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**Pharmacy Practice & Development Division, Ministry of Health**

**CHECKLIST OF INFORMATION INCLUDED IN PASc APPLICATION FORM (COMPLEX SCHEME)**

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| **COMPANY NAME:** |  |
| *(Please tick )* | **New application Renewal application** |
| *Type of Complex Scheme* | **Financial-based Performance-based** |

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| **NO.** | **PARTICULARS** | **TICK**  **()** | ***Please provide reasons if the particulars are not submitted/ filled*** |
| 1. **GENERAL INFORMATION** | |  |  |
|  | Generic name:  *(Dosage form(s) & strength(s)/ concentration(s))* |  |  |
|  | Proprietary name |  |  |
|  | MAL registration no. |  |  |
|  | i) DCA indication  ii) Proposed indication (new medicine for listing)  iii) MOHMF indication (existing medicine in MOHMF)  iv) Future indication to which PASc may apply |  |  |
|  | Category of medicine proposed for PASc |  |  |
|  | Suggested PASc start date |  |  |
|  | Duration of PASc |  |  |
|  | Existing PASc in Malaysia *(If any)* |  |  |
|  | Existing PASc in other countries *(If any)* |  |  |
|  | Patent expiry date *(medicines under patent protection)* |  |  |
| 1. **OPERATION OF THE SCHEME** | |  |  |
|  | Rationale for choosing complex scheme |  |  |
|  | Indication(s) for the proposed medicine |  |  |
|  | Details of the scheme:  i) Details of scheme operation (*setting, ordering, supply route, delivery and financial flow*). Flow diagram  ii) Target group  iii) Additional resources compared to without scheme  iv) Possible impact that the scheme may give on the choice of treatment available in MOH  v) Duration of the proposed scheme & justification.  vi) Description on specific circumstances in which the applicant might change/ withdraw the proposed PASc.  vii) Notice period to PPDD due to withdrawal/ termination of the scheme. |  |  |
| 1. **COST BURDEN TO MOH** | |  |  |
|  | Set up, implementation and operation cost |  |  |
|  | Additional treatment-related costs |  |  |
|  | Calculation of benefits |  |  |
|  | Mechanisms to minimise possibility of not requesting/claiming rebates of free stocks |  |  |
| **NO.** | **PARTICULARS** | **TICK**  **()** | ***Please provide reasons if the particulars are not submitted/ filled*** |
| 1. **POPULATION** | |  |  |
|  | Estimated no. of patients |  |  |
| 1. **MONITORING OF THE SCHEME & DATA COLLECTION** | |  |  |
|  | Monitoring role & responsibilities (*applicant, institution & patient*) |  |  |
|  | Scheme monitoring method (*plan for monitoring*) |  |  |
|  | Data collection (*how will the data be collated & analysed, who is responsible for making sure data are readily available*) |  |  |

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| 1. **BENEFITS OF THE SCHEME** | |  |  |
|  | Description on unmet need in the MOH & financial benefits that will be received by the MOH |  |  |
| 1. **ADDITIONAL INFORMATION** | |  |  |
|  | Additional information that important for reviewing the proposed scheme |  |  |
| **VIII) COMPANY CONTACT DETAILS** | |  |  |
|  | **Contact Details**  *(Name, designation, address, contact no., email address)* |  |  |