US Most Favoured Nation Pricing and EU Joint Clinical Assessment: A CEE-Weighted Pulse Check on Launch Strategy, Evidence Generation and Access Risk

Abstract P40 | Research Podium: New Forces Shaping Global Pricing

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Use of AI-assisted tools

AI-assisted tools supported survey design and analysis. All outputs and interpretations were reviewed, validated and approved by the authors, who take full responsibility for the content. Disclosed in line with ISPOR policy on AI-assisted content

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Two policies, one decision window

Both shifts have an impact on the same launch decisions at the same time

US Most Favoured Nation (MFN) pricing

- Benchmarks US prices to lower prices in comparable wealthy nations
- European prices become a reference point for the US market
- Raises the stakes of price visibility and basket membership

EU Joint Clinical Assessment (JCA)

- One EU clinical assessment informing 27 national decisions
- Phased in from 2025, starting with oncology and advanced therapies
- Moves evidence requirements earlier; widens PICO scope

Why a CEE lens?

Exposure: Czechia is the only CEE country in any US reference basket (GLOBE, Medicare Part B); none is in the Medicaid (GENEROUS) basket

Hypothesis: non-basket CEE markets could move earlier in launch sequences, or stay exposed via cross-border reference pricing

Concurrent, not necessarily convergent: does the combined effect of both help or harm access in smaller markets?

Reference baskets: CMS GLOBE final rule, Federal Register (2 Oct 2026); CMS GENEROUS Medicaid model, as summarised in a KFF health policy brief (8 May 2026). CEE: Central and Eastern Europe. PICO: population, intervention, comparator, outcome..

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Objectives

To assess how market access professionals ***perceive*** the global launch, pricing and evidence-generation implications of two concurrent policy shifts: the US Most Favoured Nation pricing framework and EU Joint Clinical Assessment

Reported as perceptions and expectations of market access professionals, not as measured behaviour

Objective as stated in the accepted abstract

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Methods

Online pulse-check survey, 14 May to 23 June 2026

Design	Online pulse-check survey of market access, HEOR, commercial and leadership professionals
Sample	26 valid completed responses: a global industry readout with a CEE-weighted case study
Likert items	Five-point scale, reported as top-2-box agreement (Agree + Strongly Agree), with net agreement and neutral shares
Free text	Reviewed thematically by the authors
AI assistance	AI-assisted tools supported design and analysis; all outputs were validated and approved by the authors

A perception study. Findings describe what respondents expect and report, not observed behaviour. Small sample, so any subgroup comparisons are exploratory

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Who responded

N=26 | fieldwork 14 May to 23 June 2026 | global readout with a CEE-weighted case study

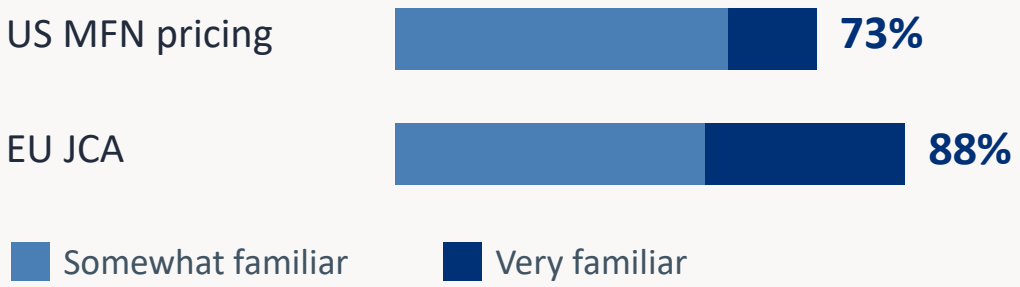
26
valid completed responses

69%
based in Central and Eastern Europe

50%
director level or above

88%
from industry

Policy familiarity (at least somewhat familiar)



Composition

CEE 18 of 26 Poland and Slovenia
Non-CEE 8 of 26 Italy, Germany, USA, Cyprus
Non-industry 3 of 26 advisory, HTA body, hospital
Director+ 13 of 26 excludes associate director tier

Small sample. The study measures what professionals perceive and expect, not measured behaviour. All subgroup comparisons are exploratory and directional.

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MFN is prompting reassessment of pricing and launch plans

Perceived strategic impact of US MFN pricing | n=26 | top-2-box agreement at right

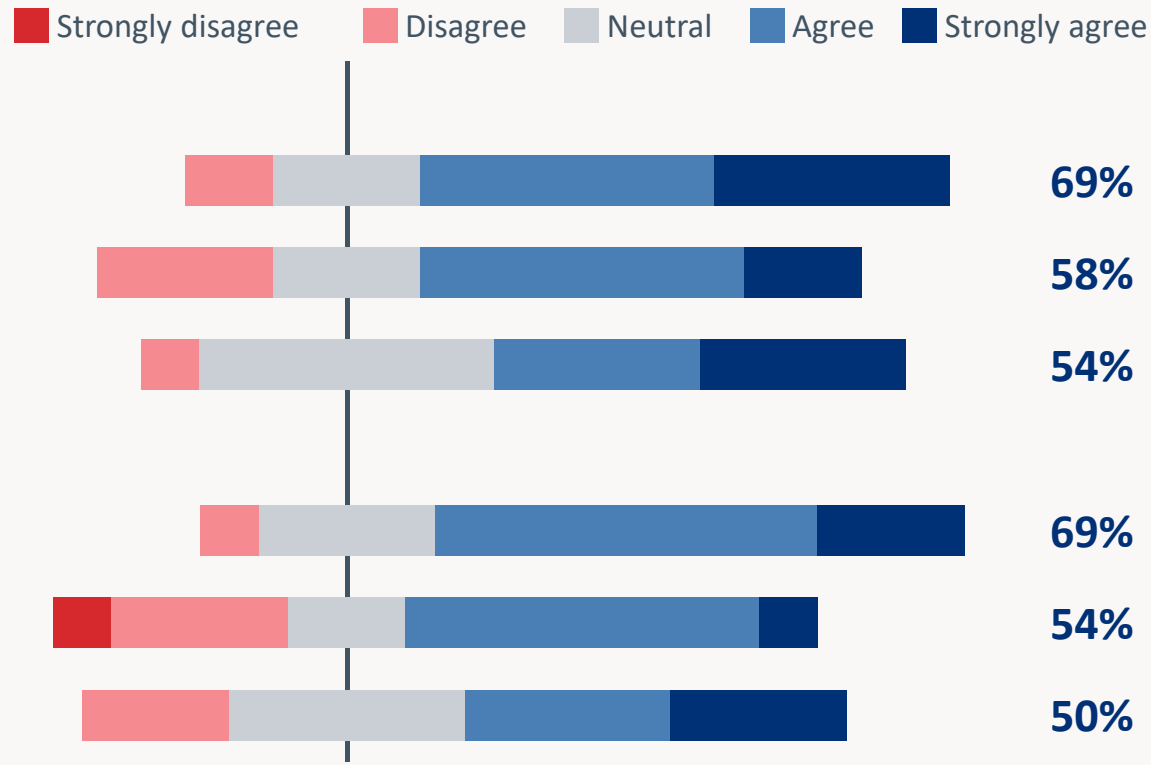
69%

more cautious on visible prices

and

50%

reconsidering EU launch sequence; only 19% rule it out



Vertical rule = neutral midpoint. Only 19% disagree that they are reconsidering launch sequence; a further 31% are neutral, a wait-and-see group that could move as GLOBE takes effect and GUARD is finalised.

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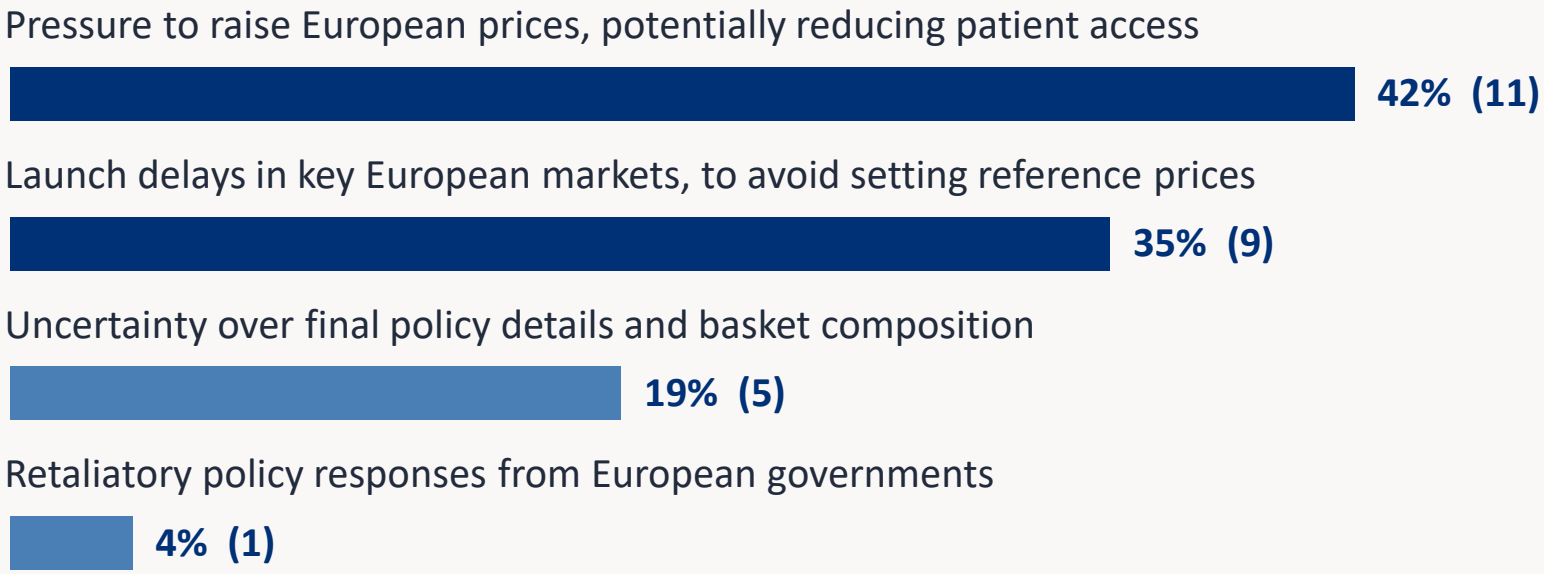
The leading perceived risk is to patient access in Europe

Single biggest perceived risk MFN poses to respondents' European business | single select | n=26

77%

chose an access-related consequence as the single biggest risk



Although asked about risk to their own business, more than three-quarters of respondents chose a consequence for patient access: upward price pressure or delayed launches

Single-select question; percentages sum to 100%. Counts in brackets. Dark blue marks the two access-related responses. Revenue loss was not offered as a response option.

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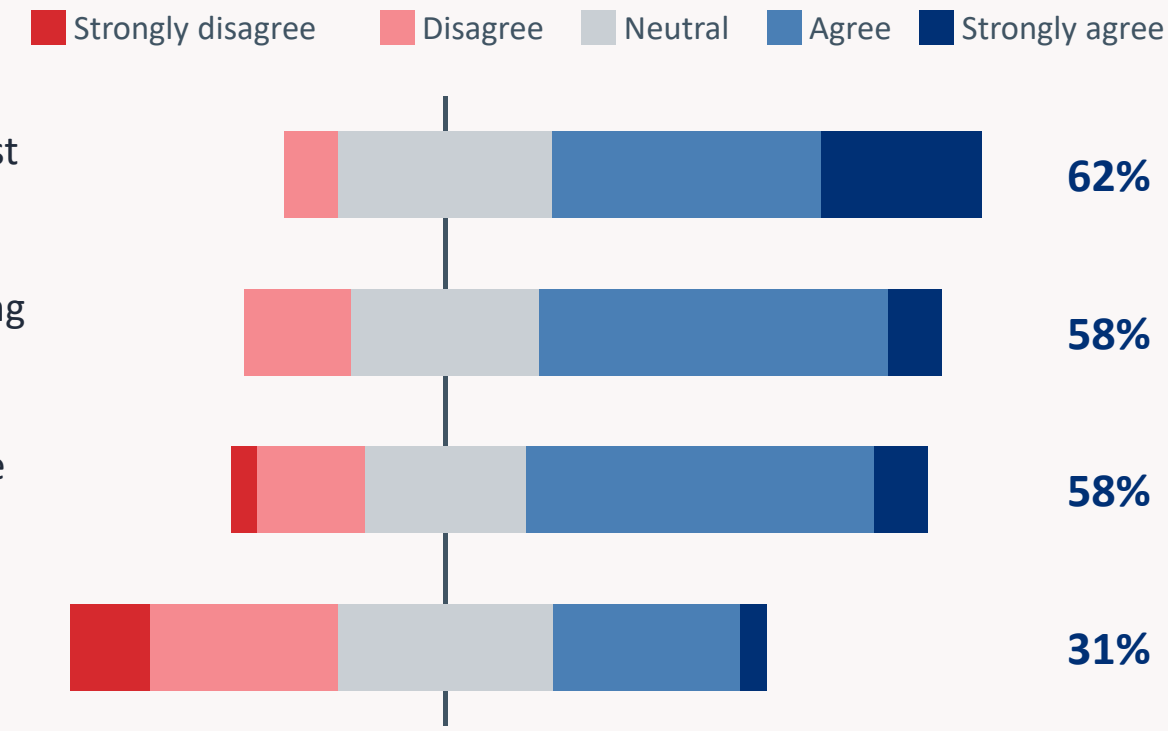
JCA is seen as burden before benefit

Perceived operational impact of EU Joint Clinical Assessment | n=26 | top-2-box agreement at right

62%

agree upfront JCA evidence raises launch cost and complexity

Strongest JCA signal; the only item where more than three in five agree



Ordered by net agreement. Three of the four statements describe added burden or effort; the only potential benefit, easier simultaneous launch planning, draws more disagreement than agreement.

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Only 31% see JCA easing simultaneous EU launch planning

Survey item (abridged): JCA is making it easier to plan simultaneous or near-simultaneous EU launches | n=26

31% agree

38% disagree

–8% net agreement: the only net-negative item in the survey

A further 31% were neutral

What the Regulation says. *Aligning JCA with EU marketing authorisation "should ensure that joint clinical assessments could effectively facilitate market access and contribute to the **timely availability** of innovative health technologies for patients."*

Regulation (EU) 2021/2282, Recital 36; Recital 13 cites staggered national submissions as "impeding and distorting market access"

Easier simultaneous launch planning is the only JCA statement in which disagreement exceeds agreement. It is too early to judge whether this scepticism is justified

Net agreement = (Agree + Strongly Agree) minus (Disagree + Strongly Disagree). Pricing and reimbursement remain national.

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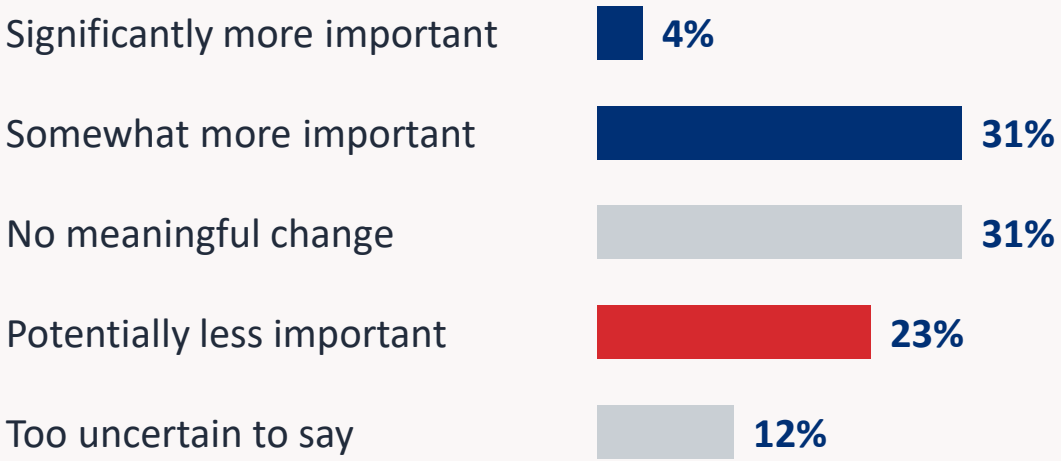
No consensus on the future of smaller markets

Future strategic importance of CEE and other lower-GDP European markets | single select | n=26

Expected future importance (all respondents)



35% more important, 23% less, 31% no change: no majority view

CEE-based respondents lean more optimistic

	CEE n=18	Non-CEE n=8
Expect CEE to become more important	**39%**	**25%**
Expect CEE to become less important	**22%**	**25%**
Non-basket EU markets more attractive under MFN	**56%**	**50%**

Caveat: geography overlaps with role. All 5 global/HQ respondents are non-CEE; all 7 local-affiliate respondents are CEE

Within-subgroup shares (third row: top-2-box agreement). Small subgroups (CEE n=18, non-CEE n=8): exploratory, no significance testing.

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What has changed since the survey closed

Developments after 23 June 2026, shown as context for interpretation

18 Sep 2026	MFN deals: the White House reports agreements with 26 manufacturers, covering 89% of the branded drug market by its own estimate; MFN prices extended to all 50 state Medicaid programmes
2 Oct 2026	GLOBE (Medicare Part B) final rule: narrower scope, start moved to 1 Jan 2027; Czechia remains the only CEE basket country. GUARD (Part D) still proposed
Jul–Sep 2026	Section 232 tariffs in force: 100% on patented imports, falling to 0% until Jan 2029 for manufacturers with an MFN agreement and onshoring plan
Jun–Oct 2026	JCA: five reports published since June 2026; 18 assessments ongoing and 4 discontinued (Commission list, 08 Nov 2026)

Context only, not findings. Consistent with what respondents anticipated: pricing opacity, portfolio-dependent impact, unresolved benefit for smaller markets

Sources: White House fact sheet, 18 Sep 2026; CMS GLOBE final rule, Federal Register, 2 Oct 2026; Section 232 proclamation, 2 Apr 2026; European Commission JCA list and published JCA reports.

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Conclusions

1

MFN is prompting reassessment of both pricing and launch sequencing

69% report greater caution on visible list prices and 50% are reconsidering EU launch sequence, with only 19% disagreeing. This indicates a reassessment rather than any decisive resequencing, so far

2

JCA is seen as burden before benefit

62% expect higher launch cost and complexity; only 31% say JCA is making simultaneous EU launch planning easier, against 38% who disagree

3

The future of CEE and other lower-GDP markets is contested

A 35 / 31 / 23 split; no majority view emerged

The central tension: MFN's affordability-driven pricing pressure and JCA's harmonisation-driven evidence requirements may reshape launch incentives in ways that increase pricing opacity, evidence demands and access uncertainty in smaller markets

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