**Early Engagement Meeting Information Request Form**

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| **Company name and address** |  |
| **Company contact name & details** |  |
| **Date** |  |

**Information on submission criteria for full and abbreviated submissions is provided on the SMC website. In order to maximise the time in the forthcoming meeting, please complete all sections of this form that are relevant to your medicine. Please supply the most recent or draft Summary of Product Characteristics if available.**

1. **Registration details**

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| **Drug (generic and trade name)** |
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| **Formulation, strength(s), route of administration**  |
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| **Full licensed indication or expected indication(s)** |
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| **If the submission is not expected to cover the full licensed indication please provide details of any positioning you may wish SMC to consider, including the proposed rationale.** |
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| **Dose** |
|  |
| **Regulatory authority and status** |
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| **Launch or product availability date in UK** |
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| **Licensing / anticipated date of marketing authorisation in UK** |

1. **Product Information**

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| 1. **What is the basis for the meeting request?**
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| 1. **What do you consider are the key challenges you face in making a submission to SMC?**
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| 1. **Detail existing therapy, including what therapy(ies) might be replaced in Scottish practice for the licensed indication or any specific positioning you may wish SMC to consider. This can include best supportive care.**
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| 1. **Is there any previous SMC advice with reference to any other licensed indication for the medicine under consideration or existing therapy?**
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| 1. **Is the medicine likely to be associated with a Patient Access Scheme (PAS) and / or has a PAS been previously associated with a different formulation / indication for this medicine?**
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| 1. **Provide any other information specific to this product or information that you consider might be important to the review of your medicine that is not covered by other sections of this form.**
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| 1. **What do you hope to achieve at the meeting?**
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*Please email the completed form to* *his.smcsubmissionportal@nhs.scot*