

From Cost Containment To Modernization: Market Access Updates Across The EU4 And The UK In 2025

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Background and Objective

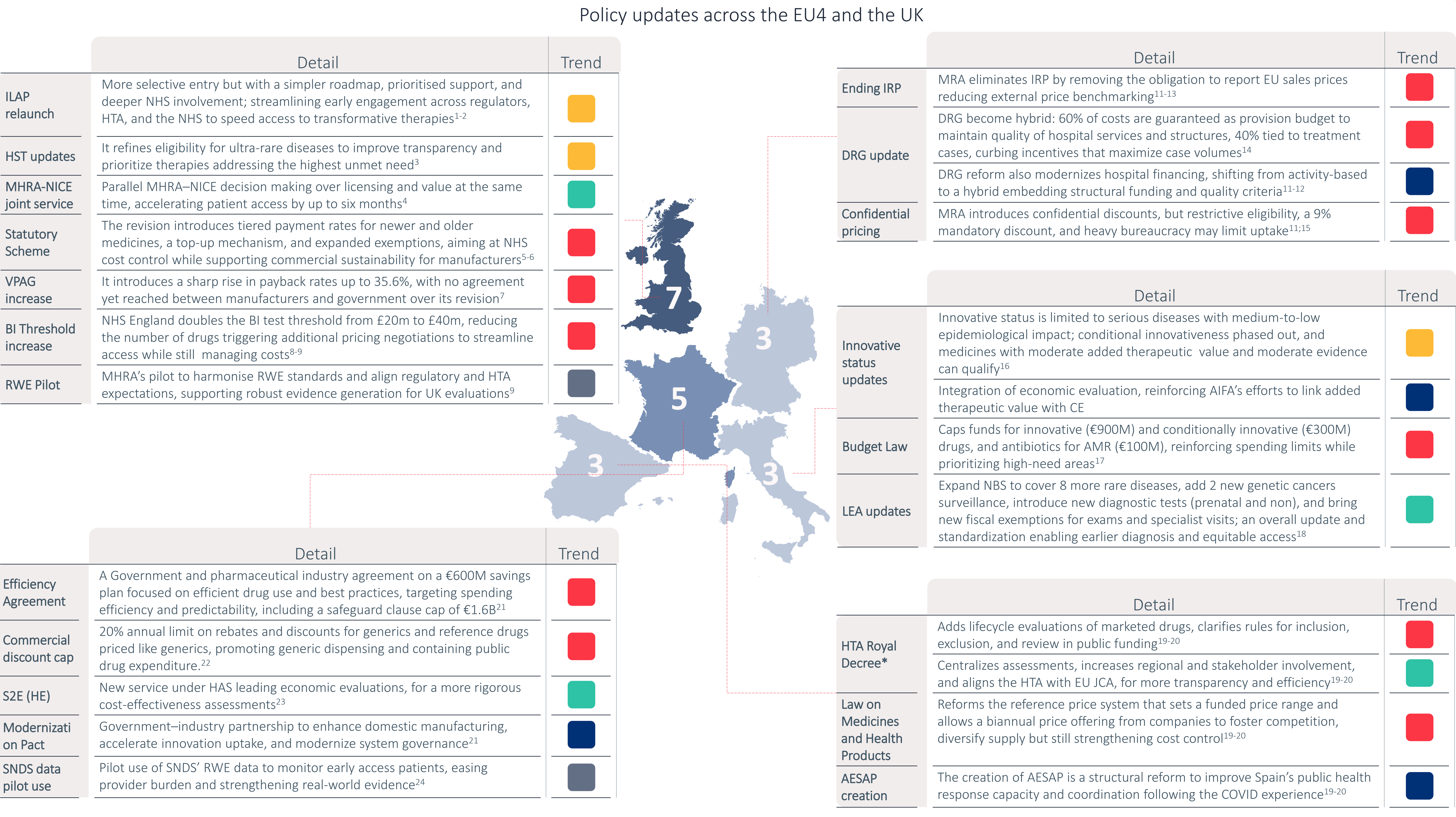
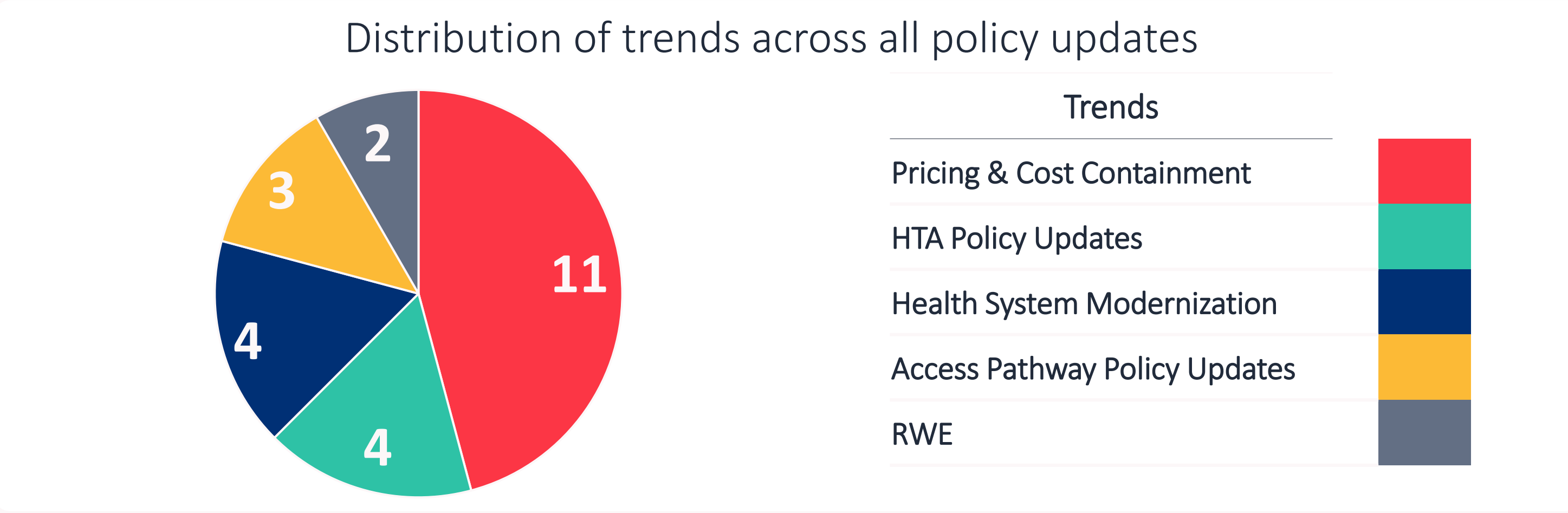
- In 2025, European countries are implementing a considerable number of policy reforms to manage national healthcare system (NHS) expenditures, optimize access pathways, and update NHS services.
- This research systematically maps these changes across the EU4 and the UK, assessing their implications for pharmaceutical launch strategies and patient access.

Methods

- A structured review of publicly available national policy updates (issued between 01/01/2025 and 15/10/2025) was conducted across 5 major European markets: the UK, France, Germany, Italy, and Spain.
- Identified policies were categorized into 5 trends: Pricing & Cost Containment, HTA & Evaluation Policy Updates, Access Pathway Updates, Health System Modernization, Access Pathway Policy Updates, and RWE. Trends and policies are not mutually exclusive to reflect their multidimensional impact.

Results

- A total of 24 new policies were identified across the UK (n=7), France (n=5), Germany (n=3), Italy (n=3) and Spain (n=3).
- The most prominent trend detected was Pricing & Cost Containment (45.8%), followed by NHS Service Modernization (16.7%) and HTA Processes (16.7%), Access Pathway Updates (12.5%), and RWE (8.3%).
- Germany’s focus is overwhelmingly on pricing, with removal of IRP and confidential pricing policy. Similarly, also the UK and France primarily focus on pricing and cost-containment with nearly half of their policy updates centred on this. In addition, the UK is geared towards Access Pathway updates and RWE.
- Spain is streamlining national HTA process and improving NHS coordination and response capacity.
- Italy shows equal distribution across trends as it undergoes changing in AIFA’s innovativeness criteria and updates spending limits.



Conclusions

- 2025 reflects an evolving policy landscape characterized by continued focus on pricing reforms, access pathways, and the integration of RWE. Policies are driving stronger integration of RWE in treatment effectiveness assessments, advancing value-based frameworks, and raising the standards for what constitutes value. Manufacturers should respond by adopting adaptive launch strategies that prioritize earlier evidence generation planning to support robust value demonstration and ensure alignment with national access priorities.

Abbreviations

AESAP – Agencia Española de Servicios y Acceso a Pacientes (Spanish agency for services and patient access); AIFA – Agenzia Italiana del Farmaco (Italian Medicines Agency); AMR – Antimicrobial Resistance; ABPI – Association of the British Pharmaceutical Industry; BI – Budget Impact; BMG – Bundesministerium für Gesundheit (German Federal Ministry of Health); CE – Cost Effectiveness; DHSC – Department of Health and Social Care; DRG – Diagnosis-Related Group; EU JCA – European Union Joint Clinical Assessment; EU4 – European Union Four (France, Germany, Italy, Spain); HAS – Haute Autorité de Santé (French National Health Authority); HST – Highly Specialised Technologies; HTA – Health Technology Assessment; ILAP – Innovative Licensing and Access Pathway IRP – International Reference Pricing; LEA – Essential Levels of Care; MEF – Ministère de l’Économie et des Finances (French Ministry of Economy and Finance); MHRA – Medicines and Healthcare products Regulatory Agency; MRA – Medicines Research Act; MS – Ministerio de Sanidad (Spanish Ministry of Health); MSP – Ministère de la Santé et de la Prévention (French Ministry of Health and Prevention); NBS – Newborn Screening; NHS – National Health Service; NICE – National Institute for Health and Care Excellence; RWE – Real-World Evidence; S2E (HE) – Service to Establish (Health Economics); SNDS – National Health Data System; VPAG – Voluntary Pricing and Access Scheme

Notes

*Royal Decree still under final review (as of October 2025)

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