Request for reassessment of the recommendation of <medicine> for <indication>

[Companies may request the Danish Medicines Council to reassess a recommendation by submitting this form. The request should be sent to the ansogning@medicinraadet.dk.

Based on the request the Danish Medicines Council will consider whether a reassessment will be initiated. The decision will be published on the Danish Medicines Council webpage, irrespective of whether a reassessment is initiated or rejected. A short summary of the basis for the decision will also be published on the webpage. The Danish Medicines Council will only grant a reassessment process if the new information demonstrates substantial changes regarding clinical efficacy and safety and/or changes in the results of the health economic analysis.

The company must complete the form and then submit it to the secretariat. Table 1, 2 and 3 must be completed for all cases. Table 4 should be completed for cases where the price is modified. Table 5 should be completed if the request includes new efficacy or safety data.

Companies must ensure that all confidential information is highlighted in yellow.

If the request contains a new price offer, negotiations with Amgros must be completed prior to submitting the request for reassessment to the Danish Medicines Council]

| 1. Contact information
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| **Company** | ***Name of the applicant*** |
| Name TitleArea of responsibility Phone number E-mail | *e.g. Anders Andersen**e.g. Medical director**e.g. clinical/medical, health economics or negotiation* |
| **External representation**(When using external representation, remember to enclose a power of attorney. A template can be found on the Danish Medicines Council’s webpage) | **Name/company:****Phone number/e-mail:** |

| 1. Information about the medicine and the existing recommendation
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| Medicine | *[Generic name]* |
| Indication | *[If multiple indications apply list only the one(s) that are relevant to the request for reassessment]* |
| The Danish Medicines Council’s current recommendation | *[Insert the Danish Medicines Council’s current recommendation for the relevant medicine and indication(s)]* |
| Subpopulations in the existing recommendation  | *[If applicable, describe the subpopulations in the existing recommendation, including whether the medicine was recommended or not]* |
| Subpopulation(s) which is requested to be reassessed  | *[If applicable, list the subpopulation(s) which is the focus of the request for reassessment]* |
| Publication date for the existing recommendation | *[Specify the publication date for the existing recommendation]* |
| Basis for request for reassessment | [ ]  New price offer | [ ]  New data | [ ]  New price and new data |
| Date of application to the DMC (for reassessments based on new data or new price and new data)  | *[State the date (day-month-year) on which you plan to submit your application to the DMC (minimum 3 months after submitted request for reassessment). Based on your stated date of submission, the DMC Secretariat plans the assessment process, and you will receive an agreed date of application. You need to submit your application no later than on the agreed date of submission, otherwise a new agreed date of application needs to be planned.]* |

| 1. Basic preconditions for evaluation of the medicine
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| Clinical practice | *[Describe whether Danish clinical practice, as outlined in the existing assessment report, remains applicable and up-to-date. This includes information regarding whether the comparator specified in the assessment report remains the standard treatment in Denmark and whether previous lines of therapy remains unaltered, etc.]* |
| New data for the medicine (intervention) | *[Describe any new data pertaining to the medicine, e.g. documented by a systematic literature review]* |
| New data for the comparator | *[Decribe any new data pertaining to the comparator, e.g. documented by a systematic literature review]* |
| Other considerations | *[If applicable, describe other relevant conditions or assumptions which have changed since the Danish Medicines Council published its existing recommendation]* |

| 1. Applicable to requests associated with a new price offer
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| The price of the medicine at the latest DMC evaluation | *[State the discount percent of the AIP for all available pack sizes. The DMC will receive the confirmed prices from Amgros]*  |
| New price offer  | *[State the discount percent of the AIP for all available pack sizes. The DMC will receive the confirmed prices from Amgros]*  |

| 1. Applicable to requests containing new data
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| New data | *[Decribe the new data in comparison to the corresponding results in the existing DMC assessment report]* |
| Impact on cost-effectiveness  | *[Provide argumentation regarding how the cost effectiveness of the medicine is expected to change, if the new data is included in the assessment of the medicine]*  |
| Consequence for the existing recommendation of the Danish Medicines Council | *[Provide argumentation for why the new data should lead to changes in the conclusion of the Danish Medicines Councils recommendation regarding the medicine]* |

References

[Insert a reference list. All published articles referenced in the request form must be attached as individual pdf-files]

Appendices

[If applicable list appendices, e.g. documentation of systematic literature reviews]

| Version log |
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| **Version** | **Date** | **Change** |
| 1.4 | 1. April 2025 | New e-mail address ansogning@medicinraadet.dk is added. |
| 1.3 | 1. March 2024 | Date of application to the DMC is added. |
| 1.2 | 13. January 2023 | Added that the decision will be published on the Danish Medicines Council webpage, irrespective of whether a reassessment is initiated or rejected.  |
| 1.1 | 3. August 2022 | Added clarification on how to complete table 4. In the introduction it is specified how to mark confidential information.  |
| 1.0 | 2. June 2022 | Form was made available om the DMC website. |