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# HOSPITAL EXEMPTION CLAUSE IN ADVANCED THERAPY MEDICINAL PRODUCTS (ATMPS):

# RECOMMENDATIONS FOR GOOD PRACTICE

***A Position Paper prepared by the EUCOPE Cell & Gene Therapy Working Group***

EUCOPE
European Confederation of Pharmaceutical Entrepreneurs AISBL

# RECOMMENDATIONS FOR GOOD PRACTICE OF THE HOSPITAL EXEMPTION CLAUSE IN ADVANCED THERAPY MEDICINAL PRODUCTS

## 1. INTRODUCTION

Advanced Therapy Medicinal Products (ATMPs) are medicines for human use based on genes, tissues or cells. They offer groundbreaking opportunities for the treatment of disease and injury[1], bringing with them the promise, not only of treatment to manage the symptoms of a diverse group of severe, disabling or life-limiting conditions but also of potentially one-time disease-modifying and potentially curative treatments that can transform and save lives. Given their complexity and the advanced science involved in their development, ATMPs are one of the product classes that must undergo the centrally marketing authorisation process where the EMA conducts an in-depth review of the product's data package.

To response to a patient urgent unmet need, the EU introduced Hospital Exemption into the regulatory framework for ATMPs. Hospital Exemption was initially established by Regulation 1394/2007 (ATMP Regulation), amending Directive 2001/83/EC[2] allowing for the use of a 'custom-made' ATMP without marketing authorisation under certain and specific circumstances. This exemption only applies in a hospital setting on a 'non-routine' basis, under the exclusive professional responsibility of a medical professional to meet the specific needs of an individual patient within the EU Member State[3]. This approach was designed to offer a degree of flexibility within the regulatory framework, aiming at addressing these unmet needs by facilitating patient access to treatments that are not yet available through the centralised authorisation process.

EUCOPE recognises Hospital Exemption as playing an important and legitimate role in addressing unmet needs and facilitating access for patients in EU countries where no centrally authorised ATMPs are accessible. We firmly believe that it is important to retain Hospital Exemption in the EU Pharmaceutical Legislation and for its appropriate and exceptional use within the EU. It is paramount that Hospital Exemption remains an exemption within the EU's regulatory framework that is used only in clearly defined exceptional circumstances.

Over the past years, variations in the interpretation and implementation of the Hospital Exemption scheme across EU Member States have been observed[4]. The revision of the Pharmaceutical Package represents a unique opportunity to clarify the rules surrounding the concept of Hospital Exemption, learning from the experience of the past decade. This should include clarification as to under which conditions Hospital Exemption is appropriate and what harmonisation of data collection is required. National legislation and principles should then build on the basis established through EU legislation.

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[1] ''Advanced Therapy Medicinal Products: Overview''. *European Medicines Agency*, www.ema.europa.eu/en/human-regulatory/overview/advanced-therapy-medicinal-products-overview. Accessed 8 Feb. 2024.
2 Article 28 (2) ATMP Regulation No 1394/2007 of the European Parliament and of the Council of 13 November 2007 modified the Directive 2001/83/EC by adding Article 3(7).
[3] Article 3 (7) Directive 2001/83/EC.
[4] Pharmanex (2023) Study on Hospital Exemption for ATMPs in Selected EU Countries – FINAL REPORT

By recognising the importance of a clear regulatory framework, EUCOPE also emphasises the role of different stakeholders in shaping the future of medical product development. Encouraging diverse participation in the development of medical products ensures a broader range of innovative solutions. EUCOPE welcomes all developers, commercial and non-commercial alike. In this context, it is important to distinguish between Hospital Exemption and academic manufacturing. Hospital Exemption is primarily intended for exceptional, 'non-routine' clinical scenarios and is not synonymous with academic manufacturing. Hospital Exemption pertains the production and use of ATMPs under specific regulatory exemptions that allow hospitals to produce and administer ATMPs without a marketing authorisation in order to meet the specific unmet needs of an individual patient. Hospital Exemption is therefore meant to be an exemption and not part of the standard 'market'. Academic manufacturing, on the other hand, typically refers to the process of creating and developing new products, technologies, or processes within an academic setting, such as universities or research institutions. This usually comprises academics/non-profit entities acting as developers and competing in the market. It involves small-scale production for research and development purposes, rather than large-scale commercial manufacturing.[5] Hence, academic developers, similar to any marketing authorisation holder, adhere to the same regulatory pathways as other entities pursuing central marketing authorisation. Such efforts should be rewarded and encouraged, as is done via an ongoing EMA pilot.[6] It is essential to emphasise that Hospital Exemption and academic manufacturing, both important in their own right, address different needs and are subject to distinct regulatory standards.

To contribute to the ongoing political discussions, EUCOPE, in collaboration with its member companies involved in ATMP R&D, has developed recommendations on Hospital Exemption in the context of the ongoing review of the Pharmaceutical Package, and its use more broadly. With these recommendations, EUCOPE aims to promote best practices of Hospital Exemption for the benefit of science, research, and, above all, the well-being of patients across Europe.

## Recommendations

EUCOPE welcomes the Commission's provisions in the proposed Directive on Medicinal Products for Human Use as part of the Pharmaceutical Package (hereafter referred to as 'the proposed Directive') which establishes a more harmonised and predictable framework for Hospital Exemption. It is a sound basis on which more clarity is provided. In response, EUCOPE has developed the following recommendations to inform the discussions on Hospital Exemption in the context of the review of the proposed Directive, as well as how the exemption should be implemented nationally. These recommendations aim to promote principles that ensure harmonisation, clarity, and transparency regarding the use of the Hospital Exemption across the EU.

**Recommendation 1:** *Provide clarity and predictability as to when the use of Hospital Exemption is appropriate. The use of Hospital Exemption must be medically justified and limited to exceptional circumstances, and on a 'non-routine' basis, for individual patients under*

[5] Iancu, Emanuela M, and Lana E Kandalaft. "Challenges and advantages of cell therapy manufacturing under good manufacturing practices within the hospital setting." Current Opinion in Biotechnology, vol. 65, Oct. 2020, pp. 233–241, https://doi.org/10.1016/j.copbio.2020.05.005.

[6] ''EMA Pilot Offers Enhanced Support to Academic and Non-Profit Developers of Advanced Therapy Medicinal Products''. *European Medicines Agency*, 29 Sept. 2022, www.ema.europa.eu/en/news/ema-pilot-offers-enhanced-support-academic-and-non-profit-developers-advanced-therapy-medicinal-products#:~:text=therapy%20medicinal%20products-EMA%20pilot%20offers%20enhanced%20support%20to%20academic%20and%20non%2Dprofit,of%20advanced%20therapy%20medicinal%20products&text=EMA%20is%20launching%20a%20pilot,European%20Economic%20Area%20(EEA). Accessed 8 Feb. 2024.

*the exclusive professional responsibility of a medical practitioner, within a single hospital in one Member State.*

*The definition of 'non-routine' use under Hospital Exemption should adhere to the following:*

- *It is demonstrated that there is no ongoing clinical trial or compassionate use programme with an ATMP in the Member States for the same indication for which a patient would be eligible.*
- *It is demonstrated that there is no centrally approved ATMP available for the specific indication in the Member State for which the patient is eligible.*

**Recommendation 2:** *To foster a consistent and cohesive approach to Hospital Exemption across the EU, EUCOPE calls for a clear definition of 'non-routine' use to be included in Article 2 of the proposed Directive. The concept of 'non-routine' should embody the principles outlined in recommendation 1.*

**Recommendation 3:** *To provide clarity on the use of Hospital Exemption, especially with regard to its use as a tool when there is no centrally approved ATMP available in the Member State, Hospital Exemption licences should be granted for a limited, albeit renewable, period of time, e.g.one-year.*

***Recommendation 4**: To promote patient safety, all ATMP developers, both commercial and non-commercial, as well as Hospital Exemption manufacturers, should adhere to the principles of long-term follow-up and pharmacovigilance as outlined in Article 2.3 of the proposed Directive. The data collection requirements and data reporting for Hospital Exemption should be strengthened across the Member States, as outlined in Article 2.4 of the proposed Directive.*

**Recommendation 5:** *To provide clarity regarding the use of Hospital Exemption across the Union, data regarding the safety, efficacy, and use of Hospital Exemption should be collected and made publicly available in a central repository hosted by the EMA, as outlined in Recital 18 of the proposed Directive. The EMA should publish an annual report on the implementation of Hospital Exemption in the Union.*

**Recommendation 6**: *EU policy-making should be grounded in evidence, leveraging knowledge and experience to ensure that any changes directly address the core issue. This includes leveraging pilot schemes, such as the EMA pilot, which provides enhanced regulatory support for ATMPs developed by academic and non-profit developers.*[7] *It is essential that all ATMPs developers endorse and adhere to the same standards and requirements.*

[7] ''Advanced Therapy Medicinal Products: Overview''. *European Medicines Agency*, www.ema.europa.eu/en/human-regulatory/overview/advanced-therapy-medicinal-products-overview. Accessed 8 February 2024.

# 2. GENERAL PRINCIPLES

## 2.1. Understanding the Intricacies: Variability in ATMPs and its Impact on Clinical Outcomes

ATMPs are complex medicines. Even slight differences[8] in molecular structures, in the cellular composition of the final products, or in the different manufacturing steps that are necessary to ensure consistently high-quality products, can have a major impact on the clinical profile and clinical performances of ATMPs, specifically:

- Chimeric Antigen Receptor (CAR) T-cell therapies[9] are comprised of different targeting, transmembrane, co-stimulatory and T-cell activation domains. Any variation can result in a unique CAR-T profile and performance.
- Nuanced manufacturing processes: optimisation of critical manufacturing steps, including cell purification and expansion to the appropriate dose, is essential to ensure consistent production of high-quality products.
- Tissue engineering products such as ACI (autologous chondrocyte implantation) are characterised by a high complexity in technology. Differences in product composition, manufacturing steps, or quality standards can lead to different levels of clinical efficacy and/or safety.

All ATMP production systems for products approved centrally via the EMA and are subject to rigorous Good Manufacturing Practice (GMP) manufacturing and testing standards. In terms of process monitoring and documentation requirements, ATMP production systems should be continuously monitored by implementing appropriate in-process and product release specifications and documented by product certifications for each patient.

Due to the diverse nature of ATMPs, it is essential to consider several key factors that vary across these therapies, the nature of the starting materials used, as well as the intricacies involved in their manufacturing and administration processes. Substantial differences in their product characteristics have the potential to drive variation in quality, safety and/or efficacy.

The manufacturing, use and potential reimbursement of ATMPs produced via a local application of the Hospital Exemption rule, without a marketing authorisation, is legitimate in certain circumstances.

It is important to clarify that the data and regulatory standards applied to Hospital Exempted ATMPs used for research purposes are not equal to those applied to the clinical trials required by the EMA. Differences exist in the size of patient populations, clinical evidence, and efficacy requirements, among others. Due to the fact that Hospital Exemption licences are awarded by national competent authorities, there are discrepancies between Member States in terms of data requirements, but they are by design, not the same as a clinical trial.

[8] "Questions and Answers on Comparability Considerations for Advanced Therapy Medicinal Products (ATMP) - Scientific Guideline." *European Medicines Agency*, www.ema.europa.eu/en/questions-and-answers-comparability-considerations-advanced-therapy-medicinal-products-atmp-scientific-guideline. Accessed 15 Feb. 2024.

[9] Chimeric antigen receptor T cells (also known as CAR T cells) are T cells that have been genetically engineered to produce an artificial T-cell receptor for use in immunotherapy.

## 2.2. Navigating Regulatory and Safety Standards of Centrally Authorised Products and Hospital Exempted ATMPs

EUCOPE acknowledges that there is a role for Hospital Exempted ATMPs in the absence of centrally approved medicinal products. However, Hospital Exempted ATMPs should remain an exception and limited to 'non-routine use', in accordance with Directive 2001/83/EC as amended by the ATMP Regulation.

EUCOPE believes that it is not in the best interest of patients to replace a centrally authorised ATMP which has undergone an extensive clinical trial programme and been subject to consistent quality, efficacy, and safety assessment at the EMA, with a less rigorously assessed Hospital Exempted ATMP with different data packages. Due to their nature, ATMPs manufactured under Hospital Exemption are governed by different regulatory standards, as they do not follow the centralised pathway, and are instead subject to national legislations, which can and do differ between Member States. Due to their use for exceptional circumstances, the regulatory standards for ATMPs under Hospital Exemption are less stringent than the centralised approval process for authorised ATMPs. Moreover, there are different levels of regulatory expertise in ATMPs across Member States. The result is a difference in the levels of assessment between Member States and jurisdictions[10].

Centrally approved ATMPs undergo extensive testing and evaluations across multiple stages of clinical trials. They are also required by the EMA to meet standards of quality, safety, and efficacy through a benefit-risk assessment based on the available clinical data. In fact, obtaining approval through the centralised procedure requires gathering more evidence compared to what is needed for a Hospital Exempted ATMP. This is because, in addition to undergoing several rounds of authorisation, there is also a need to fulfil post-marketing data requirements. This data helps to generate more evidence to meet the high standards set by the EMA[11]. Hospital Exempted ATMP, while they do provide valuable evidence, do not offer the same comprehensive set of data as products that seek marketing authorisation via the EMA.

Therefore, in the interest of patients, there is a need to mitigate the potential of misinterpretation of the legislative boundaries around ATMPs that may allow an unauthorised product to be substituted for an authorised ATMP or given to patients without similar regulatory oversight.

While treatment decisions should always be based on the specific characteristics and circumstances of the individual patient, national competent authorities should carry out an accurate assessment of available data on the quality, safety, and efficacy of the product before granting a Hospital Exemption licence. Such considerations should always prevail regardless of the system of production.

Hence, while recognising the unique role of Hospital Exempted ATMPs in specific clinical scenarios, it is imperative to uphold rigorous standards of safety, efficacy, and quality for authorised ATMPs. This ensures that the use of these products remains within the intended scope and does not compromise patient safety or undermine the integrity of the EU's regulatory framework. As such, a clear, predictable, and standardised approach to the application and oversight of Hospital Exemption is essential for safeguarding patient welfare.

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[10] Coppens, Delphi G.M., et al. "Advanced therapy medicinal product manufacturing under the hospital exemption and other exemption pathways in seven European Union countries." Cytotherapy, vol. 22, no. 10, Oct. 2020, pp. 592–600, https://doi.org/10.1016/j.jcyt.2020.04.092.

[11] Hills, Allison, et al. "An assessment of the hospital exemption landscape across European member states: Regulatory frameworks, use and impact." Cytotherapy, vol. 22, no. 12, Dec. 2020, https://doi.org/10.1016/j.jcyt.2020.08.011

While there may be specific Member States or hospitals that have exceptionally high standards, this cannot be guaranteed in each Member State – demonstrating an inherent challenge with upscaling Hospital Exemption beyond its non-routine application for exceptional use when no other therapy exists.

## 2.3 Challenges Related to Hospital Exempted ATMPs

Hospital Exempted ATMPs emerge as a unique element, designed specifically for 'non-routine' and ‘custom-made’ applications tailored to individual patients. These products operate within a decentralised system, distinct from the centralised approach of registered medicines assessment. While valuable in addressing acute problems, this decentralised nature also poses challenges.

Over-reliance on Hospital Exempted ATMPs, particularly if not strictly confined to exceptional cases, risks undermining the centralised system of medicines assessment. This could potentially lead to a fragmented approach across the EU. In such a scenario, the 27 different Member States might assess medicines in 27 different ways. This would, therefore, hamper the EU’s objective to foster a centrally approved and registered ATMP market, which ensure the same standards of quality, safety and efficacy across the EU, regardless of the Member State.

Regulatory expertise for ATMPs is not uniform across Member States. Expecting each Member State to hold the same quality, efficacy, and safety standards when it comes to assessing innovative therapies such as ATMPs is an unrealistic and daunting task. Consequently, it becomes imperative to maintain a cohesive and uniform approach to medicine assessment throughout the EU. This approach is vital not only for preserving the integrity of the single market but also for safeguarding patient safety effectively.

In the context of the ongoing revision of the EU Pharmaceutical legislation, EUCOPE calls for enhanced clarity regarding the utilisation and implementation of Hospital Exemption across the EU. This clarification is crucial to diminish uncertainties around the use of Hospital Exemption, uphold high quality and safety standards, and maintain the integrity of the single market.

# 3. EUCOPE RECOMMENDATIONS ON THE USE OF HOSPITAL EXEMPTION

## 3.1. Appropriate use

In the EU, harmonising the use of Hospital Exemption while maintaining flexibility is crucial to address the varied requirements of its 27 Member States. To ensure applicability across diverse healthcare systems, the definition of Hospital Exemption should be broad enough to meet the needs of 27 different Member States and healthcare systems. At the same time, it should provide standardised guidance on manufacturing, importing, distributing, and supplying a medicinal product without a regulatory authorisation. The scope of Hospital Exemption's 'non-routine' use should be defined without specific references to use scale and frequency, focusing instead on establishing a clear and predictable framework[12].

Hospital Exempted ATMPs are experimental by nature, and their use should not be driven by economic or political reasons. Patients should be fully informed about the status of Hospital Exempted ATMPs, including available data on safety and efficacy as compared to alternative treatment options before and as part of providing consent. As an exemption, Hospital Exemption approval should be granted only for a limited, albeit renewable, period of time, with one-year period being considered a reasonable timeframe (i.e., conditional Marketing Authorisations are renewed on an annual basis). Any extension should be based on a reassessment of its relevance for patients. Hospitals seeking an extension must provide safety and efficacy data along with a justification stating that no centrally authorised ATMP treatment has been made available in the Member State and no adequate clinical trial options or compassionate use programmes exist within the Member States for which the intended patients would be eligible.

**Recommendation 1:** *Provide clarity and predictability as to when the use of Hospital Exemption is appropriate. The use of Hospital Exemption must be medically justified and limited to exceptional circumstances, and on a 'non-routine' basis, for individual patients under the exclusive professional responsibility of a medical practitioner, within a single hospital in one Member State.*

*The definition of 'non-routine' use under Hospital Exemption should adhere to the following:*

- *It is demonstrated that there is no ongoing clinical trial or compassionate use programme with an ATMP in the Member States for the same indication for which a patient would be eligible.*
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**Recommendation 2**: *To foster a consistent and cohesive approach to Hospital Exemption across the EU, EUCOPE calls for a clear definition of 'non-routine' use to be included in Article 2 of the proposed Directive. The concept of 'non-routine' should embody the principles outlined in recommendation 1.*

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[12] "The Supply of Unlicensed Medicinal Products ('Specials') MHRA Guidance Note 14." Medicines & Healthcare Products Regulatory Agency (MHRA), 2023.

## 3.2. Long-term Follow-up

The implementation of the current Hospital Exemption provisions in Directive 2001/83/EC led to inconsistent long-term follow-up data for Hospital Exempted ATMPs. While some Member States conduct long-term follow-ups, the overall approach to data collection, scientific evaluation, and transparency remains fragmented and inconsistent[13]. This disparity poses substantial challenges in tracking long-term patient outcomes and providing a clear understanding of the use and impact of Hospital Exempted ATMPs. Thus, EUCOPE endorses the Commission's proposal for harmonising data collection related to Hospital Exemption use, aiming to enhance patient safety and treatment effectiveness.

When a patient is treated with a Hospital Exempted ATMP, the equivalent long-term follow-up as for other medicinal products should be required to ensure patient safety and to assess the product's efficacy. This will provide real-world experience to investigate similar long-term safety and effectiveness outcome measures as required for centrally authorised ATMPs. EUCOPE supports the call for Hospital Exempted ATMPs to be subject to the same standards for long-term follow-up as centrally authorised ATMPs, as outlined in Article 2.3 of the proposed Directive.

**Recommendation 4:** *To promote patient safety, all ATMPs manufacturers, both commercial and non-commercial, as well as Hospital Exemption manufacturers, should adhere to the principles of long-term follow-up and pharmacovigilance as outlined in Article 2.3 of the proposed Directive. The data collection requirements and data reporting for Hospital Exemption should be strengthened across the Member States, as outlined in Article 2.4 of the proposed Directive.*

## 3.3. Transparency use, safety, and efficacy

EUCOPE supports the Commission's efforts to minimise inconsistencies in how the Hospital Exemption scheme is understood and applied among EU Member States. Moreover, EUCOPE endorses the objective to improve transparency of Hospital Exemption approvals through the establishment of an EU repository, as outlined in Recital 18 of the proposed Directive. EUCOPE calls for this repository to be made publicly available and to include the list of ATMPs manufactured under Hospital Exemption to ensure transparency, scrutiny, and compliance with EU legislation. EUCOPE also supports the Commission's proposal that Hospital Exempted ATMPs must gather and submit the same efficacy and safety data as centrally authorised products, thus helping to build up potentially relevant clinical information.

Such information shall include all data (quality/safety/efficacy/number of patients treated) and results on the use of Hospital Exempted ATMPs having received a Hospital Exemption licence by National Competent Authorities (NCAs), similar to the information EMA already publishes for authorised products (e.g. European Public Assessment Report and EMA clinical data portal). Providing such comprehensive information is crucial for physicians and patient safety. It ensures that healthcare professionals are aware of any previous treatments with Hospital Exempted ATMPs, enabling them to make informed decisions about further treatments. Due to the intended long-term benefits of these therapies from a single administration, long-term follow-up is essential. Additionally, it is important for patients to be well-informed about their treatments, including any Hospital Exempted ATMPs they have received.[14] This becomes

[13] Hills, Allison, et al. “An assessment of the hospital exemption landscape across European member states: Regulatory frameworks, use and impact.” Cytotherapy, vol. 22, no. 12, Dec. 2020, https://doi.org/10.1016/j.jcyt.2020.08.011
[14] Aiyegbusi, Olalekan Lee, et al. “Patient and public perspectives on Cell and Gene Therapies: A systematic review.” Nature Communications, vol. 11, no. 1, 8 Dec. 2020, https://doi.org/10.1038/s41467-020-20096-1.

particularly important when patients relocate and seek healthcare in different Member States, to ensure patient safety and prevent risks associated with redosing.

**Recommendation 5:** *To provide clarity regarding the use of Hospital Exemption across the Union, data regarding the safety, efficacy, and use of Hospital Exemption should be collected and made publicly available in a central repository hosted by the Agency, as outlined in Recital 18 of the proposed Directive. The Agency should publish an annual report on the implementation of Hospital Exemption in the Union.*

## 3.4. Harmonisation

The EU requires a more harmonised definition of 'non-routine' use in the context of Hospital Exemption. A clear definition is crucial to provide clarity and predictability for Hospital Exemption licensees and developers that undergo the centralised procedure, while simultaneously avoiding circumstances that would undermine the centralised system. Currently, due to the absence of a harmonised understanding of 'non-routine', it is understood and interpreted differently between Member States. In some instances, it is linked to a number of patients, while in others, it denotes small-scale use. Harmonisation, as opposed to a rigid definition, is required to account for the unique considerations of Member States. This approach ensures regulatory stability that will allow increased development of ATMPs. In an ideal scenario, patients would receive treatment with a centrally approved therapy, irrespective of whether it was developed by a commercial or non-commercial entity. Hospital Exemption should be an exceptional measure rather than a regular route by which therapies are offered to patients. This is especially true as the number of ATMPs grows, and they are authorised for indications beyond rare diseases. A stable regulatory ecosystem is therefore essential to drive investment and research within the EU.

EUCOPE calls to enhance harmonisation of the requirements/licences and eligibility criteria across all EU Member States to reinforce the centralised procedure path for ATMPs.

The harmonisation process should include:

- Harmonising the definition of 'non-routine' basis, which should refer to the exceptional manufacturing of an ATMP which is done on a case-by-case basis, for individual patient needs that are well documented.
- Requiring ethics committee approval and patient informed consent including a statement about the lack of alternative treatments.
- Harmonising the GMP, traceability, pharmacovigilance, and long-term follow-up requirements for Hospital Exempted ATMPs across Europe as well as minimum standards to qualify for Hospital Exemption, as outlined in Article 2.3 of the proposed Directive.
- Requiring annual reports sent by Hospital Exemption licence holders to NCAs about the use and safety/efficacy data of Hospital Exempted ATMPs, including long-term follow-up.
- Reporting the issuing of a licence to EMA which should provide an annual report of Hospital Exemption licences granted within the EU.
- Adopting implementing acts based on advice from EMA, to provide further clarity and guidance regarding the modalities for preparation and use of ATMPs under Hospital Exemption on a 'non-routine' basis.

The EMA has a long heritage of offering programmes that provide scientific advice to manufacturers. As an example, in 2022, EMA launched a pilot offering enhanced support to

academic and non-profit developers of ATMPs[15] in Europe, with the aim to optimise the development of ATMPs, starting from best practice principles for manufacturing to planning clinical development that meets regulatory standards. In the process, EMA is keen to learn how to better interact with and support academic developers. This is key, as these developers face unique barriers. Before updating the regulatory system, we must know what barriers they face, and what support could be offered while ensuring a fair and competitive landscape. EUCOPE supports the EMA pilot scheme and urges to endorse the same standards and requirements for all ATMP developers.

**Recommendation 6:** *EU policy-making should be grounded in evidence, leveraging knowledge and experience to ensure that any changes directly address the core issue. This includes leveraging pilot schemes, such as the EMA pilot, which provides enhanced regulatory support for ATMPs developed by academic and non-profit developers.*16 *It is essential that all ATMP developers endorse and adhere to the same standards and requirements.*

[15] "Advanced Therapy Medicinal Products: Overview." Advanced Therapy Medicinal Products: Overview | European Medicines Agency, European Medicines Agency, www.ema.europa.eu/en/human-regulatory/overview/advanced-therapy-medicinal-products-overview. Accessed 8 Feb. 2024.
[16] EMA Pilot Offers Enhanced Support to Academic and Non-Profit Developers of Advanced Therapy Medicinal Products. *European Medicines Agency*, 29 Sept. 2022, www.ema.europa.eu/en/news/ema-pilot-offers-enhanced-support-academic-and-non-profit-developers-advanced-therapy-medicinal-products#:~:text=therapy%20medicinal%20products-EMA%20pilot%20offers%20enhanced%20support%20to%20academic%20and%20non%2Dprofit,of%20advanced%20therapy%20medicinal%20products&text=EMA%20is%20launching%20a%20pilot,European%20Economic%20Area%20(EEA). Accessed 8 Feb. 2024.

## 4. CONCLUSIONS

ATMPs are groundbreaking therapies that hold the potential to revolutionise treatments for severe conditions. To ensure patient safety, high-quality care, and adherence to standards, it is vital that these cutting-edge treatments fall under a strict and unified regulatory framework. The Hospital Exemption plays a key role in allowing patients access to advanced therapies when no authorised medicinal product within the EU and compassionate use programme or clinical trial is available in a Member State for a specific condition. In light of this, EUCOPE advocates for the Hospital Exemption to remain an exemption and be used accordingly, based on its intended purpose.

With the number of ATMPs expected to increase, and their application expanding beyond rare diseases, it becomes increasingly important to establish clear regulatory guidelines as these therapies become more widespread. EUCOPE strives to collaborate with decision-makers and relevant stakeholders to foster a constructive and inclusive dialogue on Hospital Exemption that serves the needs of patients.