Market Access Implications of Early Access to Medicines Scheme in the UK

Poster No. HPR195

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Background

The Early Access to Medicines Scheme (EAMS) gives patients with life threatening or seriously debilitating conditions access to medicines that have not yet been granted a marketing authorisation (MA), and consequently before assessment by the National Institute for Health and Care Excellence (NICE), when there is a clear unmet clinical need.

Through the scheme the Medicines and Healthcare Regulatory Agency (MHRA) provide a scientific opinion on the benefit/risk balance of the medicines, based on the available data. This provided as part of a two-step process, the first of which is consideration for the designation as a Promising Innovative Medicine (PIM). If a positive scientific opinion is provided, the technology developer must provide periodic updates to the MHRA at a frequency agreed before the scientific opinion but likely to be every three months. The scientific opinion lasts for a year and can be renewed. The product is provided free of charge. The scheme is voluntary and the opinion from the MHRA does not replace the usual drug licensing procedures.[1]

Objectives

Increasingly pharmaceutical companies are applying for EAMS to accelerate patient access in areas of high unmet need, the objectives of this study were:

- To identify and assess EAMS submissions
- To understand market access implications of EAMS

Methods

EAMS submissions published on https://www.gov.uk/government/statistics/early-access-to-medicines-scheme-applications-pending-refused-granted website between April 2014 and March 2023 were identified. An analytical framework was created to extract relevant data from EAMS and NICE publications. Analysis of submissions was conducted for products across a variety of therapeutic areas, and the market access implications of the EAMS were assessed.

Results

Out of 160 PIM applications, 77.5% products received the designation, and the decision was pending for 10 products (**Figure 1**). The majority of products with PIM designation went ahead to seek scientific opinion. Out of 65 scientific advice applications received, 77.3% of products were awarded a positive scientific opinion (**Figure 2**).

Figure 1. EAMS Step 1 PIM designations - April 2014 to February 2023[1]

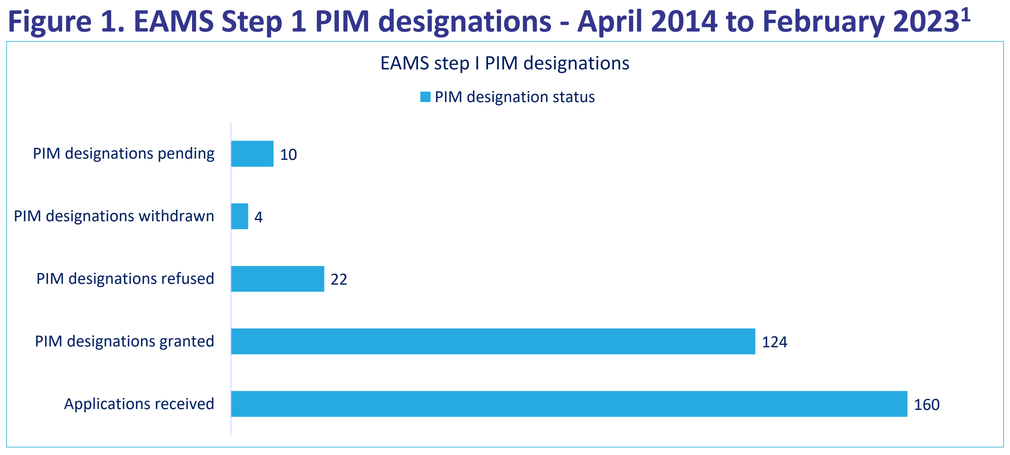
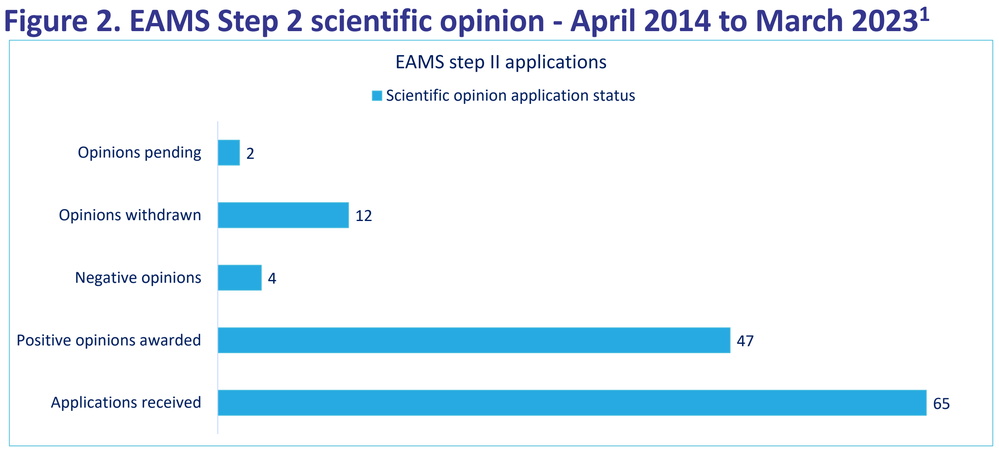


Figure 2. EAMS Step 2 scientific opinion - April 2014 to March 2023[1]



Oncology, COVID-19, and rare diseases were identified as key therapeutic areas for EAMS due to their high unmet medical need. We selected atezolizumab and pembrolizumab in oncology, remdesivir for COVID-19, and idebenone for Duchenne Muscular Dystrophy (DMD) to conduct case study analysis (**Table 1**). Our analysis found that patient access to the treatments was accelerated by an average of four to twelve months.

Pembrolizumab and atezolizumab were commissioned within 30 days compared to the usual 90 days post NICE recommendation. Remdesivir received a conditional recommendation for the management of COVID-19. Scientific opinion for idebenone was renewed multiple times due to very high unmet need in patients with DMD. However, following a failed interim analysis, the phase 3 trial was stopped and clinical development of idebenone was discontinued. The conditional MA request and EAMS were withdrawn despite more than 3 years supply through EAMS.

Of the medicines assessed, NICE technology appraisal (TA357) noted the availability of pembrolizumab in the UK through EAMS. Pembrolizumab was approved for the treatment of advanced (unresectable or metastatic) melanoma in adults. However, indication submitted for NICE appraisal was in line with patient population included in EAMS, i.e., adult patients with advanced (unresectable or metastatic) melanoma after the disease has progressed with ipilimumab and, for BRAF V600 mutation-positive disease, a BRAF or MEK inhibitor.

Results continued

Estimated number of people eligible to have pembrolizumab (about 600 in 2015 and about 300 annually thereafter) were considered plausible by NICE. The clinical experts confirmed that these estimates in TA357 were in line with the number of people who have had pembrolizumab through the EAMS through the National Health Services (NHS).

Table 1. EAMS case studies[1]

Medicine	Pembrolizumab	Atezolizumab	Remdesivir	Idebenone
Disease Area	Oncology (melanoma)	Oncology (liver cancer)	COVID-19	Rare disease (DMD)
Unmet Need	Unmet clinical need for advanced melanoma; first medicine through the 2-step EAMS process	Rising cases of primary liver cancer in the UK; unmet need for patients with unresectable HCC, most common form of primary liver cancer	For hospitalised patients with severe COVID-19 infection in cases of high unmet medical determined by a physician	Very high unmet need to slow the decline in respiratory function in patients with DMD; small study and limited data beyond 12 months of use
Scientific Opinion	Granted: March 2015	Granted: June 2020	Granted: May 2020	Granted: June 2017; renewed thrice before withdrawal
Key Takeaway	Through EAMS, approximately 500 patients with advanced melanoma in the UK have been among the first in the world to access the breakthrough treatment. During NICE TA, EAMS can support the clinical unmet need and estimates of likely eligible population.	Sixty-three patients with HCC initially received accelerated access. New patients can continue to access treatments post-EAMS and post-approval while waiting for NICE TA. However, the risk of drug not being recommended in the future should be assessed upfront by the company.	Remdesivir was made available in an exceptional time of a global pandemic. However, learnings from this case should not be extrapolated to other antivirals or in any other situation.	EAMS carries a risk of exposing patients to medicines which are subsequently demonstrated not to be effective. This highlights the importance of: regulatory benefit/risk assessment; informed discussion between a patient and their physician about the potential risks and benefits of drug.

Abbreviations: DMD: Duchenne Muscular Dystrophy; EAMS: Early Access to Medicines Scheme; HCC: hepatocellular carcinoma; NICE: National Institute for Care and Excellence; TA: technology appraisal

Our research identified key market access implications of EAMS:

- The scheme provides patients with high unmet clinical need early access to potential breakthrough drugs.
- If NICE is notified of a PIM designation and a positive EAMS opinion at least 12 months before expected MA, the product will be prioritised in the work programme enabling first Committee decision to be published within 3 months of MA compared to the usual 6 months, accelerating the appraisal process and potentially shortening time to routine commissioning.
- Following a recommendation by NICE, routine commissioning can be expedited to 30 rather than the usual 90 days providing faster access to commercial stock for existing and potentially new patients.
- Data collection is expected as part of EAMS, which can be leveraged to support NICE submission and to gain reimbursement early.
  - High-quality real-world evidence (RWE) on efficacy and safety data can be leveraged during reimbursement decision making.[3]
  - The company should carefully consider what data would be most useful and impactful.
- Therapies under an EAMS allow patients and clinicians to gain treatment experience, which may provide useful inputs in future appraisals.
- At the time of a submission to NICE or SMC, the uptake of the medicine under EAMS can support the clinical unmet need and case for treatment, as well as estimates of likely eligible population.
- Companies should consider the potential consequences if the medicine is not consequently routinely commissioned by the NHS, and strategically and ethically prepare an exit plan upfront to avoid prolonged free supply.

Conclusions

In areas of very high unmet need, it is possible to enable patient access before MA via EAMS. This is to be welcomed, but this study indicates that pharmaceutical companies should assess the potential impact EAMS participation may have on market access strategy at an early stage.

EAMS could provide useful insights to inform NICE appraisals through data collection, and clinician and patient inputs. In addition, EAMS may provide valuable information and learnings about the integration of novel technologies into routine clinical practice within the NHS which could be useful to inform routine commissioning approaches.

Overall, the decision to implement an EAMS should be weighed carefully from the various perspectives. To create an organisational memory and share experiences and best practices Evidera recommends companies adopt a structured review and repository of EAPs to understand any local market access implications globally.

References

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