

# Approved Product Dossiers

What goes in Section 1?

## Include

Executive Summary –  
Clinical and  
Economic Value  
of the Product

Clinical Benefits

Economic  
Benefits

Conclusions



“...principal opportunity for a manufacturer to briefly summarize the value of its product.”

“...the manufacturer should articulate a value argument to justify these expected expenditures in the context of its anticipated effects on the clinical evidence, health outcomes, and the economic consequences for the health care system.”

## Include

### 1.1B Clinical Benefits

- Efficacy and effectiveness
- Comparative effectiveness
- Safety and tolerability
- Shortcomings of current available treatment and unmet need

### 1.2B Economic Benefits

- Cost per unit
- Context of proposed cost
- Shortcomings of other therapies

### 1.3B Conclusions

- Summarize value
- Highlight clinical and economic advantages
- Describe uniqueness of product
- State the expected effect of product



# Approved Product Dossiers

What goes in Section 2?

## Include

Generic and brand name and therapeutic class

All dosage forms, including strengths and package sizes

National Drug Code (NDC) for all formulations

Average sales price (ASP) and wholesale acquisition cost (WAC) per unit size

American Hospital Formulary Service (AHFS) or other drug classification

FDA-approved indications and date approval was granted

Pharmacology

Pharmacokinetics/pharmacodynamics

Contraindications/warning/precautions/adverse effects

Special populations

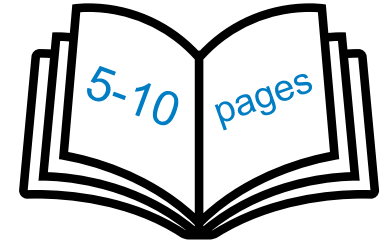
Interactions

Dosing and administration

Access

Coprescribed/concomitant therapies

Effect on quality measures



# Section 2.1.1B Product Comparison

## Include

Comparison of Prescribing Information with primary comparator products in the same therapeutic area

Safety

Efficacy

Dosing

Indications

Pharmacokinetics/pharmacodynamics

Adverse effects

Warnings

Contraindications

Interactions

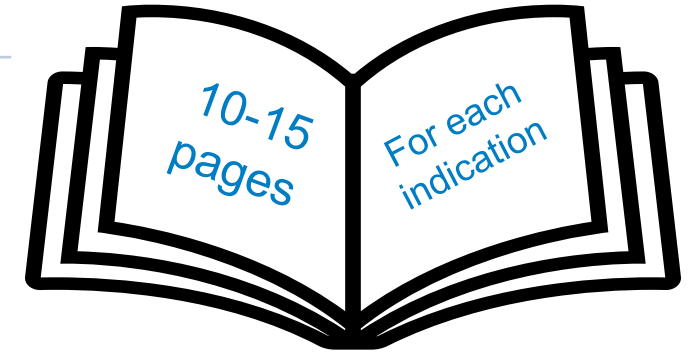
Statements about why comparators were selected

Formatted in tables

## Include

2.2.1B Disease Description

2.2.2B Approaches to Treatment



## Content should be:

Brief

Presented in tables, bulleted lists, or other easy-to-read format

Not duplicated in 3.0B, 4.0B, or 5.0B

# Section 2.2.1B Disease Description

## Include

“a good overall sense of the disease.”

Epidemiology and risk factors

Pathophysiology

Clinical presentation

Societal, humanistic, and economic burden

## Content should be:

Brief

Include disease and characteristics of patients

Brief summary of information from the literature for each topic



# Section 2.2.2B Approaches to Treatment

## Key questions

How is the disease currently treated?

How does new product fit into standard therapy?

## Summarize current literature

Current approaches to treatments

Place and uses of product

Appropriate care settings

Heterogeneity of treatment effect

Ancillary disease or care management intervention strategies

Post-marketing obligations required by FDA

Ongoing post-approval monitoring of drug safety and adverse events

Expected outcomes of therapy

# Section 2.3B Evidence for Companion Diagnostic Tests

## Drug Dossier with Companion Diagnostic Test

- When CDT is co-developed with drug
- When CDT is required by FDA

**Include Sections 2.3.1B and 2.3.3B**

## Companion Diagnostic Test Dossier

- When CDT is not tied to drug
- When CDT is not owned by the manufacturer

**Include Sections 1.0B, 2.3.1B, 2.3.2B, 2.3.3B, 4.0B, and 5.0B**

# Section 2.3.1B Product Information for Companion Diagnostic Tests

## Include

Generic name, brand name, manufacturer, or clinical laboratory

Type of test

Test target

Date of FDA clearance or approval

Intended use / clinical basis for CDT

Indication and target population; prevalence of disease/condition and CDT variant

Place of CDT in drug therapy

Contraindications, warning / precautions, interactions relative to CDT use

Alternative tests and options available; relative advantages and disadvantages

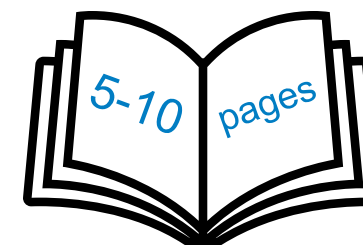
Other key assumptions and their rationale

Supporting clinical and economic evidence for the test, using [ACCE framework](#)

Packaging description, regulatory codes, classification, and identifiers

Billing and reimbursement codes, price

Copy of product label or package insert



Drug Dossier with  
CDT

CDT Dossier

# Section 2.3.1B Product Information for Companion Diagnostic Tests

Supporting clinical and economic evidence for the test, using ACCE framework

## Analytical validity

Accuracy

Specificity

Sensitivity

Precision

## Clinical validity

Positive predictive value

Negative predictive value

Thresholds used to separate positive from negative result

Populations tested and validated

## Clinical utility

Interventions

Efficacy/effectiveness and safety

Changes in patient outcomes

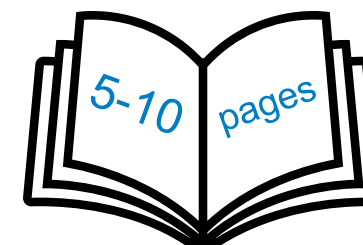
Quantitative risk-benefit decision-analytic modeling

## Economic value

Expected differences in costs and outcomes

Economic analysis

Incremental costs per diagnosis, treatment modification, events avoided, life-years saved, quality-adjusted life-years gained



Drug Dossier with  
CDT

CDT Dossier

## Include

### Disease Description

Epidemiology and relevant risk factors

Pathophysiology

Clinical presentation

Societal and economic impact of disease

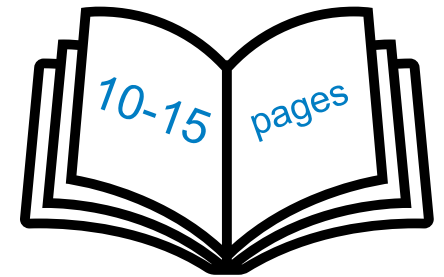
### Approaches to Treatment

Diagnosis

Anticipated use of text in patient management

Prognosis

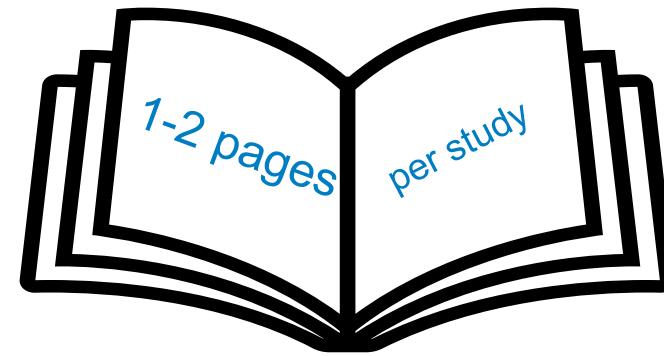
Relevant clinical practice guidelines



CDT Dossier

## Drug Dossier with Companion Diagnostic Test

- Studies pertaining to the CDT



## Companion Diagnostic Test Dossier

- All clinical trials that include CDT

Drug Dossier with  
CDT

CDT Dossier

## **Submit summaries of key studies conducted:**

- Analytical validation studies
- Clinical validation studies
- Clinical utility studies
- Outcomes studies
- Safety studies

Include whether they  
are published or not

## Evidence in summaries should include:

Setting and location of study

Study design, research questions

Inclusion and exclusion criteria

Patient characteristics

Intervention and control group

Patient follow-up procedures

Clinical outcome measures

Outcomes evaluated

Primary versus secondary study endpoints

Other results/outcomes reported

Principal findings

Statistical significance of outcomes and power calculations

Variation of outcomes instrument

Compliance behavior

Generalizability of the population treated

Relevance to enrolled population

Publication citations / references used

Access information for studies registered in a public trial registry



# Approved Product Dossiers

What goes in Section 3?

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## Include

### Prospective clinical studies

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Randomized clinical trials

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Prospective observational studies

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Registries

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### Retrospective studies

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Conducted using existing data from chart reviews, medical and pharmacy claims, electronic medical records or, other novel sources of data

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### Studies that synthesize the above studies

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Indirect treatment comparisons

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Meta-analyses of the product and comparators

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## Include

Publication citations, study name, clinicaltrials.gov ID number, funding source

Objective, location, and study start and completion dates

Trial design, randomization, blinding procedures

Setting, inclusion and exclusion criteria

Baseline patient characteristics and demographics

Drop-out rates and procedures for handling

Treatments, interventions, dosage regimens, washout period, concomitant therapies

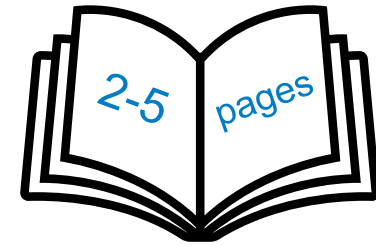
Clinical outcomes evaluated, measured, and collected; primary vs secondary endpoints; prespecified vs post hoc

Measures of effect, statistical significance, power calculations

Validation of outcomes instruments

Generalizability of population treated

Study limitations



## Include

Citation

Treatments

Sample size and length of follow-up

Inclusion and exclusion criteria

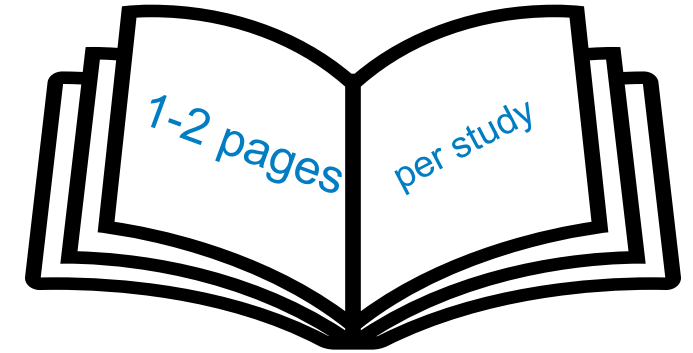
Design

Primary endpoints

Secondary endpoints

Results

Statistical significance



Unlike the rest of the document, these will need to be in landscape rather than portrait. More liberal use of abbreviations will also assist in making it all fit on the page.

# Approved Product Dossiers

What goes in Section 4?

# Section 4.0B Economic Value and Modeling Report

## Include

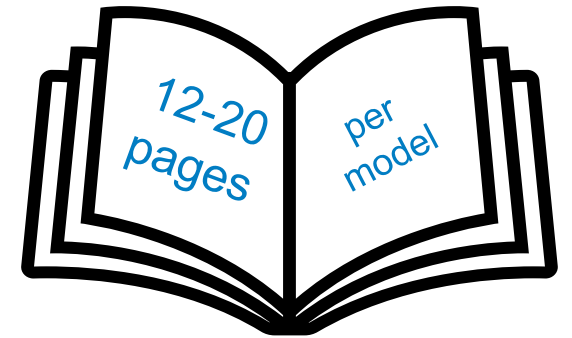
### 4.1B Modeling Overview

Overview of rationale, approach, and suggested methods for developing economic models.

### 4.2B Cost-effectiveness Analysis

### 4.3B Budget Impact Models

### 4.4B Modeling Report and Interactive Model



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## Include 4.1B Modeling Overview

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Intent: quantify risk-benefit tradeoff of product, product's economic value

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4.1.1B Use of Modeling for Decision-Making

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4.1.2B Type of Models

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Cost-effectiveness Models

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Budget Impact Models

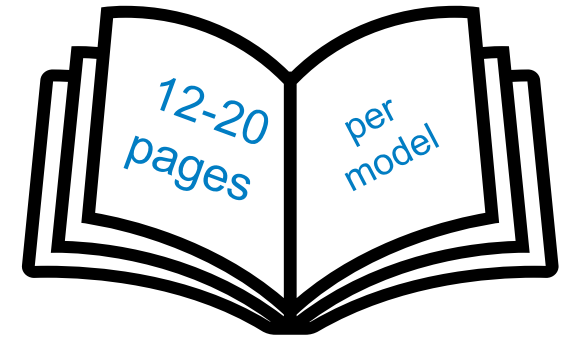
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Financial Models

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4.1.3B Other Considerations

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# Section 4.2B Cost-effectiveness Analysis

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## Include 4.2.1B Approach and Framework

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### Guidelines

Framework should consider recommendations from guidelines, such as The Professional Society for Health Economics and Outcomes Research (ISPOR) and the Society for Medical Decision Making (SMDM) Modeling Good Research Practices Task Force.

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### Analytic Framework

Analyses that value outcomes by assessing clinical events, life expectancy, and quality-adjustment life-years.

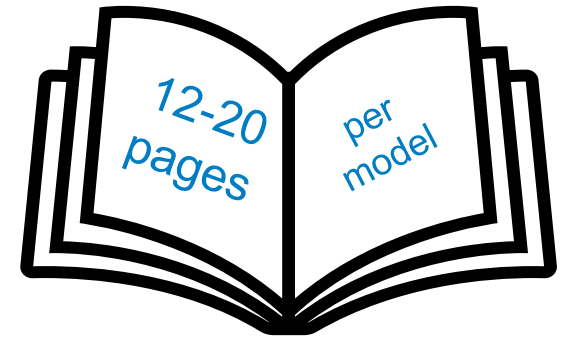
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### Modeling Technique

- Decision Trees
  - Markov Models
  - Patient-level Simulation
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### Perspective and Timeframe

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# Section 4.2B Cost-effectiveness Analysis

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## Include 4.2.2B Data Sources

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Drug Effectiveness

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Drug Safety Data

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Economic Data

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Utilities

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Demographic and Practice Pattern Data

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Surrogate Markers

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Expert Opinion

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Efficacy vs Effectiveness

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# Section 4.2B Cost-effectiveness Analysis

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## Include 4.2.3B Conduct

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### Base-case Estimates

- Expected clinical and economic outcomes
- Incremental costs and effectiveness
- Differences in absolute risk of events
- Health care costs vs drug costs
- Clinical risk-benefit tradeoffs

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### Sensitivity Analysis

- Univariate and probabilistic sensitivity analyses
  - Confidence levels (95%)
  - Tornado diagrams
  - 3-5 parameters / 2-3 assumptions with greatest effect on results
  - Scenario analyses
  - Cost-effectiveness scatter plots and acceptability curves
-

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## Include 4.3.1B Approach and Framework

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### Guidelines

Framework should follow guidelines provided by The Professional Society for Health Economics and Outcomes Research (ISPOR)

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### Perspective and Timeframe

Perspective: Health Care Decision Maker

Timeframe: 1-5 years

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### Population

Target: All patients eligible to receive new intervention during timeframe

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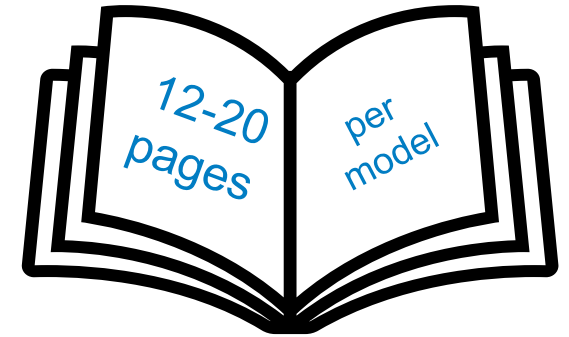
## 4.3.2B Data Sources

Base-case model: representative of US population or general commercial or Medicaid population.

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## 4.3.3B Conduct

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# Section 4.4B Modeling Report and Interactive Model

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## Include 4.4.1B Transparency

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High-level overview of model structure, components, and outputs

Detailed documentation for users to evaluate technical aspects of model

Audience: non-health economist

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## 4.4.2B Modeling Report Format

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### 4.4.3B Interactive Model

Model Characteristics

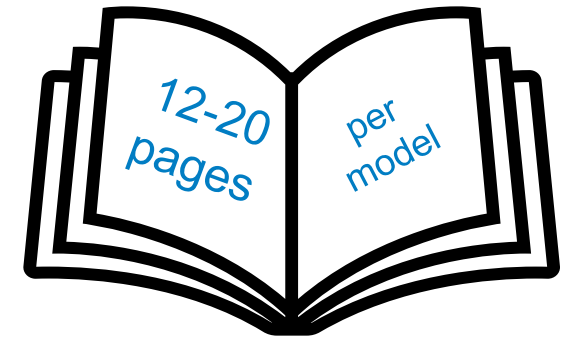
Spreadsheet

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Model Accessibility

Interactive model available electronically

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# Section 4.4.2B Modeling Report Format

## Include 4.4.2B Modeling Report Format

- Introduction/Background
- Methods
- Results
- Limitations
- Discussion
- Figure 1: structure of model
- Table 1: list of all model inputs, including references
- Table 2: list of model assumptions
- Table 3: disaggregated results
  - Projected clinical events
  - Life expectancy and quality-adjusted life-years estimates
  - Total health care costs
  - Cost of implementing therapy
  - Model results
- Figure 2: one-way sensitivity analyses on all model inputs
  - Model input or assumptions that drive difference in costs, effects, and incremental cost-effectiveness
  - If appropriate, present multi-way sensitivity analyses

Consider following the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) Guidance

# Approved Product Dossiers

What goes in Section 5?

# Section 5.0B Additional Supporting Evidence

## Include

All other types of evidence and studies that support the use and value of the product but that do not fit into Section 3

5.1B Clinical Practice Guidelines

5.2B HTAs and Systemic Reviews

5.3B Compendia

Summarize available information; may not be able to provide copy

5.4B Other Economic or Outcomes Evidence

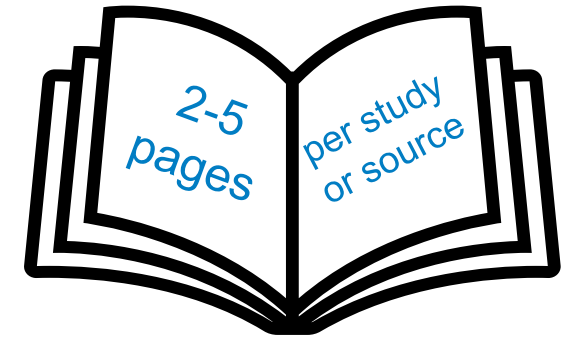
Provide if available

5.5B Effect on Quality

Provide if available

5.6B Other Evidence or Information

Provide if available



# Section 5.1B Clinical Practice Guidelines

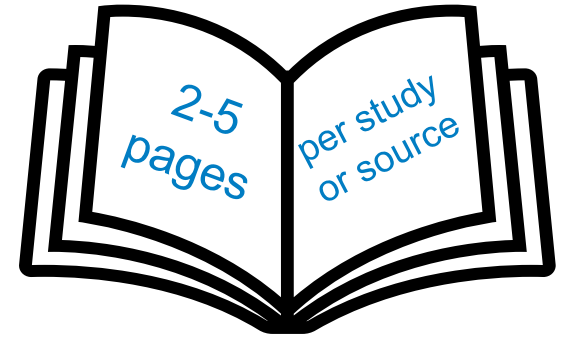
## Include

Clinical practice guidelines, position statements, consensus statements, clinical pathways

Medical societies, government agencies, national or international organizations

Specific to product, its comparators, and disease state

Provide a copy or links to original guidelines





# Section 5.2B HTAs and Systemic Reviews

## Include

Cochrane Collaboration systematic reviews

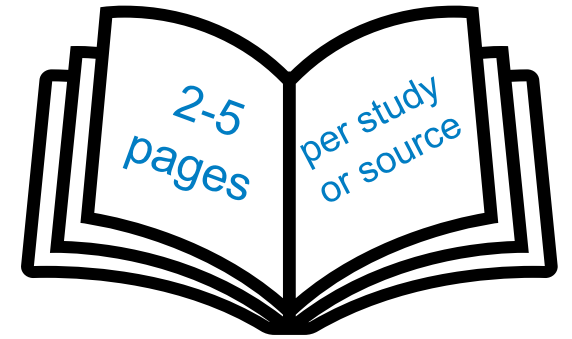
Formal systematic review published by peer-reviewed journals

Evidence reviews by the Agency for Healthcare Research and Quality (AHRQ) or the Patient-Centered Outcomes Research Institute (PCORI)

Reports from the Institute for Clinical and Economic Review (ICER)

HTAs from recognized public or private organizations:

- National Institute of Clinical Evidence (NICE)
- Canadian Agency for Drugs and Technologies in Health (CADTH)



# Approved Product Dossiers

What goes in Section 6?

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## Include

### 6.1.B References Contained in Dossier

Include citations and links to original sources if they are freely available.

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### 6.2B Economic Models

Include actual economic models.

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### 6.3B Product Prescribing Information

Include label or PI.

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### 6.4B Patient Information

Include patient information, such as patient PI.

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### 6.5B Material Safety Data Sheet

Include Material Safety Data Sheet.

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