
9. Primary Data Collection, LSE. (2025). Expert Roundtable.
10. Van Beekhuizen, S., et al . (2025). Indirect Treatment Comparisons in EUnetHTA Relative Effectiveness Assessments: Learnings and Recommendations for the Implementation of EU Joint Clinical Assessments. *PharmacoEconomics - Open*, *9*(4), 597–609.
11. HTA CG. (2024). Guidance on Validity of Clinical Studies.
12. Gentilini, A., & Parvanova, I. (2024). Managing experts' conflicts of interest in the EU Joint Clinical Assessment. *BMJ Open*, *14*(11), e091777.
13. Desmet, T., et al (2024). An Inclusive Civil Society Dialogue for Successful Implementation of the EU HTA Regulation: Call to Action to Ensure Appropriate Involvement of Stakeholders and Collaborators. Journal of Market Access & Health Policy, 12(1), 21–34.
14. Schuster, V. (2024). EU HTA Regulation and Joint Clinical Assessment—Threat or Opportunity? *Journal of Market Access & Health Policy*, *12*(2), 100–104.

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