Clarivate Consulting Services

Navigating the Transition: What EU JCA Means for AMNOG Submissions in 2025 and Beyond

Anja Pownell[1], Nicki Hoskins[2], Sakshi Anand[3]

[1]Anja Pownell Ltd., Wales, UK, [2]Clarivate Analytics, London, UK, [3]Clarivate Analytics (Deutschland), Munich, Germany

Aim

To examine early implementation features of the EU Joint Clinical Assessment (JCA) and its strategic implications for manufacturers navigating the German Arzneimittelmarktneuordnungsgesetz (AMNOG, Act for the Restructuring of the Pharmaceutical Market in Statutory Health Insurance) process, focusing on PICO determination, and dossier submission.

Background

- The introduction of the EU JCA under the EU Health Technology Assessment (HTA) Regulation aims to harmonize clinical evaluations across Member States (MS).
- JCAs are intended to prepare and support national decisions, not replace them, and they exclusively describe the available clinical evidence. The classification and appraisal of the results remains the responsibility of the national institutions.
- Two HTA agencies from different countries assume the role of assessor and co-assessor; the joint work includes both defining the "PICOs" or "assessment scope" addressed by the MS and evaluating the evidence supporting these questions.
- Germany's HTA bodies, Gemeinsamer Bundesausschuss (G-BA) and the Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen (IQWiG, Institute for Quality and Efficiency in Healthcare), have two major functions in the EU JCA process, with G-BA responsible for chairing the joint scientific consultation (JSC) subgroup, and the IQWiG chairing the subgroup on methodological issues.

EU HTA are being gradually introduced:

Methods

Qualitative policy analysis using publicly available guidance from G-BA and the EU HTA Coordination Group

Supplemented by press releases, announcements, and webinar information from G-BA and IQWiG on manufacturer interactions, the PICO development process, and amendment of the AMNOG dossier

Qualitative synthesis to map structural changes across dossier modules, timelines, comparators, endpoint definitions, and submission workflows between the EU JCA and AMNOG processes

Results

IQWiG is handling the highest number of procedures, among the nine ongoing JCAs.

Table 1: Ongoing EU JCA

International non-proprietary name (INN)	Indication	Substance type (classification)	Date of EMA validation of the MAA	Assessor	Co-assessor	Updates shared by IQWiG[1]
Autologous melanoma-derived tumour infiltrating lymphocytes, ex vivo-expanded	Treatment of melanoma	ATMP	27 Mar 2025	National Authority for Health, France	Agency for Health Technology Assessment and Tariff System, Poland	
Tovorafenib	Treatment of paediatric low-grade glioma (LGG)	Chemicals	27 Mar 2025	National Centre for Pharmacoeconomics, Ireland	**Institute for Quality and Efficiency in Health Care, Germany**	Expected to finish in Q2 2026, shortly after expected approval
Sasanlimab	Treatment of bladder cancer	Biologicals	22 May 2025	Dutch National Health Care Institute, The Netherlands	Danish Medicines Council, Denmark	
Onasemnogene abeparvovec	Treatment of 5q spinal muscular atrophy (SMA)	ATMP	22 May 2025	National Centre for Pharmacoeconomics, Ireland	National Authority for Health, France	
Lurbinectedin	Maintenance treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC)	Chemicals	19 Jun 2025	**Institute for Quality and Efficiency in Health Care, Germany**	National Authority of Medicines and Health Products, Portugal	Expected to finish in Q3 2026
Camizestrant	Treatment of adults with locally advanced or metastatic breast cancer	Chemicals	19 Jun 2025	Federation of Social Insurances, Austria	National Institute for Health and Disability (RIZIV-INAMI), Belgium	
Tarlatamab	Treatment of extensive-stage small cell lung cancer	Biologicals	17 Jul 2025	**Institute for Quality and Efficiency in Health Care, Germany**	National Centre for Public Health and Pharmacy, Hungary	Expected to finish in Q3 2026
Catequentinib	Treatment of synovial sarcoma or leiomyosarcoma	Chemicals	17 Jul 2025	Dental and Pharmaceutical Benefits Agency, Sweden	Norwegian Medical Products Agency, Norway	
Senaparib	Maintenance treatment of advanced epithelial high-grade ovarian, fallopian tube or primary peritoneal cancer	Chemicals	14 Aug 2025	**Institute for Quality and Efficiency in Health Care, Germany**	Public Agency for Quality in Healthcare, Slovenia	Expected to finish in Q3 2026

Abbreviations: ATMP: Advanced Therapy medicinal product; EMA: European Medicines Agency; IQWiG: Institut für Qualität und Wirtschaftlichkeit im Gesundheitswesen (Institute for Quality and Efficiency in Healthcare); MAA: market access authorization

PICOs

- A PICO is intended to reflect the research question in a MS, with the objective to compare the new drug with the local standard of care (SoC). Thus, each MS may define different questions.
- PICOs are defined at EU level, with national agencies contributing; early experience showed a response rate from MS in the PICO determination of 100%
- G-BA develops their PICO proposal for the EU JCA, but does not share their PICO proposal with the manufacturer or elsewhere
- IQWiG have managed to consolidate 30 different PICOs to fewer than 10 in just two weeks in one of the first JCAs
- IQWiG also highlighted the difficulties of coordinating the work of HTA bodies across countries and with different capacities and levels of experience

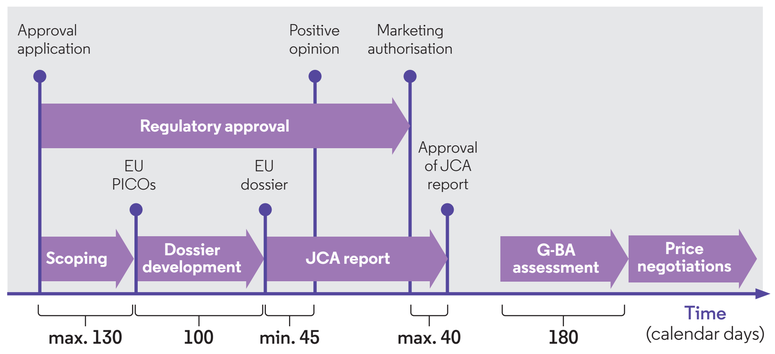
P	• In line with EMA label* • Subpopulations expected from G-BA would be included as separate PICOs
I	• In line with EMA label and SmPC*
C	• Based on national SoC • G-BA will determine a comparator also for orphan drugs, but the exemption at the national level remains • Since 2025, G-BA changed the terminology for "patient-individual therapy" or "clinician's choice" to "individualised therapy" in order to align with the EU JCA • Even though the EU JCA PICO may list several comparators, a comparison against just one of these comparators remains possible in the national assessment
O	• All outcomes need to be included in all PICOs, e.g. all outcomes will also be listed for German PICOs, including surrogates. However, they will still not be considered in the national assessment • For outcomes measurements, the PICOs will include a "preferred as" recommendation on how an outcome should be assessed, e.g. which endpoint should be used to assess a certain outcome • EQ-5D-5L is still not considered patient-relevant by G-BA; only the VAS component is • The HRQoL instrument preferred by G-BA remains the SF-36 • In terms of adverse events (AEs), presenting AEs of specific interest will no longer be required for the national assessment • The MID threshold of 15% remains valid under the national benefit assessment, but it is currently under discussion at the EU level

* If the label changes in final approval, then the updated label will be the basis for the AMNOG assessment, and there might be discrepancy with the previously shared PICOs. G-BA accepts that this can present a difficult situation for the manufacturer.

AMNOG dossier

- The AMNOG dossier template can now accommodate data from the JCA in an attempt to streamline the dossier for both manufacturers and for German HTA in avoiding duplication
- Where a JCA dossier has been submitted, data that have already been shared for the EU JCA should not be re-submitted to G-BA; instead, the relevant data should be referenced within modules 2 and 4 of the AMNOG dossier
  - The manufacturer should clearly state which evidence from the EU JCA dossier should be used for the German HTA
  - If the EU JCA is terminated, there is no option to reference the EU JCA dossier
- If the JCA report is not available at the time of the dossier submission, it can be referred to at the time of the hearing (after the IQWiG assessment)
- It would still be possible to submit a standard dossier without any references to the EU JCA
  - This would apply in submissions up to 2030 for drugs not yet included in the JCA process as per the phased introduction of JCA
  - However, assuming from 2030 that all new drugs will start to go through JCA, this may change in the future
- The AMNOG dossier still needs to be completed in German
- The same template for the AMNOG dossier remains in place, and no updates are made to ensure consistency between all G-BA assessments (including those without EU JCA)
- As before, the obligation is on the manufacturers to provide all required data; G-BA will not conduct searches to find missing information
- As before, the literature search must have been completed within 3 months of submission, so it is likely that this would need to be updated after the JCA for the AMNOG dossier
- The searches for clinical trials no longer need to include the CTRP, WHO, and AMIS, but instead need to include the CTIS
- For the submitted subgroup analyses, the standard factors of age, gender, disease severity, centre and country effects and predefined stratification factors remain mandatory

Timeline / Procedural[2]



Limitations

- This analysis is based on the small number of EU JCAs ongoing to date (n=9); the German IQWiG is involved in 4 of these.
- No EU JCA has been completed, and thus, there is no reference available as to how the EU JCA will be used in the national G-BA assessment

Conclusion

- While EU JCA integration offers harmonization potential, manufacturers must plan strategically to meet Germany-specific requirements
- Timely G-BA engagement and clear referencing of EU JCA materials are essential to streamline submissions and minimize regulatory friction

Presented at ISPOR Europe 2025, Glasgow, Scotland, UK | November 9-12 2025

References:
1. IQWiG, 18 Sep 2025. https://www.iqwig.de/presse/pressemitteilungen/pressemitteilungen-detailseite_158016.html
2. G-BA, Dr. Petra Nies and Dr. Rimma Berenstein, 22 May 2025; Verzahnung zwischen EU-HTA und früher Nutzenbewertung: Welche Prozessschritte und Vorgaben ändern sich?

Abbreviations:
AMIS: Arzneimittel-Informationssystem (Drug Information System); CTIS, Clinical Trials Information System; CTRP, Clinical Trials Reporting Program; EMA: European Medicines Agency; EQ-5D-5L: EuroQol five-dimension questionnaire five levels; EU: European Union; G-BA: Gemeinsamer Bundesausschuss (Federal Joint Committee); HRQoL: health-related quality of life; HTA, health technology assessment; JCA: Joint Clinical Assessment; MID: minimal important difference; MS, member state; PICO: population, intervention, comparator, outcomes; SF-36: Short-Form 36 items questionnaire; SoC: standard of care; SmPC: summary of product characteristics: VAS: visual analogue scale; WHO, World Health Organization.