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| 26 June 2023  EMA/250549/2023  HTA Coordination Contact: [interimadvice.hta@g-ba.de](mailto:Interimadvice.hta@g-ba.de) | **Date:** Click to select date |

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| Parallel EMA/HTA body (HTAb) Scientific Advice during the Interim Period  *Application form* |

Please fill in all the predefined fields as accurately as possible.

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| **Unique Product Identifier** |  |
| **Substance** | |
| * **INN** (if available) |  |
| * **Trade name** (if available) |  |
| * **Company product code** |  |
| **Description of the product & mechanism of the action** |  |
| **Type of product** | Chemical  Generic  Antisense  NCE  Others  Bio(techno)logical  Classical biological:  Blood derived  Vaccine  Enzyme  Other biologicals  Recombinant DNA derived product:  Cytokine  Hormone  Monoclonal antibody  Vaccine  Transgene derived (animal/biopharm)  Other Recombinant  Similar biological  Nucleic acid-Based  DNA vaccine  Oncolytic virus  Advanced Therapy Medicinal Product (ATMP):  Gene therapy:  Autologous  Allogenic  Xenogenic  Somatic cell therapy:  Autologous  Allogenic  Xenogenic  Tissue-engineered product  Autologous  Allogenic  Xenogenic  Therapeutic, scientific, or technical Innovation |
| **Is the product used together with a digital application?** | YES  NO  If yes, please describe: |
| **Is the product used together with a medical device or an *in vitro* diagnostic medical device?** | YES  NO  If yes, please describe: |

Comments:

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| **Intended indication for the scope of the current JSC** |  |
| **Products with market authorization in similar indication** |  |
| **Products in development with similar indication** |  |
| **Application type EMA (anticipated):** | Initial market application (IMA)  Extension of Indication (EoI)  Line Extension (LE)  First in class (FC)  Priority Medicine (PRIME)  Accelerated access (AC)  Orphan designation (OD)if current OD, please provide:  OD number: EU/  Date: YYYY-MM-DD  Indication for which OD has been granted: |
| **Therapeutic field** | Cancer  HIV/AIDS  Diabetes  Neurodegenerative disorder  Viral disease  Autoimmune disease/dysfunction  Cardiovascular  Other |
| **ATC code** (broad or detailed if known) | Click to select. or detail here: |

Comments**:**

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| --- | --- |
| **Applicant** | **Company Name:**  **Address:**  **Country:** |
| **Contact Person details** | **Title and Name:**  **Direct Tel:** **Fax:**  **Email:** |
| **Alternate Contact Person details[[1]](#endnote-1)** | **Title and Name:**  **Direct Tel:** **Fax:**  **Email:** |

Comments:

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| **Small and Medium Sized Enterprises (SME)** | NO – N/A |
| YES |
| - SME Number: |

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| **Consultant on behalf of Applicant** (if applicable) | Title and Name:  Direct Tel: Fax:  Email: |
| **Contact Person details** | Title and Name:  Direct Tel: Fax:  Email: |
| **Alternate Contact Person details** (if applicable) | Title and Name:  Direct Tel: Fax:  Email: |
| **Letter of authorisation from applicant** | NO (to be provided within 15 days)  YES (please attach) |

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| **Aimed date of the draft Briefing Package ready for submission** | [Please indicate the **earliest and the latest possible date for the submission of the Draft Briefing Package**. If the request for a Parallel EMA/HTA body (HTAb) Scientific Advice is accepted, the exact time slot for the consultation will be planned accordingly.] |

Comments:

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| **Clinical trial phase(s) for which Parallel EMA/HTA body (HTAb) Scientific Advice is requested** | Phase I  Phase II  Phase III  Phase IV, PLEG (only in conjunction with request for discussion of pivotal trial design)  If the clinical trial phase for which JSC is requested is not Phase III:  Is a Phase III study planned:  YES  NO  If no, please explain why not: |
| **Are the trial(s) for which advice is requested on-going?** | YES  NO  If yes, please specify study registry/ID number:   |  |  | | --- | --- | | Study title | registry/ID-number | |  |  | |  |  | |  |  | |
| [Please elaborate on the following selection criteria according to Art. 17(3) of the HTA Regulation as anticipated at the timepoint of the application.] | |
| **Does the product target an unmet need?** | YES  NO  If yes, please describe: |
| **Is the product the first in its class?** | YES  NO  If yes, please describe: |
| **Does the product have potential impact on patients, public health, or healthcare systems?** | YES  NO  If yes, please describe: |
| **Will the product have significant cross-border dimension?** | YES  NO  If yes, please describe: |
| **Will the product have a major Union-wide added value?** | YES  NO  If yes, please describe: |
| **Does the product address Union clinical research priorities?** | YES  NO  If yes, please describe: |
| **Summary of expected information (study phase, minimum information on PICO scheme) annexed[[2]](#endnote-2)** | YES  NO |

Comments:

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| --- | --- |
| **Other scientific advice (received or planned)** | EMA Scientific Advice:  NO  YES  Date: Click to select date  Previous EUnetHTA Early Dialogue (ED) or Joint Scientific Consultation (JSC)  NO  YES, ED or JSC-Number:  Date: Click to select date  Other scientific advices with individual HTA bodies:    NO / Not planned  YES  Which countries: |

Comments:

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| --- | --- |
| **Status of the product / pipeline** | MA granted in another indication  MA not yet granted  N/A |
| **Marketing Authorisation (MA) already granted in another indication** | Date of MA granting:  Route of MA:   National Procedure  MRP/Decentralised Procedure  Centralised Procedure Specify in which indication: |
| **MA not yet granted** | MA Application planned date:  Route of MA planned:   National Procedure  MRP/Decentralised Procedure  Centralised Procedure (according to Reg. (EC) No 726/2004) |

Comments:

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| **Area of Advice** | Please briefly outline the scope/content of each question,  for each area of advice following topic order proposed below:  Target Population:  Intervention:  Comparator choice:  Outcomes choice:  Study Design including statistical analysis method:  Post-Launch Evidence Generation (only in conjunction with request for discussion of pivotal trial design)  Health Economics: |

Comments:

**Important application submission instructions:**

1. Please send this form in Word format. Do not convert it into PDF.
2. The Application Form for Parallel EMA/HTA body (HTAb) Scientific Advice during the Interim Period should be submitted to the HTA Coordination Contact via **Eudralink** ([interimadvice.hta@g-ba.de](mailto:Interimadvice.hta@g-ba.de)).

1. An additional alternate contact person is requested in case the main contact point is unavailable. All official correspondence will be sent to both contact persons. If a consultant is acting on behalf of the Applicant, the alternate contact person details are not requested. [↑](#endnote-ref-1)
2. As available, a summary of expected information (study phase, high level design with minimum information on Population, Intervention, Comparator, Outcomes (PICO)) for the intended product and indication must be annexed when submitting the Application Form. [↑](#endnote-ref-2)