Comparative analysis of key market access dossiers: How global, European, German, and United States dossier formats compare in terms of structure, timing, and application

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Background

- The introduction of the Joint Clinical Assessment (JCA) in January technology developers (HTDs) in the European Union (EU), Initial rollout focuses on novel cancer treatments and advanced therapies with the intention that all new medicinal products undergo this harmonised health technology assessment (HTA) from 2030.
- As outlined in the first implementing act published in March 2024,1 the JCA requires HTDs to develop a detailed evidence submission. This requirement will coincide with the European Medicines Agency (EMA) regulatory submission, as well as other national-level HTA submissions, formulary negotiations, and launch activities, both within and outside the EU. Each submission requires presentation of the same-or similar-key supporting evidence, but with individual requirements for content, format, process, and audience
- To navigate these challenges effectively, HTDs must understand the commonalities and differences in dossier formats and requirements, as well as the implications for core strategic tools like the global value dossier (GVD).

Objective

This study qualitatively compares the anticipated JCA HTD submission format with the requirements of established market access dossier formats—which HTDs already develop to ensure successful product launches in different world regions—to identify potential efficiencies in their development.

Methods

- In June 2024, Cencora's value communications experts compared the available JCA guidelines¹⁻³ with established dossier templates for: a) an EU Member State (German AMNOG benefit assessment);
- b) a non-EU country (United States [US] Academy of Managed Care Pharmacy [AMCP] Format Approved Product Dossier v5.0, which HTDs are likely to be developing in parallel to JCA); and
- c) Cencora's typical launch-ready GVD template (the precursor internal dossier that cohesively outlines the global strategy, value story, and core supporting evidence, used as a key source document for developing regional or national HTA submissions).
- These national, regional, and global dossier perspectives were reviewed and evaluated, with a focus on structure, content detail, and timing (Table 1).

Table 1. Summary of manufacturer dossiers selected for this review

National	German AMNOG dossier	Communicates the added benefit of a drug compared to an appropriate G-BA-defined comparator, influencing price negotiations. Standard structure consists of five detailed modules covering everything from administrative information to therapeutic benefits. ⁴
	US AMCP Approved Product Dossier	Serves as a standardised framework (not a mandate) to communicate clinical and economic evidence and information to healthcare decision makers (HCDMs) to inform formulary, coverage, policy, and reimbursement decisions for new pharmaceutical products (drugs, biologics, and vaccines) and non-pharmaceutical products (DTx, CDTs, and medical devices). ⁵
Regional	EU JCA dossier	Aims to support harmonised assessment of clinical evidence across EU Member States. EUnetHTA 21 developed an initial dossier framework. ²³ The JCA general structure and requirements were specified in the first implementing act, 1 with specific guidance on how to complete it expected by the end of 2024.
Global	A key strategic internal document, with more flexil formatting and presentation than above. Provides product value story and key supporting evidence t showcase the product's overall value from a globa perspective and provides the building blocks for lost submissions?	

Results

All four dossiers characterise the target condition and population, the product, and its clinical benefits in terms of efficacy, safety, and comparative effectiveness. Overall, the type of content required is similar across all four dossiers (Table 2)—fundamentally the same building blocks, with variability in organisation, presentation, and level

Structure

- Each dossier format has been designed to best meet the needs of the intended audience, and formats evolve over time-such as the recent release of AMCP Format v5.0—to adapt to changing requirements.
 The JCA and AMNOG dossiers exhibit high commonality in structure (to be expected given the involvement of the G-BA in shaping the JCA process/requirements), moderate similarity with the AMCP dossier, and less with the more flexibly formatted GVD.
- The AMNOG, AMCP Format, and JCA dossiers are all external documents provided directly to the decision maker, so the content is purely factual, with prescriptive headings. Conversely, the GVD is an internal resource, allowing for flexible organisation and the inclusion of clear value messaging and guidance notes (e.g. optimal presentation of key data, how to adapt for local use, explanation of strategic imperatives, and responses to potential payer objections).

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Results (cont.)

Table 2. Key content presented in the selected dossiers

	Global	Regional	National	
	GVD	JCA	AMNOG	AMCP
Strategy				
Guidance	✓			-
Product	EMA/FDA labels	EMA label	EMA label	FDA label
Epi	Global/First- wave	All EU27	German	US
Burden	Global/First- wave	All EU27	German	US
Guidelines	Key international	All EU27	German	US
Tx options	Key international	All EU27	German	US
Clinical data	Typically aligned with EMA/FDA regulatory	Presented by PICOs (JCA- mandated)	G-BA/IQWiG requested analyses	Typically aligned with FDA regulatory
ітс		EU27 comparators	If no H2H RCT (strict criteria)	US comparators (sometimes ex-US)
Economic data	Core CEA/BIM		German product costs only	US BIM (occasionally CEA)

Content

- All four dossiers require robust evidence-based, accurate content generation, enhanced by high-quality, thoughtful approaches to communication to bring the story to life (in terms that resonate with the payer audience) and demonstrate clear product value.
- Both AMNOG and AMCP Format dossiers typically focus on epidemiology, treatment pathways/guidelines, and the competitive landscape specific to their respective country; the GVD is shaped by manufacturer preferences (typically latest data for key first-wave markets and major international guidelines only).
- · By contrast, epidemiology, guidelines, and treatment pathways for all 27 EU Member States will be required for the JCA dossier. This is a considerable content expansion, specific to JCA, and likely to have limited transferability or usability in other dossier settings.
- The manner in which data are identified also varies among dossiers, with JCA and AMNOG dossiers mandating systematic literature reviews (SLRs) of the evidence, while targeted literature searches are typical for the development of GVD and AMCP Format dossier content.

- While the need to demonstrate product-specific clinical evidence is common across dossiers (and typically directly transferable), the JCA requires a specific presentation format for comparative clinical data by Population, Intervention, Comparators, and Outcomes (PICO), To by i Spalation, intervention, Comparators, and consolined in 160). In address the various decision problems that may be posed by different PICOs, the JCA template asks for the data to be presented in a disaggregated way, PICO by PICO. Through this presentation choice, the value narrative for a new product may become difficult to follow compared with a more flexible format such as the GVD. Similarly, as the PICOs are defined by the EU Member States, they may not be directly relevant to ex-EU markets.
- A current unknown at the time of writing is what the 'delta dossiers' will look like in EU markets for products that qualify for the JCA process These are intended to provide additional information required for national decision making once the JCA is complete (e.g. countryspecific subgroup analyses not captured in JCA scope, economic information, etc) as an overlap between JCA and local submissions is not permitted. Thus, the implications for JCA on the subsequent 'delta' AMNOG dossier (or other EU HTA submission dossiers) are still to be

- . There is likely to be considerable overlap of 'hard-stop' deadlines for completion of JCA and national dossiers for those markets outside the EU (as well as further demands on HTD medical teams related to the EMA regulatory submission). Careful planning will be crucial to fully recognise the synergies and potential efficiencies to be gained from developing multiple similar (but heavily nuanced) dossiers, in parallel or in rapid sequence with conflicting time pressures and requirements
- The greater flexibility for GVD development timings allows for a headstart on critical strategic communication, planning, and scenario testing; many manufacturers are starting these earlier, so the global communication objectives are clear and fully formed sooner, driving evidence-generation planning and activity, and streamlining subsequent development of the JCA, AMNOG, and AMCP Format dossiers. Viewed through the lens of JCA planning, the GVD development process may help to identify likely PICOs and align on a focused communication strategy for the JCA itself. From a global perspective, having a central core document like a GVD readily available means the starting messages and evidence will be the same for all subsequent dossiers, and tailoring can commence to specific market nuances; this may relieve some pressure and duplication on medical teams.
- However, while it may be logical to develop the GVD first and then adapt to local requirements, in the real world, strategic imperatives and launch sequencing may require a more flexible approach, with a regional or national dossier developed first and then adapted to other
- The additional steps required to leverage/adapt content from one dossier to the next are shown in **Table 3**. Each dossier provides a solid starting point for the next, and there is certainly opportunity to optimise efficiency, with the greatest synergies existing between the GVD and AMCP Format dossier. However, irrespective of the order of dossier development, thoughtful adaptation is still necessary to align with specific requirements and available resources.

Conclusions

- While there are considerable overlaps in terms of content among dossiers, our assessment highlights the unique requirements and perspectives that require a tailored approach for each dossier rather than simple conversions from one format to another
- It is crucial to understand the synergies and potential efficiencies to be gained from developing these dossiers in parallel or in rapid sequence to ensure each receives the meticulous aftention it requires to optimise the presentation of evidence in line with these diverse perspective

Table 3 Pairwise dossier adaptation heat man (assuming same indication/regulatory submission package)

		First dossier to be developed							
	GVD first		JCA first	AMCP first	AMNOG first				
apted	GVD second	G15 III3	- Expand focus to ex-EU countries - Emphasise value messages/story - Leverage SLRs conducted for JCA - Re-work clinical data from PICOs format - May include more data/analyses outside - JCA scope - Include economic elements (CEA and BIM)	Expand focus to ex-US markets Emphasise value message/story Clinical data write-up is often transferable May include more datalanalyses outside AMCP scope (including additional comparators relevant to other world regions)	- Expand focus to ex-German markets (both EU and non-EU) - Emphasise value messages/story - May incube more data/analyses outside - AMNOG scope (including additional comparators relevant to other world regions) - Translate to English				
Subsequent dossier to be develo	JCA second	SLRs needed for JCA Leverage European data and expand focus to all EU27 Member States (epidemiology, treatment pathways, guidelines) Use value messages to guide content development Align presentation of clinical data with PICOs		SLRs needed for JCA Remove US background data and replace with all EU27 Member States (epidemiology, treatment pathways, guidelines) Align presentation of clinical data with PICOs	N/A If product is eligible for JCA, AMNOG 'delta dossier' will be developed after JCA				
	AMCP second	Leverage US-specific evidence and clinical data; expand with additional details as needed be value value messages to guide content development Develop in AMCP Format Clinical data write-up often transferable (and BIMI f US base-case)	Develop in AMCP Format Remove EU background data and replace with US-specific data (epidemiology, comparators, treatment pathways, guidelines) Re-work clinical data from PICOs format Add US economic elements (usually BIM)		Develop in AMCP Format Remove German background data and replace with US-specific data (epidemiology, comparators, treatment pathways, guidelines) Cilnical data format re-work for AMCP Format -Add US economic elements (usually BIM) Translate to English				
	AMNOG second	Leverage German-specific evidence and clinical data: expand with additional details as needed the value and the same state of the value and the value of value of the value of value of the value of value of the value of th	Delta dossier content and format TBD No overlap with JCA permitted No overlap with JCA permitted Add German-specific G-BA/IOWIG requested analyses and German product costs Translate to German	Leverage clinical data Add German-specific data (epidemiology, comparators, treatment pathways, guidelines) Develop in AMONG format and translate to German Add German-specific G-BA/IQWIG requested analyses and German product costs					

References and abbreviations