# HTA342

# Does HTA Process in Central and Eastern Europe Countries Improve the Availability and Accessibility of Advanced Therapies: A 3-Year Analysis for Bulgaria, Romania, and Poland

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### INTRODUCTION

- ✓ The significant therapeutic potential of the advanced therapies (ATs)
  has predetermined the increased interests in their development mainly in
  the context of rare diseases (1);
- ✓ Usually, public payers and health care systems cover the expenses of the treatment with ATs; However, there are still many **challenges** in front of the health insurance funds related to the cost-effectiveness and budget impact issues of these therapies (2);
- ✓ The high prices of gene therapies are a cause for rejection from the HTA institutions and payers;
- ✓ Since the ATs are **orphan drugs** and are used in **personalized medicine**, **the small number of patients** to whom these therapies apply and the **manufacturer price** which ranges from US\$ 18,950 for a tissue-engineered product to US\$ 1,206,751 for a gene therapy, are some of the reasons for the **extremely high cost** of treatment with ATs (2);
- ✓ Unmet needs-driven reimbursement could be an opportunity for improved access to innovative therapies. The framed risks could be used as part of the negotiation process and as a tool for reaching affordable prices (3).

### **OBJECTIVE**

- To analyze health technology assessment (HTA) process and its specificities concerning advanced therapy medicinal products (ATMPs);
- 2. To **review the progress** in their market access over a 3-year period in three Central and Eastern European (CEE) countries: *Bulgaria, Romania and Poland.*

## **METHOD**

- A specifically designed questionnaire was created;
- The questionnaire contains a section on the prices and reimbursement (P&R) policies and on the HTA process related to advanced therapy medicinal products (ATMPs) and their availability and accessibility;
- The questionnaire was sent to HTA experts from the countries of interest – Bulgaria, Romania, and Poland;
- The responses were collected at two different points of time, 2021 and 2023.

### RESULTS

#### 1. NUMBER OF APPROVED ATMPS IN EUROPEAN UNION TO 2023

In total **23 ATMPs** have been granted a marketing authorization in EU of which:

- ✓ Cell based therapies 15 out of 23;
- ✓ Gene therapies 8 out of 23.

#### 2. HTA PROCESS AND HTA REPORT REQUIREMENTS

- ✓ The HTA process is obligatory for ATMPs, but no specific guidelines are available in the three countries Bulgaria, Romania and Poland;
- ✓ The duration of HTA assessment and appraisal for ATMPs is the same as for the other medicinal products – from 180 days in Bulgaria to 90 days in Romania;
- ✓ None of the three countries have established a specific willingness to pay threshold for ATMPs;
- ✓ In Bulgaria payer perspective of the HTA analyses is a requirement and in addition public perspective could be taken into account;
- ✓ In Poland payer perspective and joint perspective (payer and public perspective) is needed for HTA analyses;
- ✓ In contrast, in Romania public perspective is not part of the HTA analyses;
- ✓ In all three countries, cost-effectiveness and cost-utility analyses are preferred in HTA process.

#### 3. AVAILABILITY AND ACCESSIBILITY OF ATMPS OVER A 3-YEAR PERIOD (2021-2023)

- ✓ In Romania three ATMPs, one cell-based gene therapy and two gene therapies, were reimbursed each with specific requirements for prescribing and administration.
- ✓ In Bulgaria only **one application** of a gene therapy was **submitted**, and the process is still ongoing.
- ✓ In Poland three cell-based gene therapies and one gene therapy were reimbursed (Figure 1).

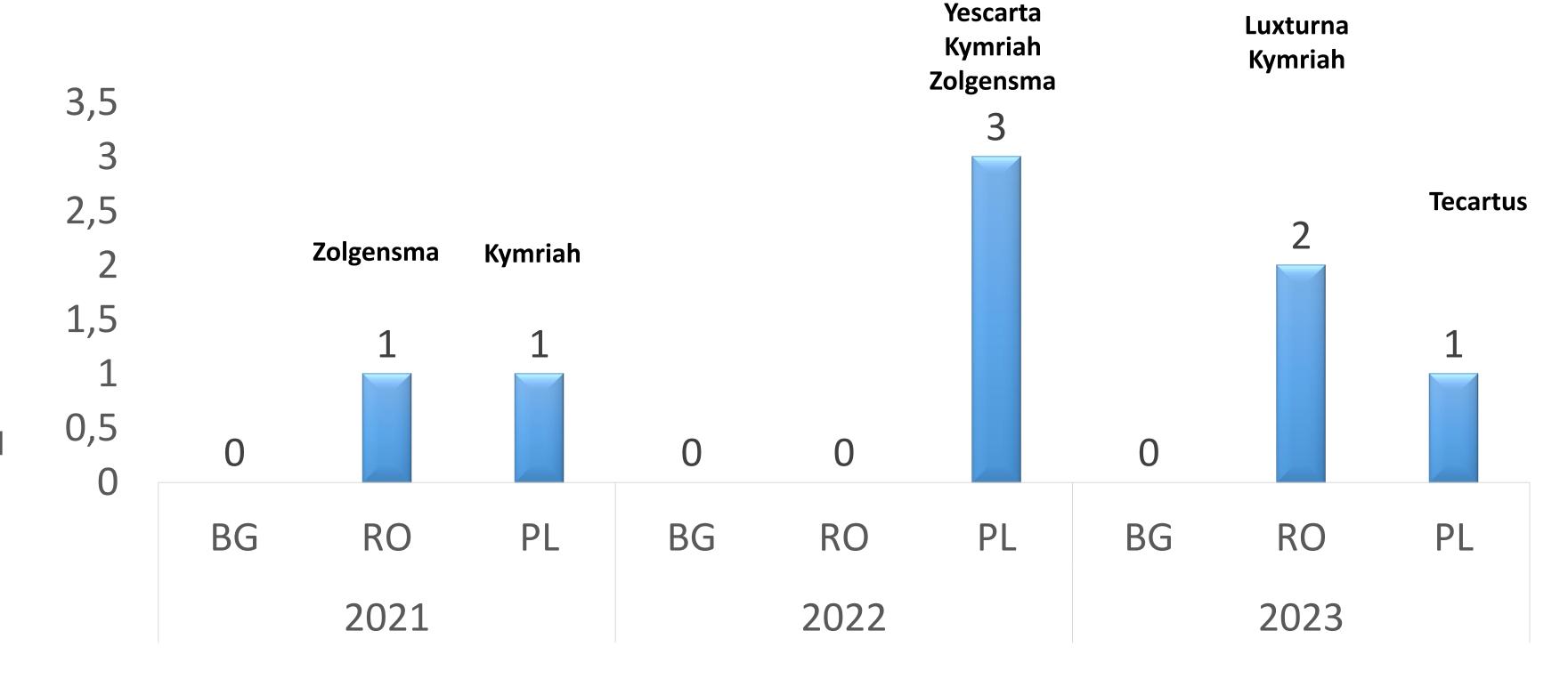


Figure 1. Number of ATMPs reimbursed in Bulgaria, Romania and Poland for a 3-year period (2021-2023)

### CONCLUSIONS

- ✓ The main challenges such as high treatment costs, uncertainty in clinical effectiveness, and inadequate HTA methodological approaches for ATMPs, are also present in CEE countries;
- ✓ Reliable, nationally oriented programs for HTA and adequate financial coverage of ATMPs are not yet implemented;
- ✓ No prioritization conditions for the HTA of ATMPs have been identified in the selected countries;
- ✓ Over the 3-year period, the HTA process for ATMPs has not changed significantly;
- ✓ The number of ATMPs assessed and available in Romania and Poland has increased. However, CEE countries lag behind Western European countries in terms of the ATMPs availability for the patients.

# REFERENCES

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