CATAG
Council of Australian
Therapeutic Advisory Groups

Medicines Access Program - Pharmaceutical Company Acknowledgement Form

Program name

Program type (PFP, Compassionate access etc.)

Sponsor company:

Medicine generic name:

Brand-name:

TGA approved indication:

PBS/formulary indication being sought (if applicable):

Maximum number of patients:

Any other relevant information:

I, ____________________ representing (Name of company representative) (Pharmaceutical company or supplier) ____________________ acknowledge that the above Medicines Access Program is offered to ____________________ (Hospital/ Health network) under the following conditions:

1. The Medicines Access Program must be considered and approved by the hospital Drug and Therapeutics Committee or other delegated person or body before commencement;
2. The Medicines Access Program medicines must be stored, managed and dispensed through the hospital pharmacy in accordance with procedures applicable to other medicines;
3. The medication will continue to be provided free of charge by our company to the hospital (or as otherwise agreed) for as long as the patient is judged to benefit clinically from the treatment and the medicine remains available in Australia. Supply will continue until the medicine is available to those patients through a formal funding mechanism, such as PBS or the relevant formulary;
4. Acceptance of this Medicines Access Program does not commit the hospital to subsequently place the medicine on the hospital formulary.

SPONSOR	HOSPITAL/HEALTHCARE NETWORK
Name:	Name:
For (Authorised delegate for sponsor):	For (Authorised delegate for hospital/Healthcare network):
Title:	Title:
Signed:	Signed:
Date:	Date: