HTA70

Early patient access to life-saving drugs across Europe—A review of the characteristics and availability of drugs in Early Access Programs in EU4 and the UK

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Background

- Early Access Programs (EAPs) are an essential tool to provide patients with access to investigational drugs prior to their formal approval by the European Medicines Agency in the European Union or the Medicines and Healthcare products Regulatory Agency in the United Kingdom (UK), and until the national pricing and reimbursement (P&R) decision.[1]
- Access to investigational drugs is often the last hope for terminally ill patients, providing a potentially life-saving treatment option in many cases.[2]
- In the EU4 (France, Germany, Italy, Spain) and the UK, several national EAPs have been introduced over the last 30 years.[1]
- However, characteristics of such programs and extent of implementation vary widely across countries.

Objective

- To compare eligibility criteria and requirements of cohort-based and named patient EAP schemes as well as drug availability in cohort-based EAP schemes across the EU4 countries and the UK.

Methods

- Information on cohort-based and named patient EAPs and the availability of drugs in cohort-based EAP schemes was obtained from the websites of national regulatory and Health Technology Assessment (HTA) authorities in January 2024.
- Off-label use programs were outside the scope of this study.

Results

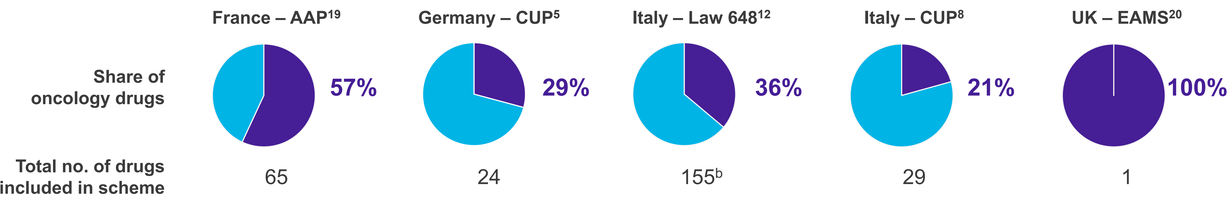
- Italy had the highest number of active EAP schemes (n=4), while France, Germany, Spain, and the UK each had 2 active schemes in place (Table 1).
- Each country offers at least one cohort-based or mixed (cohort-based and named patient) scheme and one named patient scheme (Table 1).
- Key eligibility criteria for most schemes include serious, rare, debilitating diseases and innovative/advanced therapies.[3-11]
- In France, Germany, and the UK, cohort-based programs are initiated by the manufacturer. In Italy, patients' associations, scientific societies, health authorities/hospitals, universities, or clinicians may request inclusion in cohort-based programs, while in Spain, this is done by the hospital pharmacy service (Table 1).
- Named patient programs are initiated by clinicians or pharmacists in all assessed countries (Table 1).
- A formal dossier submission is a key requirement for 3 cohort-based schemes in France, Italy, and the UK and 2 named patient schemes in France and Italy (Table 1).
- Additionally, drugs included in 7 out of 12 EAPs across all countries are reimbursed. No reimbursement is offered for the cohort-based programs in Germany, one mixed and one named patient program in Italy, the mixed program in Spain, and the cohort-based program in the UK (Table 1).
- The number of available drugs significantly varies across countries. For instance, the cohort-based scheme in the UK currently includes only one drug, whereas France has a much broader coverage with 65 drugs included in their cohort-based scheme (Figure 1).
- As of January 2024, the Italian cohort-based program included 155 drugs. However, the list provided by the Italian Medicines Agency does not distinguish between EAP and off-label drugs.[12]
- In all cohort-based or mixed EAPs, oncology was the most represented disease area, with the percentage of included oncology drugs per scheme ranging from 21% (6 out of 29 drugs in the Italian compassionate use program) to 100% (1 drug in the UK early access to medicines scheme) (Figure 1).

Table 1. Characteristics of EAP schemes in EU4 and the UK

Country	Scheme name	Scheme type	Competent authority	Requesting authority	Max. duration	Duration of approval process	Dossier submission	Program fees	Reimbursement
France	AAP[3,13]	Cohort-based	Pre-MA: ANSM & HAS Post-MA: HAS	Manufacturer	1 year (renewable)	3 months (median: 80 days)	Yes	No	Yes (claw back)
	AAC[4,14]	Named patient	ANSM	Clinician	1 year (renewable)	Immediate if AAC already in place; dependent on urgency if AAC not in place	Yes	No	Yes (claw back)
Germany	CUP[5]	Cohort-based	BfArM & PEI	Manufacturer	1 year (renewable)	14-60 days	No	No	No
	Single import[15]	Named patient	Pharmacist	Clinician	Prescription basis	NA	No	No	Yes
Italy	Law 648[1,12]	Cohort-based	AIFA	Patients' associations, scientific societies, health authorities/hospitals, universities, clinicians	No (drugs remain on list until further action by AIFA)	NA	Yes	No	Yes (NHS and regions)
	5% Fund[1,6]	Named patient	AIFA	Clinician	No	NA	No	No	Yes (AIFA)
	Advanced therapies[a,7, 16]	Named patient	AIFA	Clinician	NA	NA	Yes	NA	No
	CUP[8]	Mixed	AIFA	Clinician	NA	NA	No	NA	No
Spain	Foreign medicines[9,10]	Named patient	AEMPS	Hospital pharmacy service (inpatient), autonomous community (outpatient)	NA	NA	No	NA	Yes (lowest IRP)
	CUP[9,10]	Mixed[b]	AEMPS	Hospital pharmacy service	NA	NA	No	NA	No
UK	EAMS[11]	Cohort-based	MHRA	Manufacturer	1 year (renewable)	75-90 days, excl. clock-stops[c]	Yes	Yes	No
	Individual requests[17,18]	Named patient	NHS England	Clinician	NA	Max. 30 days, dependent on urgency	No	NA	Yes

[a] Non-repetitive use. [b] According to the legislation, CUPs in Spain may be either cohort-based or named patient; however, in practice, cohort-based CUPs are not very common in Spain. [c] For promising innovative medicines. Abbreviations: AAC – compassionate access authorization; AAP – early access authorization; AEMPS – Spanish Agency of Medicines and Medical Products; AIFA – Italian Medicines Agency; ANSM – National Agency for the Safety of Medicines and Health Products; BfArM – Federal Institute for Drugs and Medical Devices; CUP – compassionate use program; EAMS – early access to medicines scheme; EAP – Early Access Program; HAS – French National Authority for Health; IRP – international reference price; MA – marketing authorization; MHRA – Medicines and Healthcare products Regulatory Agency; NA – not available; NHS – National Health Service; PEI – Paul Ehrlich-Institute; UK – United Kingdom.

Figure 1. Share of oncology drugs in active cohort-based EAPs in EU4 and UK (as of January 2024)[a]



[a] For Spain, drugs included in the CUP could not be identified. [b] These include early access and off-label drugs.
Abbreviations: AAP – early access authorization; CUP – compassionate use program; EAMS – early access to medicines scheme; EAP – Early Access Program; EU4 – France, Germany, Italy, Spain; UK – United Kingdom.

Conclusions

- EAPs play a crucial role in providing timely and potentially life-saving treatments to patients who have limited or no alternative options, bridging the gap between drug development and patient needs. Furthermore, EAPs contribute valuable data on the safety and efficacy of investigational drugs in a real-world setting, which may support the formal P&R submissions.
- However, requirements and, therefore, drug availability were found to be differing between the EU4 countries and the UK, leading to unequal access to life-saving drugs across European patients. The importance of EAPs for equal patient access should be considered more widely by manufacturers, healthcare professionals, regulatory, and HTA authorities.

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