PAYER PERSPECTIVES ON THE IMPACT OF THE COVID-19 PANDEMIC ON HEALTH TECHNOLOGY ASSESSMENTS (HTA) IN EUROPE

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OBJECTIVES

The COVID-19 pandemic has had a tremendous impact on healthcare systems, economies, and many aspects of everyday life. The core objectives of this research were to assess the impact that the pandemic has had on HTA assessments in Europe, outline key issues faced by payers, and determine payers' outlook on future implications.

METHODS

A qualitative, web-based survey was fielded via the Rapid Payer Response™ online portal (RPR®) to 25 current payers with experience in market access and reimbursement from the UK (NICE, NHS, CCG), Germany (G-BA, KV), France (CNEDiMTS, CT), Italy (AIFA, regional), and Spain (AEMPS, CIPM, MSSSI/MoH). Each payer completed the survey within 1 week, over a period of 3 months from June 2022 to September 2022.

Country	France	Germany	Italy	Spain	UK
Payer types	CNEDiMTS (1) CEPS (1) Hospital pharmacist (3)	G-BA (1) KV (2) KK/SHI (1) Hospital pharmacist (1)	AIFA (2) Regional (3)	CIPM (1) Regional (2) Hospital pharmacist (2)	NICE (1) NHS (1) CCG (3)
Total	5	5	5	5	5

Table 1. Payer profiles of survey respondents.

RESULTS

IMPACT OF COVID-19 ON HTA ASSESSMENTS (2020–2022)

15/25 (60%) of surveyed payers expressed that the pandemic resulted in delays in HTA assessments, with an average delay of 4 to 12 months (Figure 1). German payers did not experience delays, noting that timelines are regulated by law.

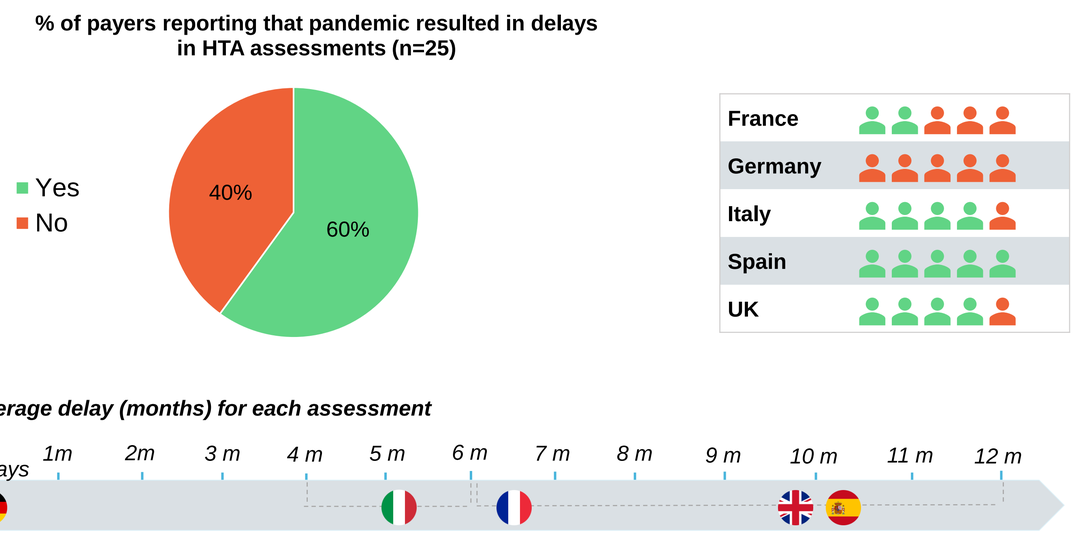

Figure 1. Delays in HTA assessments due to COVID-19 pandemic.

Delays resulted in fewer completed HTA assessments per year compared to pre-pandemic years for 13/25 (52%) payers (Figure 2). When excluding Germany, 13/20 (65%) of payers expressed that access to medicines during the pandemic was impacted due to delays. Across those countries, 20-50% annual reduction was observed in number of completed HTA assessments (with greatest reductions reported by Spanish and UK payers) due to COVID-related challenges.

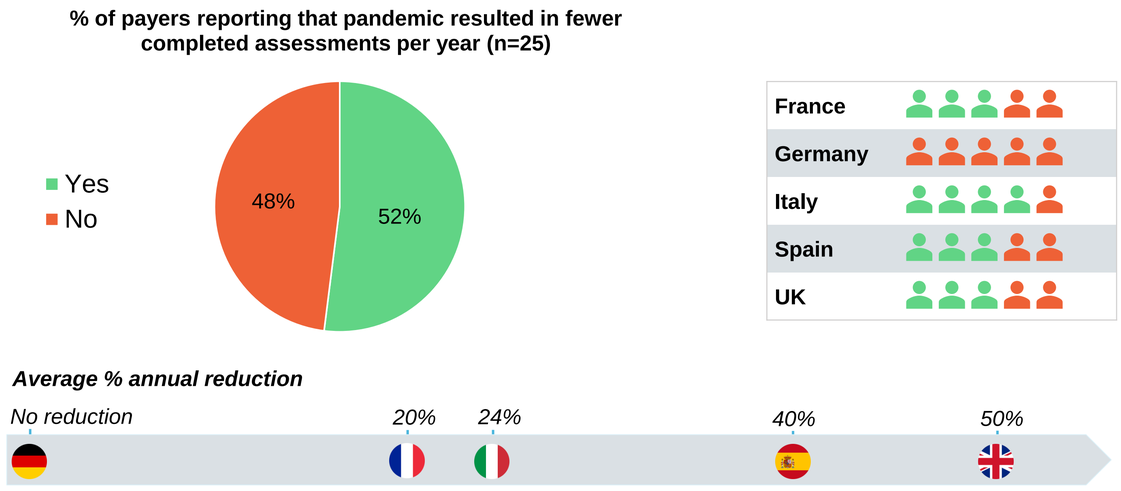

Figure 2. Decreased number of completed HTA assessments per year.

Among drug classes that were delayed the most in reaching patients due to the pandemic, payers mentioned drugs targeting chronic conditions with low-risk of mortality, such as baricitinib, dupilumab, and intravitreal dexamethasone (UK), or orphan drugs requiring longer evaluation and price negotiations, such as CAR-Ts (Italy).

Around half (47%) of the payers in Italy, Spain, and France expressed that the HTA submissions made for off-label COVID-19 treatments such as remdesivir, tocilizumab, baricitinib, dexamethasone, and hydroxychloroquine added to the delay of HTA assessments across other therapeutic areas early in the pandemic. Payers in Germany and UK did not report this issue.

KEY CHALLENGES AND FUTURE OUTLOOK

Key challenges expressed by payers included clinical trial delays, de-prioritisation of non-COVID diagnoses or care, tighter healthcare budgets, lack of staff due to COVID-related leave or re-allocations and increased patient backlogs. In response to tighter budgets, some payers reported a decreased willingness to pay for expensive oncology, immunology, and orphan drugs, as well as for advanced cell and gene therapies. To address these challenges, treatments that address a high unmet need were prioritised and granted interim or early access, use of tele-medicine was increased to alleviate strain and provide timely care to patients, government healthcare spending was increased, and additional funding was allocated to deal with COVID-related expenses.

Payers reported only modest pressure for more robust evidence since HTA requirements are already quite demanding, though they anticipate a greater demand for or acceptance of RWE in the future (Figure 3). Payers across countries agree that COVID has led to a significant financial impact due to increased health spending at both National and Regional levels, with ≥60% of payers in Germany, Spain, and the UK reporting increased pressure on drug budgets to contain costs.

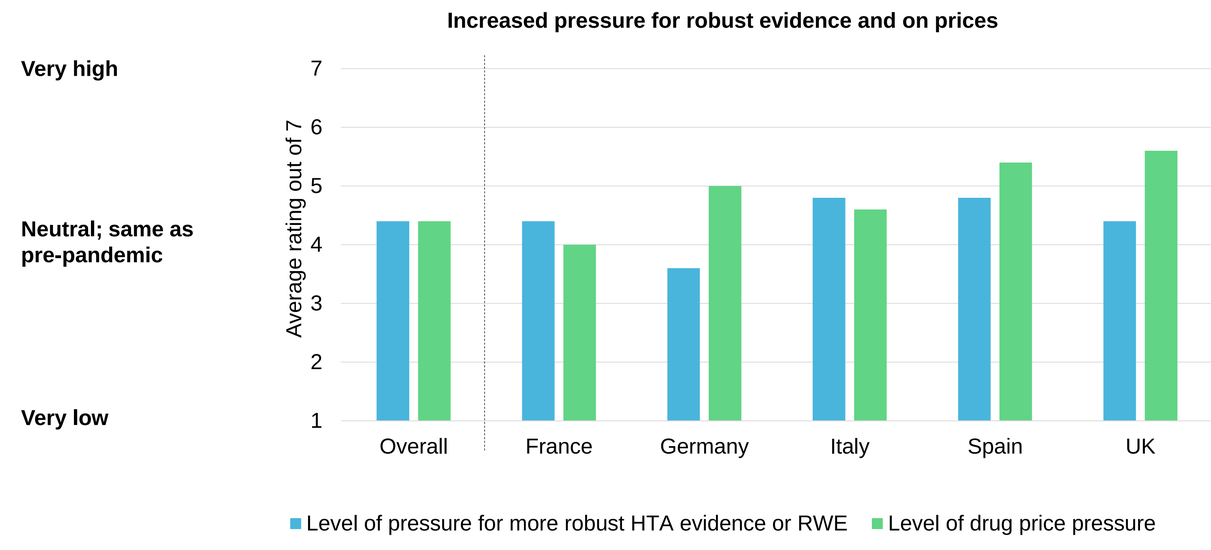

Figure 3. Increased pressure for robust evidence and on prices.

10/25 (40%) payers have already experienced or anticipate a quick return to pre-pandemic conditions, whereas the other 15/25 (60%) expect long-lasting effects on HTA and access in the coming years (Figure 4).

Payers noted that pharmaceutical manufacturers could better support the HTA process by increasing preparedness and transparency, prioritising agents for review, and meeting more rigorous clinical trial design and evidence expectations. They will also be less tolerant to approving drugs with surrogate endpoints, leading to more stringent pricing negotiations, as healthcare system budgets have been put under considerable pressure with COVID-19 expenditures.

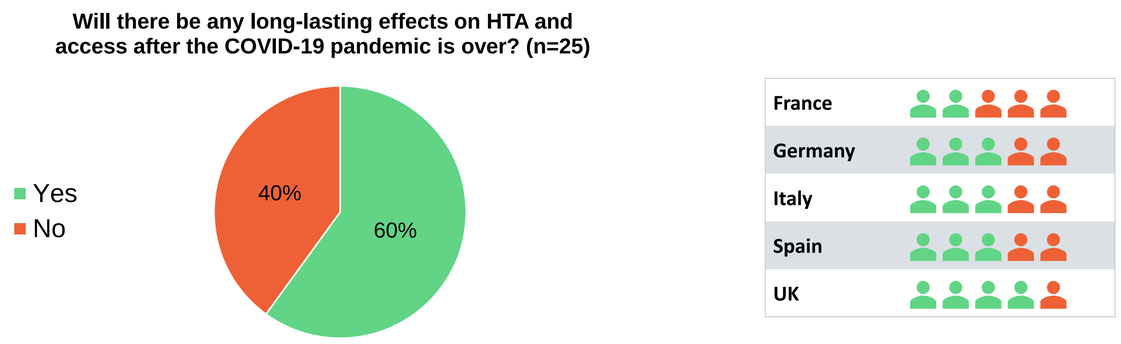

Figure 4. Anticipation of long-lasting effects on HTA and access.

CONCLUSION

Payers across all scope countries except Germany conveyed that the COVID-19 pandemic has had a significant impact on HTA assessments, which may have longer-lasting implications. Close collaboration and alignment between pharmaceutical manufacturers and HTA bodies may allow for a more efficient recovery.