

From Insight to Impact: Rethinking Pharma-Payer Partnerships to Enable Future Access in Europe

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INTRODUCTION

Pharmaceutical companies and payers share a common goal of ensuring timely, equitable patient access to innovation. Yet evolving European access landscape, growing evidence demands, and budget constraints may require rethinking traditional collaboration models. Understanding payer perspectives on what drives meaningful, impactful partnerships is essential to shaping more effective, context-specific approaches that support sustainable access and align with emerging policy and evidence expectations.

OBJECTIVE

To identify how pharmaceutical companies can partner differently with payers to create future access opportunities, this study explored payer experiences and expectations across geographies. The goal was to define practical, forward-looking strategies and tactics for sustainable collaboration that can improve patient access amid ongoing changes in the European Union (EU) health technology assessment (HTA) process.

METHOD

A structured survey was conducted with 20 senior ex-United States (US) payer stakeholders (Europe, United Kingdom [UK], Japan, and Canada), including HTA assessors, reimbursement decision-makers, and pricing negotiators. The survey was completed just before the introduction of EU Joint Clinical Assessment (JCA) in January 2025. The findings informed a focused advisory board discussion with seven national-level EU experts from Finland, France, Germany, Italy, the Netherlands, Spain and Sweden. This two-step approach validated key themes and allowed deeper exploration of European system dynamics and partnership models.

RESULTS

A total of 20 people responded to the survey, all with experience at the national level.

Respondents held a wide range of roles, including:

- HTA assessor
- Reimbursement decision-maker
- Pricing negotiator
- Price arbitrator
- Policy advisor
- Academic advisor

While 63% of survey respondents anticipated moderate further changes in the HTA/reimbursement landscape, 37% expected significant transformation to adapt to the EU JCA. Responders expected changes to occur primarily at the national level (59%), followed by cross-border and pan-EU level.

Areas predicted to be most impacted were data requirements for demonstrating value (79%), HTA methodology (68%), and pricing and reimbursement (58%) (Figure 1).

Stakeholders reported that collaborations with pharmaceutical companies are most valued when focused on trial design and joint evidence generation, whereas partnerships involving policy development, educational initiatives, or patient access programs are perceived as less valuable (Figure 2).

For future collaborations, respondents prioritized early engagement, real-world evidence (RWE), and fair, flexible pricing, while expressing frustration with promotional content and unrealistic pricing expectations.

The advisory board confirmed these themes and emphasized that “one-size-fits-all” strategies often fail to reflect national regulatory, budgetary, and cultural contexts. While JCAs may enable methodological alignment, concerns remain about national adaptability. Long-term outcomes data were considered insufficient, undermining payer confidence in therapy sustainability. Participants supported pan-European collaboration in early development, especially for horizon scanning, trial designs that meet payer needs, and RWE generation via stronger data partnerships and artificial intelligence (AI). Simpler financial agreements were favored over complex outcome-based models.

Figure 1. Specific areas anticipated to be most affected by current/future changes

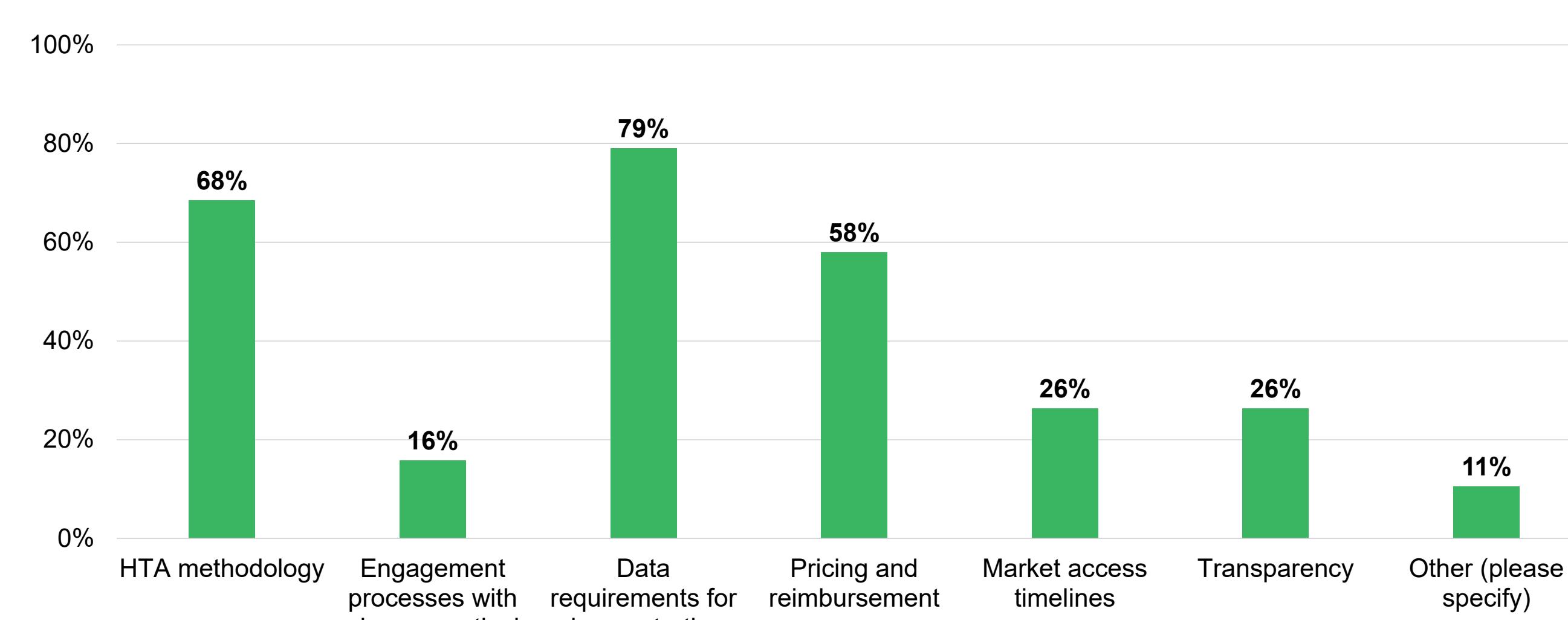
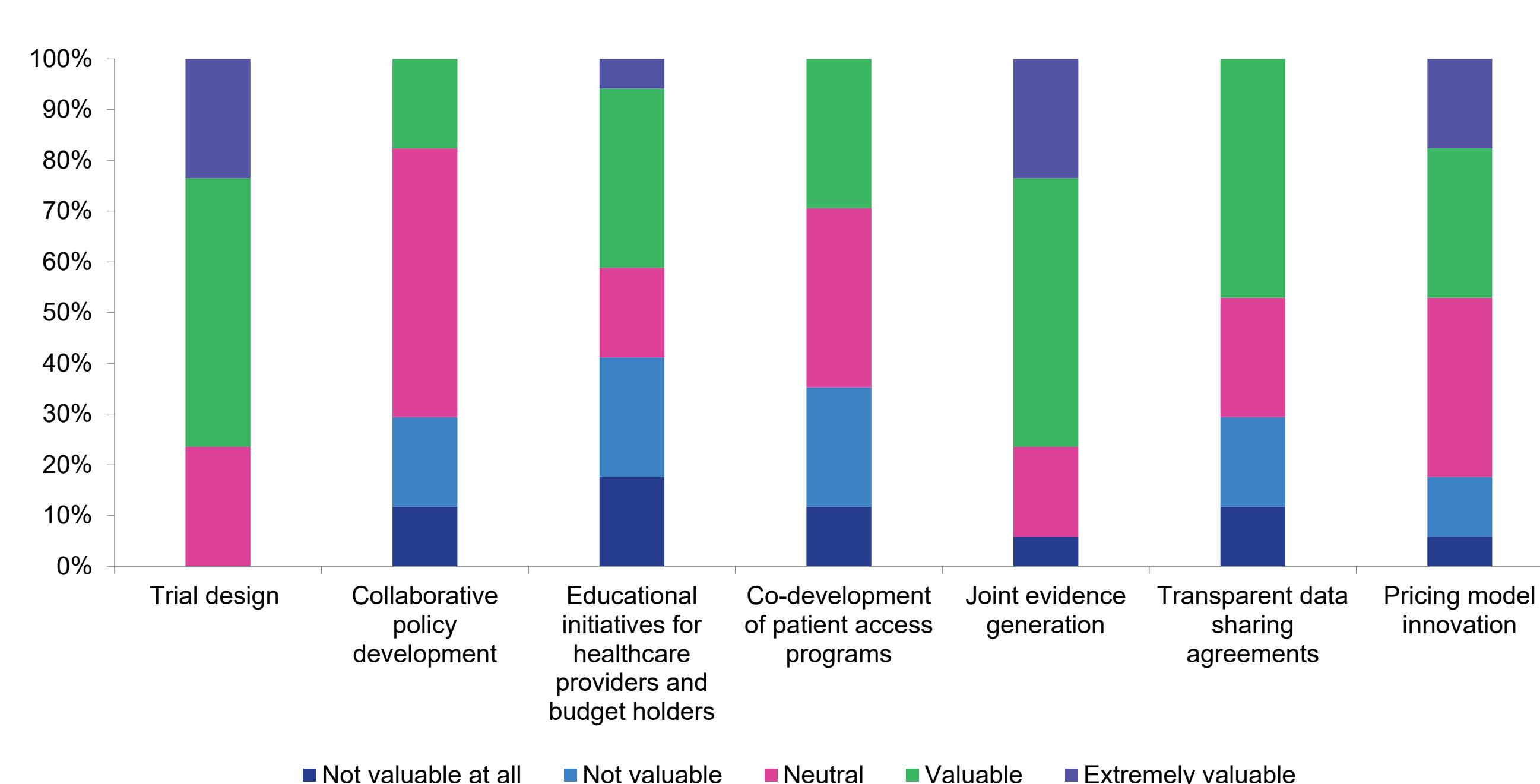


Figure 2. Perceived value of collaboration with pharmaceutical companies



CONCLUSIONS

Access to pharmaceutical innovation in Europe depends on evolving, collaborative partnerships. Over the past decade, the US has far outpaced Europe in research and development (R&D) investment and approvals of novel first-in-class therapies, while China is rapidly closing the gap.^{1,2} Many of these breakthrough therapies never reach EU markets, highlighting a growing innovation divide. To address this, Europe must adopt

new models of early and constructive engagement with payers, aligning price with value through shared evidence planning, open dialogue, and common priorities. Such approaches can reshape collaboration into a more impactful and sustainable model, ensuring that European patients gain timely access to innovation while safeguarding healthcare system efficiency.

REFERENCES

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