|  |  |  |
| --- | --- | --- |
| **Form** | | |
| **No marketing / interruption of distribution TAM** | | |
| **Identification number:** | ZL203\_00\_850 |
| **Version:** | 1.0 |
| **Valid from:** | 01.09.2024 |

1. **Basic information**

|  |
| --- |
| **External reference (Company Reference):** …… |
| **Authorisation no :** **……** |
| **Name of the medicinal product:** …… |

1. **Addresses**
   1. **Marketing authorisation holder**

|  |  |
| --- | --- |
| Company name: | …… |
| Addition: | …… |
| Street / no.: | …… |
| P.O. Box: | …… |
| Postcode, town/ city: | …… |
| Telephone: | …… |
| E-mail: | …… |

## Address for correspondence (if not the same as 2.1)

|  |  |
| --- | --- |
| Company name: | …… |
| Addition: | …… |
| Street / no.: | …… |
| P.O. Box: | …… |
| Postcode, town/ city: | …… |
| Telephone: | …… |
| E-mail: | …… |

## Legal representative (if not the same as 2.1)

|  |  |
| --- | --- |
| Name: | …… |
| Addition: | …… |
| Street / no.: | …… |
| P.O. Box: | …… |
| Postcode, town/ city: | …… |
| Telephone: | …… |
| E-mail: | …… |
| **Does Swissmedic already possess the power of attorney?**  Yes  No, the power of attorney in enclosed with this application (incl. original signature) | |

# Further information

|  |  |
| --- | --- |
| **Type of submission: No marketing / interruption of distribution** | |
|  | No marketing >1 year after first authorisation (Notification in accordance with Art. 11 para. 1 TPO): |
|  | Date of first authorisation: …… |
|  | Scheduled market launch: …… (if applicable: not known) |
|  | |
|  | Interruption of distribution >1 year (notification in accordance with Art. 11 para. 1 TPO): |
|  | Date of last delivery to wholesaler: …… |
|  | Resumption of distribution scheduled for: …… (if applicable: not known) |
|  | |
| Reason for not marketing / interruption of distribution[[1]](#footnote-1): ……  Does the non-marketing / interruption of distribution only affect Switzerland?  Yes  No  Not known | |
|  | |
| Swissmedic will publish the medicinal product in the [No marketing / interruption of distribution reporting](https://www.swissmedic.ch/dam/swissmedic/de/dokumente/internetlisten/meldungenart11_tam.xlsx.download.xlsx/11%20VAM%20Liste%20Meldungen%20TAM.xlsx)list*.* | |
|  | |
| **Commencement of distribution (marketing) or resumption of marketing (after interruption of distribution)** | |
|  | Marketing after first authorisation (Notification in accordance with Art. 11 para. 4 TPO): |
|  | Date of first authorisation: …… |
|  | Date of notification of no marketing for > 1 year after first authorisation: …… |
|  | Date of commencement of distribution (first delivery to wholesaler): …… |
|  | |
|  | Resumption of marketing after interruption of distribution (Notification in accordance with Art. 11 para. 4 TPO): |
|  | Date of last delivery to wholesaler: …… |
|  | Date of notification of interruption of distribution for > 1 year: …… |
|  | Date of resumption of distribution (first delivery to wholesaler): …… |
|  | |
| Swissmedic will remove the medicinal product from the [No marketing / interruption of distribution reporting](https://www.swissmedic.ch/dam/swissmedic/en/dokumente/internetlisten/meldungenart11_tam.xlsx.download.xlsx/11%20VAM%20Liste%20Meldungen%20TAM.xlsx)list*.* | |
|  | |

# Signature

|  |  |  |  |
| --- | --- | --- | --- |
| **All the entries made in this form are certified to be complete and accurate:**  *(company stamp of the applicant, optional)*  ……  ……  …… | | | |
| *Authorised signatory* | | *Other responsibilities (optional signature)* | |
| Place, date: ……  Signature: …………………………….. | | Place, date: ……  Signature: …………………………….. | |
| Last name: | …… | Last name: | …… |
| First name: | …… | First name: | …… |
| Position: | …… | Position: | …… |
| Telephone: | …… |  | |
| E-mail: | …… |
|  | | | |
| **The application must be sent to** | | **For enquiries, please contact** | |
| Swissmedic  Swiss Agency for Therapeutic Products  Operational Support Services  Hallerstrasse 7  3012 Bern | | Telephone +41 58 462 02 11  Fax +41 58 462 02 12  E-mail Anfragen@swissmedic.ch | |

Change history

| **Version** | **Change** | **sig** |
| --- | --- | --- |
| 1.0 | New form created for VMPs | ps/has |

1. Examples: No production for Switzerland, active substance not available, excipient "xy" not available, marketing strategy, etc. [↑](#footnote-ref-1)