TRINITY

ADVISORY BRIEF

Global Dossiers in the Joint Clinical Assessment Era: Impacts and Implications

Sophie Doran • Mary Fletcher-Louis

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What is Joint Clinical Assessment?

Joint clinical assessment (JCA) is a European Union (EU) initiative intended to improve patient access to health technologies in Europe through a harmonized clinical health technology assessment (HTA) process.[1] From January 2025, all new oncology medicines and advanced therapy medicinal products will go through the JCA process, followed by all orphan medicinal products from 2028 and all new medicines from 2030.[2]

The JCA process will run parallel to European Medicines Agency (EMA) regulatory evaluation and will involve submission of a dossier detailing disease information, product information and clinical data, but will not include economic data, which will be assessed later, at national level.

What are global value/ reimbursement dossiers?

The purpose of a global value dossier (GVD) is to convey the value narrative for a product alongside the supporting data. A reimbursement dossier is less message-driven and provides more detailed information and evidence to support HTA submissions. While some companies develop distinct global value and reimbursement dossiers, many craft global dossiers that sit somewhere on a continuum between the two.

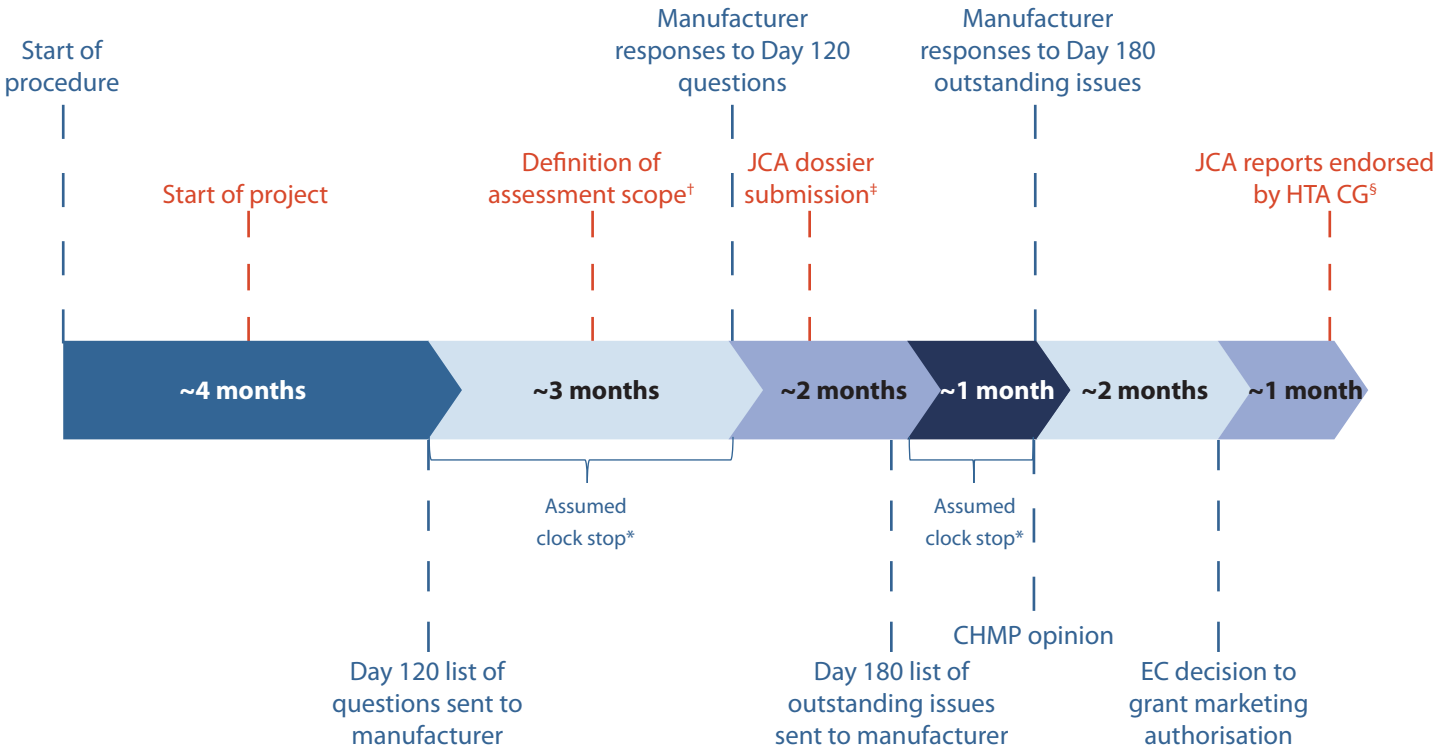
As JCA comes into effect, manufacturers will need to carefully consider their processes for development of global value/reimbursement dossiers to ensure that they continue to meet the needs of their affiliates in Europe and beyond.

Our Value Center of Excellence experts have considered the impact of JCA on global dossier development, looking at the implications for process and content.

When will JCA dossiers be developed relative to global value/reimbursement dossiers?

Unlike current HTA processes that largely begin after regulatory approval by the European Medicines Agency (EMA), JCA will run concurrently with the EMA process, with submission of the JCA dossier at least 45 days before Committee for Medicinal Products for Human Use (CHMP) opinion (Figure 1).[3] Furthermore, manufacturers will have only 90 days from finalization of the scope of the JCA to prepare their submission.[3]

Figure 1: JCA timelines mapped to regulatory (EMA) timelines (for a new chemical entity without accelerated approval)[3]



*Clock stop durations may be longer than the assumed 90 days (after the list of Day 120 questions) and 30 days (after the list of Day 180 outstanding issues), prolonging the timelines for the EMA standard procedure.

†The scope of the JCA will be finalized at latest 20 days after the Day 120 list of questions has been adopted.

‡The deadline for submission of the JCA dossier will be at latest 45 days before the envisaged date of CHMP opinion. However, it is also 90 days after finalization of the JCA scope (or 60 days for extended indications or accelerated approvals).

§JCA reports will be endorsed by the HTA CG no later than 30 days following marketing authorization.

Abbreviations: CG, Coordination Group; CHMP, Committee for Medicinal Products for Human Use; EC, European Commission; HTA, health technology assessment; JCA, Joint Clinical assessment.

Initiating global value/reimbursement dossiers as early as possible will be critical if they are to be used to support the JCA dossier.

Early clinical sections and background sections can be developed, covering the disease burden, current management and unmet need. As for any HTA dossier, these sections would need to be adapted to the JCA dossier template and to focus on relevant data for the EU markets. Early development of a full clinical value section to support the JCA dossier may be constrained by clinical data and clinical study report (CSR) availability, as well as uncertainties around the JCA scoping process.

Global value/reimbursement dossiers should be seen as evolving documents, and it is likely that sections are drafted or re-drafted in parallel with or following submission of the JCA dossier. For example, final details of the indication will only be available after EMA approval, additional clinical data and/or real-world evidence may become available following JCA submission and the economic sections of the dossier (which are not relevant for JCA) are likely to be developed after JCA submission.

How does the content of a typical global value/ reimbursement dossier align with the JCA template?

While the structure of global value/reimbursement dossiers can vary, they typically include the elements outlined in Table 1. Apart from the value story (which would not be included in an HTA submission), elements of all sections of a global value/reimbursement dossier can be used as a starting point for HTA dossier writing.

Table 1: Typical structure and content of a global value/reimbursement dossier

Heading	Content
Executive summary	Summary of information included in the dossier
Value story*	Value messages, which may be hyperlinked to the relevant supporting information in the dossier
Background and disease burden	» Disease overview » Epidemiology » Clinical burden » Humanistic burden » Economic burden
Current treatment and unmet needs	» Current treatments » Treatment guidelines » Unmet needs
Product information	» Indication, contraindications » Regulatory status » Mechanism of action
Clinical value	» Systematic literature review† » Clinical trial programme » Efficacy and safety » Additional analyses (e.g. direct, indirect or subgroup analyses) » Real-world evidence
Economic value	» Cost effectiveness » Budget impact

*The value story is typically included in value dossiers, but not in reimbursement dossiers.

†Typically included in a reimbursement dossier (if available), may not be included (or included in less detail) in a value dossier.

Similarly, for specific sections of JCA dossiers, global value/reimbursement dossiers can provide a starting point. As shown in Table 2, this is particularly true for the background section, although the data included in the burden of disease sections should focus (where possible) on Europe, whereas global data should be included in a global value/reimbursement dossier. There are also sections of the dossier that are specific to JCA, highlighted in Table 2 (see next page).

JCA requirements for relative effectiveness and safety data presentation are highly specific. These data must be presented by population, intervention, comparator and outcome (PICO) question, with PICO questions defined as part of the JCA scoping process.

Some of the information included in the methods section (Section 4, as shown in Table 2) of the JCA dossier (e.g. systematic review methods, methods and results of original clinical trials, and methods for any additional analyses) will be detailed in the clinical value section of the global value/reimbursement dossier. However, the JCA submission template outlines specific requirements around submission files to the EMA, HTA reports and study registries, which may not be relevant (or may be presented differently) in a global value/reimbursement dossier.

While the information included in the results section of the JCA dossier (Section 5, as shown in Table 2) is also likely to overlap with what is included in the clinical value section of the global value/reimbursement dossier, the layout and requirement to address specific PICO questions in the JCA dossier will likely mean that there are substantial differences between dossiers.

Each of the EU member states will complete a PICO survey and then consolidate and validate PICOs. The JCA dossier will need to include all available clinical evidence to address the consolidated PICOs, which will likely result in extensive evidence synthesis requirements. As companies will only have 90 days to submit their JCA dossier following scope finalization, it is expected that most will conduct earlier scoping exercises to predict PICOs and allow for evidence synthesis where required.

If available at the time of JCA preparation, the clinical value sections of a global value/reimbursement dossier would require substantial re-working to align with JCA requirements, including potential needs for further evidence synthesis.

It should also be noted that, as economic evaluation is not part of JCA, the economic value section of a global value/reimbursement dossier is not relevant for JCA submission.

Table 2: Sections of the JCA dossier template[4] and alignment with typical global value/reimbursement dossier

Section	Heading	Description	Alignment with global value/ reimbursement dossier
1	**Overview**	Administrative information (health technology developer details and any previous assessments)	Specific to JCA
		Executive summary (organised by PICO question)	
2	**Background**	Characterisation of health condition, target population, and clinical management	Background/burden of disease sections of global value/ reimbursement dossier
		Characterisation of health technology under assessment	Product information sections of global value/reimbursement dossier
		Joint scientific consultations for the health technology under assessment	Specific to JCA
3	**Research question and assessment scope**	Assessment scope as provided to the health technology developer by the HTA CG	Specific to JCA
4	**Methods used in development of the dossier content**	Criteria for study selection (by PICO)	Specific to JCA
		Information retrieval methods (searches of bibliographic databases, study registries, studies included in submission files to EMA, HTA reports, selection of relevant studies)	Some overlap with global value/reimbursement dossier (clinical value section)
		Data analysis and synthesis (methods and results of original clinical trials, methods for direct comparisons, indirect comparisons, sensitivity analyses, subgroup analyses)	
5	**Results**	Results of information retrieval (included studies overall and by PICO question, characteristics of included studies)	Some overlap with global value/reimbursement dossier (clinical value section)
		Relative effectiveness and safety by PICO (patients characteristics, outcomes, information for risk of bias assessment)	

Abbreviations: CG, Coordination Group; EMA, European Medicines Agency; HTA, health technology assessment; JCA, joint clinical assessment; PICO, population, intervention, comparator, outcome.

How can the use of global value/reimbursement dossiers be optimized in the era of JCA?

The advent of JCA will bring new challenges to manufacturers, particularly around the timing of submission and the potentially vast number of PICO questions to be answered in submissions.

However, JCA also provides an opportunity.

The use of global value/reimbursement dossiers can be re-evaluated to support both JCA dossier development and the development of dossiers for EU economic assessments (at the country level) and countries outside the EU.

Three tips for optimizing the use of global value/reimbursement dossiers in the era of JCA:

Start early and update regularly

Global value/reimbursement dossiers should be viewed as living documents, which are updated as data and needs evolve. Early dossiers should be initiated at around the time of the database lock for the pivotal trial and focus on background sections (disease burden, current treatment and unmet needs) to use as a starting point for JCA. In parallel, companies should be working to predict or simulate potential PICO questions that are likely to be included in the JCA scope. To meet global and ongoing needs for EU countries, dossiers should be updated during and after JCA as CSRs become available, regulatory approval is granted, any further clinical or real-world evidence becomes available and economic evaluations are completed.

Consult with affiliates and review their submission templates

Affiliates should be consulted on how they use global value/reimbursement dossiers and what they find useful (or not). Submission templates for key markets should also be reviewed but as many of them (including JCA) are highly specific, affiliate guidance on what they find helpful in a global value/reimbursement dossier will be key. The focus should not be on matching the structure of submission templates, as this is highly variable, but ensuring that the dossier covers the key information that affiliates need to help them to develop their submissions (e.g. some HTA bodies are adapting their methodologies to consider additional elements of value, resulting in a need for information on topics such as health equity and sustainability[5]).

Develop a clear, easy-to-navigate template and train affiliates to use it

Following consultation with affiliates and review of submission templates for key markets, a clear, easy-to-navigate template for global value/reimbursement dossiers should be developed. This template should be used across products so that affiliates become familiar with it and know where to find exactly what they need. Roll-out training and accompanying localization guides are important tools for familiarizing affiliates with dossiers and other value communication materials.

The Trinity Advantage

At Trinity, we integrate accurate, evidence-based dossier writing with broader value and access strategy to help our clients navigate the evolving environment for value assessment of their products. Our Value Center of Excellence includes experts in value communication with a wealth of experience in both global and country-specific dossier development.

For more thought leadership from Trinity's Value Center of Excellence, please explore our Value in Innovation webinar, our advisory brief on the Influence of ICER Reports on U.S. Payer Decision Making and our white paper on Breaking Down Silos in Life Sciences.

To ask us a value-related question or schedule a meeting, please contact Sophie Doran at sdoran@trinitylifesciences.com.

Authors

Sophie Doran | Director, Evidence, Value, Access & Pricing

Sophie has over 10 years of experience in Value Communication. Her background is in specialist market access/health economics and outcomes research (HEOR) medical writing, developing high-quality materials, including (but not limited to) value stories, value and reimbursement dossiers, objection handlers, publications, training tools and health technology assessment (HTA) submissions. She has worked across a range of disease areas and has particular expertise in rare diseases, diabetes and obesity. Prior to joining Trinity, Sophie led a Value Communication team, comprising medical writers, graphic designers and programmers. Sophie holds a PhD in Biological Sciences and a BSc in Equine Science from Aberystwyth University, Wales.

Mary Fletcher-Louis | Managing Director & Head of Value Center of Excellence

Mary brings over 25 years of healthcare and consulting experience to Trinity. She has extensive experience in value strategy and in the development of value communication tools spanning diverse therapy areas. Mary has deep experience of the decision drivers of market access stakeholders across multiple countries and stakeholder types.

Fostering a culture of innovation in all her endeavors, Mary is currently pioneering the integration of health equity into life science value strategy. As a senior thought leader in the industry, Mary has held leadership roles in various domains including global market access, HEOR, market forecasting and primary market research. For several years, Mary led DRG's Value Communication Center of Excellence.

Her academic achievements include a master's in public health from Nottingham University and a BA from Oxford University.

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About Trinity

With almost 30 years of expertise, a best-in-the-business team and unrivaled access to data and analytics, Trinity Life Sciences is a modern partner to companies in the life sciences industry. Trinity combines strategy, insights and analytics to help life science executives with clinical and commercial decisionmaking. We serve over 300 pharmaceutical, biotech and medical device clients, helping them develop the right drugs and devices for today's market and optimize them once in market. We have a diverse staff of over 1200 people and 11 global offices across the U.S., Europe and Asia. Ultimately, we know that every decision our clients make impacts a life, and when we help our clients achieve their goals, the world benefits. To learn more about how Trinity is elevating the industry and driving evidence to action, visit trinitylifesciences.com

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