**Re-evaluation of effectiveness, appropriateness and economic efficiency of medical technologies covered by compulsory health care insurance**

**Topic submission form**

Title of topic

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| **1. Applicant** | |
| **1.1 Applicant**  Institution / Organisation / Company  Second name, first name  Mailing address  Phone  E-mail |  |
| **1.2 Contact person**  Institution / Organisation / Company  Second name, first name  Mailing address  Phone  E-mail |  |

*Please complete all fields*

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| **2. Medical technology (drug, device, procedure, etc.)** |
| **2.1 Description of disease / indication** (medical background, incidence / prevalence, symptoms, diagnoses, etc.) |
| **2.2 Description of technology** (incl. Tarmed / SwissDRG / ATC codes etc.) |
| **2.3 Description of alternative treatment options** (incl. Tarmed / SwissDRG / ATC codes etc.; no treatment also possible) |
| **2.4 Volume of medical technology of interest** (number of sold units, procedures etc. per year in Switzerland) |
| **2.5 Estimated costs of medical technology of interest** (per year in Switzerland) |
| **2.6 Estimated costs of alternative treatment options**  higher  equal  lower |

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| **3. Rationale for re-evaluation** |
| Please provide reasoning and related references (e.g. studies, HTA reports, meta-analyses, systematic reviews, clinical guidelines, recommendations from professional societies, expert statements). |
| Controversial or lacking information on **effectiveness**  Reasoning:  References: |
| Controversial or lacking information on **safety**  Begründung:  Referenzen: |
| Controversial or lacking information on **economic efficiency**  Reasoning:  References: |
| **other reasons** (e.g. ethical, social, legal, organisational issues)  Reasoning:  References: |
| **Summary of research question** |

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| **4. Proposed measures and expected benefits** |
| **4.1 Proposed measure regarding the input power (several possible)**  Removal from compulsory health care insurance coverage  Restrictions on compulsory health care insurance coverage  Restriction on designated service providers  Other  Description / reasoning: |
| **4.2 Expected benefits of the proposed measure (several possible)**  Improved safety  Improved quality of care  Cost reduction by ….CHF / year  Other  Description / reasoning: |

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| **5. PICO** |
| Research question expressed as PICO (population - intervention - comparators - outcomes)  **P:**  **I:**  **C:**  **O:** |

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| **6. Comments** |
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| **7. Confidentiality** |
| The information on this form will be made accesible to the FOPH, stakeholder associations in the context of the consultation on the prioritization of topics, the members of the Federal Commissions (EAK, EAMGK, ELGK) and, if applicable, non-FOPH experts consulted on the topic. These persons are obliged to treat as confidential information that they receive during their work.  The Applicant agrees that all information contained in this form will be disclosed to the above mentioned entities under the confidentiality obligation.  The Applicant requests that the following information not be disclosed to bodies outside the FOPH and the Federal Commissions:  Information in section .... |

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| **8. Supplements and references** |
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| **9. Date, signature** |
| Place, date: Signature: |

The form must be submitted electronically or physically to:

Email: hta@bag.admin.ch

Bundesamt für Gesundheit BAG

Direktionsbereich Kranken- und Unfallversicherung

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