****

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

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

|  |  |
| --- | --- |
| **COMPANY NAME:**  |  |
| *(Please tick )* |  **New application Renewal application** |

|  |  |  |  |
| --- | --- | --- | --- |
| **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. **DETAILS OF PROPOSED PASC**
 |  |  |
|  | 1. Dosage form, strength(s)/concentration(s)
2. Pack size
3. Current price
4. PASc proposal (% discount/fixed price)
5. PASc price
 |   |   |
|  | Proposed scheme will apply to all current and future indication(s), for all preparations, in all settings. (YES/NO).  |  | *If NO, state the REASON* |
|  | Description on how the proposed discount (if proposing for discount) will appear on the purchasing document. |   |   |
|  | Additional forms, registration or other administrative process to claim discount (YES/NO).  |  |  *If NO, describe* |
|  | The discount or price offered as part of the scheme to be considered **CONFIDENTIAL** by MOH (YES/NO). |   | *State the rationale.*  |
|  | Possible impact that the scheme may give on the choice of treatment available in MOH |  |  |
|  | Duration of the proposed scheme & justification. |  |  |
|  | Description on specific circumstances in which the applicant might change/ withdraw the proposed PASc.  |  |  |
|  | Notice period to PPDD due to withdrawal/ termination of the scheme. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NO.** | **PARTICULARS**  | **TICK** **()**  | ***Please provide reasons if the particulars are not submitted/ filled***  |

|  |  |  |
| --- | --- | --- |
| 1. **BENEFITS OF THE SCHEME**
 |  |  |
|  | Description on unmet need in the MOH & financial benefits that will be received by the MOH |   |   |
| 1. **ADDITIONAL INFORMATION**
 |  |  |
|  | Estimated no. of patients |  |  |
|  | Other information (if any) |  |  |
| **V)**  | **COMPANY CONTACT DETAILS** |  |  |
|  | **Contact Details** *(Name, designation, address, contact no., email address)* |  |  |