



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): Non-ketotic hyperglycinaemia

Indication: reduction in seizures frequency and severity, improved development

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)

Non-ketotic hyperglycinaemia is a severe brain disorder presenting as an epileptic encephalopathy with severe seizures and severe developmental

+

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

Therapeutic good type       Medicine       Biological       Medical device

#### Medicine/biological

Trade Name (if known)	Sponsor / Supplier
-----------------------	--------------------

#### Active ingredient(s)

Dosage form (e.g. tablet) liquid	Strength (e.g., 1 mg/ml) 200mg/mL
-------------------------------------	--------------------------------------

Route of administration (e.g., IV) PO/PEG	Dose & frequency (1 lds) 1000mg QID
--	--

Quantity <sup>1</sup> required for treatment or duration 12 month supply
---

#### Medical device

Trade name
------------

#### Product description (including variant<sup>2</sup>)

No of units	Sponsor / Supplier
-------------	--------------------

Proposed duration of treatment	Intended date of use
--------------------------------	----------------------

<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)

PO Box 100 Woden ACT 2606 ABN 40 939 406 804

Phone: 1800 020 653 Fax: 02 6203 1605 Email: [info@tga.gov.au](mailto:info@tga.gov.au) <https://www.tga.gov.au>

Treating health practitioner details

Submitter details (if different)

<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.