



**Australian Government**  
**Department of Health**  
 Therapeutic Goods Administration

**TGA use only**

This form, when completed, will be classified as 'For official use only'.

For guidance on how your information will be treated by the TGA see: Treatment of information provided to the TGA at <<https://www.tga.gov.au/treatment-information-provided-tga>>.

## Special Access Scheme – Category B

### Important information

Email completed form to [SAS@health.gov.au](mailto:SAS@health.gov.au) (preferred) or fax to 02 6232 8112.

The SAS Category B application form should be completed if guidance for use of an unapproved good will be met and the SAS Category A or SAS Category C pathways are not applicable.

### Privacy information

For general privacy information, go to <<https://www.tga.gov.au/privacy>>.

The TGA is collecting personal information in this form in order to:

- Assess the application.
- Contact the medical practitioner and discuss the application where necessary.
- The personal information of the medical practitioner may be disclosed to State and Territory authorities with responsibility for therapeutic goods or medical practitioner registration.

Do not provide the name of the patient. Only provide the patient's initials and other information as requested on this form.

Please complete the form clearly and in full. Applications cannot be assessed if the form is incomplete or illegible. PLEASE PRINT IN BLOCK LETTERS.

### Patient details (minimum of 3 (three) identifiers required)

**Diagnosis(es) or Medical Condition(s):** Carbamylphosphate synthase (CPS) deficiency type 1

**Indication:** management of hyperammonaemia

**Clinical justification for use of product:** (e.g. Include seriousness of condition, details of previous treatment including reasons why a therapeutic good currently listed on the ARTG cannot be used for the treatment of this patient in this circumstance)

previously successfully treated with this product in decreased frequency of hyperammonaemic crisis and improved daily function

### Product details (attach efficacy and safety data to support proposed use of the product and details of intended monitoring)

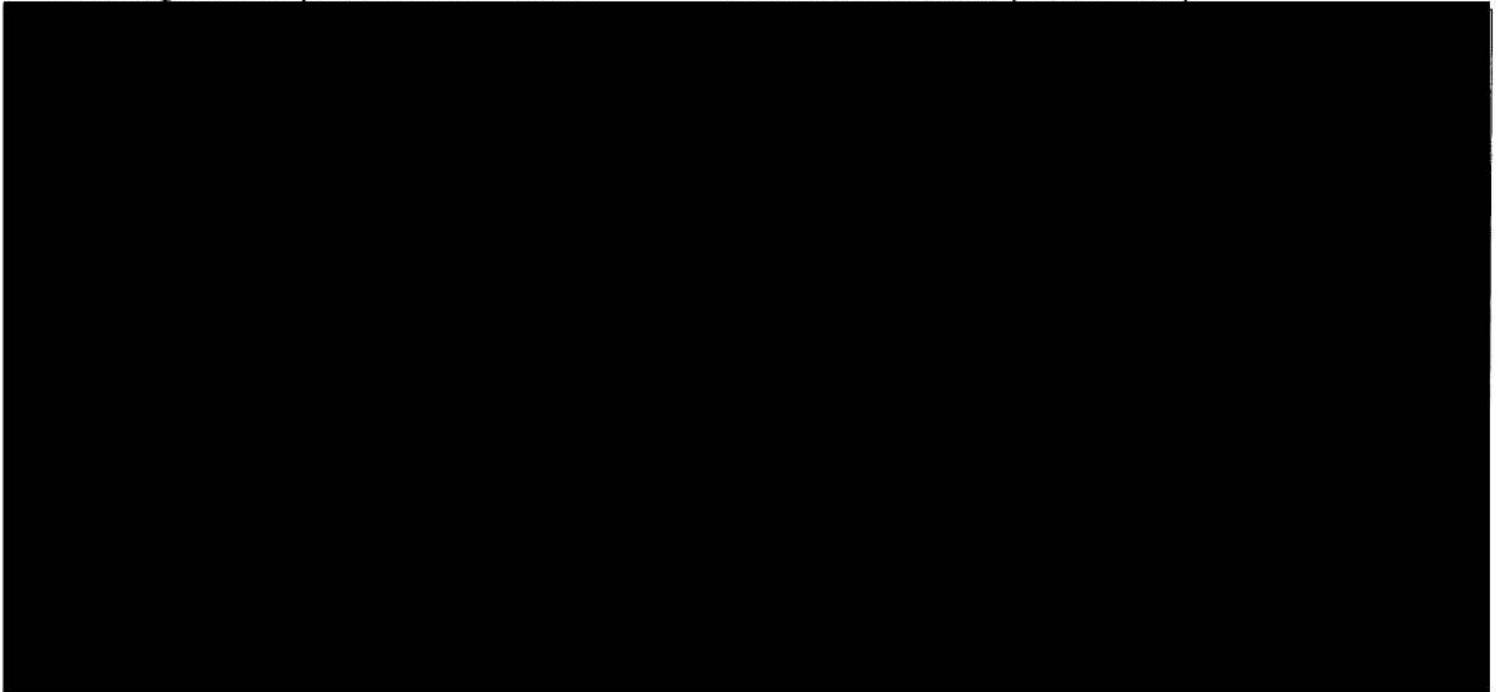
Therapeutic good type		Medicine <input checked="" type="checkbox"/>	Biological <input type="checkbox"/>	Medical device <input type="checkbox"/>
Medicine/biological		Medical device		
Trade Name (if known)	Sponsor / Supplier		Trade name	
Active ingredient(s) sodium benzoate		Product description (including variant <sup>2</sup> )		
Dosage form (e.g. tablet) oral tablet	Strength (e.g., 1 mg/ml) 500mg	No of units	Sponsor / Supplier	
Route of administration (e.g., IV) PO	Dose & frequency (1 tds) 1750mg TDS	Proposed duration of treatment	Intended date of use	
Quantity <sup>1</sup> required for treatment or duration 12 months				

<sup>1</sup> For substances captured by the Customs (Prohibited Imports) Regulations 1956 the quantity must be provided

<sup>2</sup> Variant means a medical device the design of which has been varied to accommodate different patient anatomical requirements (for example, relating to the shape, size, length, diameter or gauge of the device)

Treating health practitioner details

Submitter details (if different)



Please send this form to the TGA only

---

<sup>1</sup> The health practitioner type is any of the following: Medical practitioner; ATSI health practitioner; dentist; radiographer; nurse; midwife; occupational therapist; optometrist; pharmacist; podiatrist; psychologist.