

Special Access Scheme Portal

Information for Healthcare Professionals

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11 March 2021







Welcome

- This webinar is being recorded
- Slides will be made available on the TGA website
- To ask a question to the **speaker** Please use the **Q&A** tool
 - Messages will only be visible to the moderator and speaker
 - Questions will be answered at the end of the presentation
- If you need to contact the moderator please use the 'Chat' function
- Relevant links will be sent to you via the chat function box
- Live polls will be conducted throughout this event.



Difficulties hearing from your computer?

Check your settings located under "Audio & Video" tab located top of your screen:

OR Dial: +61-2-9338-2221 Passcode: 165 546 4851



Topics for discussion

- What is changing?
- Walkthrough SAS Dashboard Changes
- Walkthrough AP Dashboard Changes
- Where to go for support
- Questions



What is changing?

'Look and feel' and navigation

SAS dashboard:

 The state specific forms for medicinal cannabis applications for NSW, ACT and VIC forms have been updated to comply with legislative changes. We have also removed the QLD form to reflect recent legislative change.

AP dashboard:

- The process for applying for nicotine products has been streamlined to a single button application available from the AP dashboard landing page.
- Submission of six monthly patient data reports can now be done directly via the SAS & AP Online System instead of PDF form emailed to the TGA.





Logging in to the SAS & AP online system

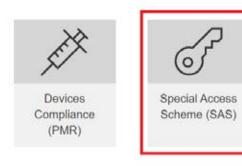


Regulatory and Compliance

Sign in

Welcome to the Regulatory and Compliance Portal.

Services





Navigate across to correct dashboard



Regulatory and Compliance

Home SAS Home Page SAS Dashboard My affiliated sites Authorised Prescriber Reports

My profile

Personal Details

Are you a Health Practitioner No O Yes

Title *

٩

First Name *

Last Name *

Preferred Name



Navigating through the portal

• The form has been categorised into different sections on the left hand side of the form.

New SAS submission	
Prescriber details	Share submission You can make this submission visible to a Site you have an affiliation with once it is saved (select site below). Please note that sharing this submission with a Site may allow other affiliated users to view the
Product selection	information contained in this submission for the purpose of continuing patient care or supplying relevant goods. You cannot specify a site to share this application as you are not currently associated with any site. Go to the My Affiliated Sites page to regiser a new site or request to join an existing one.
Product details	Prescriber details Are you the prescriber?* O Yes O No
Patient details	Save and Next
Summary	6



Walkthrough SAS Dashboard Changes

Australian Government Department of Health						
Home	SAS Home Page	SAS Dashboard	My affiliated sites	Authorised Prescriber Dashboard	Authorised Prescriber Reports	
SAS	submissic	ons				
					New SAS submission	
🖋 Drafts	✓ Submitted	② Expiring Ø Expi	red			



NSW, ACT and VIC forms updated

- NSW, ACT and VIC forms have been updated to comply with legislative changes.
- QLD form has been removed. QLD approval is required only for those cases where the patient is considered drug dependent and you are seeking to treat them with a schedule 8 medicinal cannabis medicine. The request for Chief Executive approval can be found in the QLD health site.
- When you select the state, the form will be updated for the relevant state.

Do you need to notify or apply to a state or territory health department? "

In answering yes' to this question, you will be asked to select which state or territory health department you would like to notify or apply to. Upon selection, you will be presented with additional data fields that are specific to the state or territory application or notification. You do not need to separately apply for or notify the state or territory health department once this information has been submitted via this system. If you are unsure, please contact the relevant state or territory health department to clarify before proceeding with this submission. Contact details for state and territory health departments may be found on our website. Please note that the person submitting this must be the prescribing health practitioner.

Yes

No. I have determined at the time of this submission that no State or Territory Health Department is required to be notified or applied to.

Please indicate which state or territory health department should be notified or applied to *

The ability to submit medicinal cannabls applications/holification to all state and territory health departments is not currently available via this critice system. If your state or territory is not available, please leave this field blank and proceed with your SAS submission to the TGA. If you need to notify or apply to a state or territory, you will need to do this using the available paper forms located on their website.

New SAS submission



The TGA regulates therapeutic goods as either Medicines, Biologicals or Medical Devices. These definitions may differ from those used in the clinical setting. For example, the TGA negulates blood products as medicines and not biologicals. It is recommended that you search all three therapeutic good types before utilising the free text function. If you use the free text function and categorise your product incorrectly, you will be asked to withdraw the application/hotfication and create a new submission.

Please use the search below to make your product selection (including active ingredient, dosage form

× Q

Therapeutic Good Type *

Medicine
 O Biological
 O Medical Device



Dos

Medicine

and indication)

The active ingredient(s) I need could not be found through the search tool

age form *	
ral Liquid	

The dosage form I need could not be found through the search tool

Indication *

chronic pain × Q

through the search tool

Do you need to notify or apply to a state or territory health department? *

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O No, I have determined at the time of this submission that no State or Territory Health Department is required to be notified or applied to.

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NSW form

• The form is updated to the NSW form with the relevant questions for NSW applications.



Application to NSW Health required *

Only complete this question if your patient belongs to any of the mentioned categories below. If neither response options apply, please reconsider your submission at the Product selection step or contact NSW Health for assistance.

is the patient drug dependant

O Yes

No

A 'drug dependant person' means a person who has acquired, as a result of repeated administration of a drug of addiction or a prohibited drug within the meaning of the NSW Drug Misuse and Trafficking Act. 1985, an overpowering desire for the continued administration of such a drug (Section 27 of the Poisons and Therapeutic Goods Act 1966).

Is the patient aged under 16 years

O Yes

) adianta d

For patients aged under 16 years, medical practitioners require an exemption under Section 175 (4A) of the Children and Young Persons (Care and Protection) Act 1998 before prescribing a S8 drug of addiction for more than 10 days in any period of 30 days, unless treatment is for cancer. The exemption is requested from the Secretary of Department of Communities and Justice by the Secretary of NSW Health.

Please note, as per NSW legislative requirements, NSW authority is not required to prescribe medicines included in Schedule 4 of the Poisons Standard.

Additional patient details

First name *



NSW form (cont.)

Additional patient details	
First name *	
	L
Last name *	L
	L
Alias first name(s)	L
Alias last name	L
	L
Previous NSW Health authority number	L
	L
Address line 1 *	L
	L
Address line 2	L
	L
Suburb *	
State/territory *	L
✓	
Postcode *	

Additional prescriber details

Prescriber specialty *

Supporting Information

Do you have any recent specialist reports or additional information to support your application?* O Yes O No

Privacy disclaimer

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; and
- · Contact the health practitioner and discuss the application where necessary.

For the purposes of assessing the application, information on patients and prescribers will be used by and disclosed between the TGA and NSW authorities with responsibility for therapeutic goods or medical practitioner conduct.

By submitting this form, I confirm that:

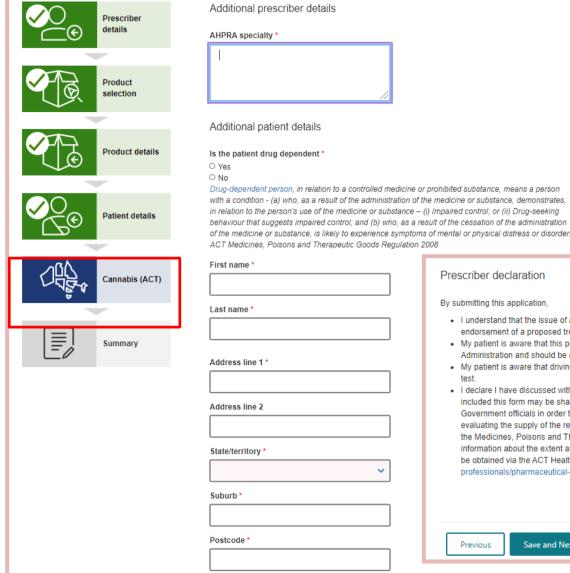
- The patient, or the patient's parent or guardian (if applicable), has given his or her consent that the
 patient's personal and health information will be collected and used for the purposes of this
 application and ensuring the lawful supply of the product in accordance with the Therapeutic Goods
 Act 1989;
- The patient, or the patient's parent or guardian (if applicable), has given his or her consent that the
 patient's personal and health information may be disclosed to NSW authorities with responsibilities
 for therapeutic goods and health practitioner conduct for the purposes of ensuring the lawful supply
 of the product in that State;
- I have notified the patient, or the patient's parent or guardian (if applicable), that their personal and health information may be disclosed by NSW to the Therapeutic Goods Administration; and
- I have and will comply with any applicable requirements of the Children and Young Persons (Care
 and Protection) Act 1998 and the Guardianship Act 1987(both of NSW).

Please note that the giving of false or misleading information is an offence under the Criminal Code Act 1995 and that penalties may be imposed.



ACT form

• The form is updated to the ACT form with the relevant questions for ACT applications.



Prescriber declaration

Save and Next

By submitting this application,

Previous

- · I understand that the issue of an approval does not indicate Chief Health Officer support or endorsement of a proposed treatment.
- My patient is aware that this product has not been registered by the Therapeutic Goods Administration and should be considered experimental
- · My patient is aware that driving after taking medicinal cannabis may result in a positive drug driving test
- · I declare I have discussed with the patient and they are aware that their personal information included this form may be shared with relevant health practitioners and/or other State or Territory Government officials in order to protect public health and safety, including monitoring and evaluating the supply of the requested medicine(s) to themselves, and to ensure compliance with the Medicines, Poisons and Therapeutic Goods Act 2008. The patient has been informed further information about the extent and purpose for which their information may be used or disclosed may be obtained via the ACT Health website https://health.act.gov.au/healthprofessionals/pharmaceutical-services/controlled-medicines/medical-cannabis

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VIC form

• The form is updated to the VIC form with the relevant questions for VIC applications.



Prescriber details

Privacy disclaimer

It is a requirement of the *Drugs, Poisons and Controlled Substances Act 1981* (Vic) that the information set out in this form is collected by the Department of Health and Human Services for the purpose of the Secretary issuing permits for the prescribing of Schedule 8 drugs. The information collected may be disclosed to health practitioners practising in the following health professions: medical, nursing and midwifery and pharmacy, when necessary to facilitate coordination of the patient's drug treatment and safe prescribing of drugs. For example, it may be necessary to disclose this information when another health practitioner applies for a permit or is considering prescribing a drug of dependence. The information collected and information relating the application may also be disclosed and shared between the Commonwealth's Department of Health and State Health Departments. The collection, use and disclosure of information by the Department of Health and Human Services will be in accordance with the law, including the *Privacy and Data Protection Act 2014 (Vic)* and the Health *Records Act 2001 (Vic)*. Prease note the application may not be processed if all information requested on the form is not completed.

To see the department's policy on issuing Schedule 8 permits, please click here.

l details	Additional patient details	Additional prescriber details
	Title	Prescriber qualifications *
bis (VIC)	First name *	
ary	Last name *	Supporting information
	Address line 1 *	Do you have any recent specialist reports or additional information to support your application? *
	Address line 2	○ No Declaration
	Suburb *	This application to Victoria Health forms part of a legal document and penalties exist for providing false or misleading information. I confirm the information I provided in this application is true and complete to the best of my knowledge.
	State/territory *	the best of my knowledge.
	Postcode *	Previous Save and Next 12



Where to go for support

- Online guidance documents have been updated for:
 - SAS Dashboard <u>https://www.tga.gov.au/form/special-access-scheme</u>
 - AP Dashboard <u>https://www.tga.gov.au/form/authorised-prescribers</u>
- Weekly online training sessions where we will demonstrate the changes and answer any questions you may have. These sessions will be held on the following days:

Date	Time	Торіс
Wednesday, 17 March	11:00-11:30am	SAS Dashboard
	11:30-12:00pm	AP Dashboard
Wednesday, 24 March	10:00-10:30am	SAS Dashboard
	10:30-11:00am	AP Dashboard
Wednesday, 31 March	10:00-10:30am	SAS Dashboard
	10:30-11:00am	AP Dashboard

If you're interested in attending these sessions, send an email to <u>eps@health.gov.au</u>



SAS Portal Outage

The SAS portal will not be available from

12:00pm Saturday, 13 March until 8:00pm

Sunday, 14 March.





Petra is currently reading over your submitted questions.

We'll be back shortly for Q&A

We appreciate your participation in our live poll.

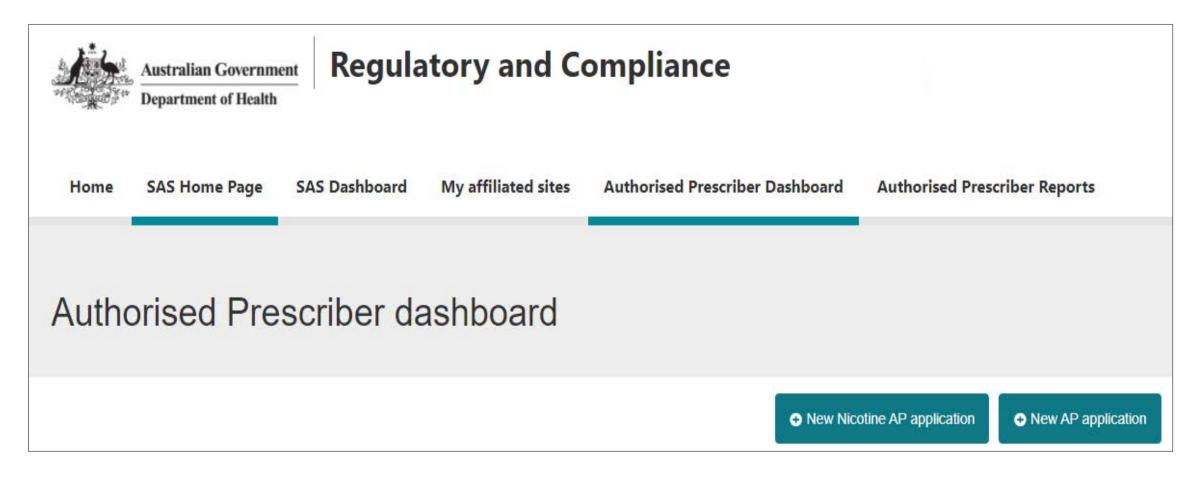
LIVE POLL

QUESTIONS





Walkthrough AP dashboard changes





Applying for a new Nicotine AP application

 The process for applying for Nicotine has been streamlined to a single button application on the AP dashboard.

	ishboard My affiliated sites	Authorised Prescriber Dashboard	Authorised Prescriber Reports		
Authorised Prescril	oer dashboard				
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			inde	tellone	
			Simo	king Cesiation	
			Priv	vacy Statement	
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			Forg	present information about privacy, eschedurg a firm to the Department of resetts: Privacy Policy (which contains mattern on how to contact the Department, access and contact your personal adversation or reases a privacy	
			CONTR	planef), go to 141ps. Pwwe tpa pro activity	



Submission of six monthly patient data reports can be done directly via the portal

Home SAS Home Page	SAS Dashboard My affiliated sites	Authorised Prescriber Dashboard	Authorised Prescriber Reports		
Authorised Pres	scriber Reports			J	
Report status 🛧		Reporting period	Act	tions	
Draft		31/01/2021 - 07/02/2021	٥) 2ª Edit	Refer to the report for the
Draft		23/01/2021 - 30/01/2021			current reporting period
Draft		22/12/2020 - 29/12/2020	٥]	
Draft		01/12/2020 - 07/12/2020	0]	
Draft		08/02/2021 - 15/02/2021	٥]	1



Prescriber F	Report			
8569)				
21				
olete				
Product Profile	Product Presentation	Number of New Patients	Number of Prescription or Devices	Actions
18F-DCFPyL (PSMA)	Injection		[0
				☑ Edit
cepted				
•			· · · ·	
	-			
	e a privacy complaint), go to: htt	ps://www.tga.gov.au/privacy.		
	8569) 21 Vete Product Profile 18F-DCFPyL (PSMA) 18F-DCFPyL (PSMA) cepted our personal information as p ay be disclosed to State and T on will only be disclosed with	21 Product Profile Product Presentation 18F-DCFPyL (PSMA) Injection cepted our personal information as part of your reporting obligations u y be disclosed to State and Territory authorities with responsion on will only be disclosed with your consent, where authorised	8569) 21 Nete Product Profile Product Presentation Number of New Patients 18F-DCFPyL (PSMA) Injection cepted our personal information as part of your reporting obligations under regulation 47B(1)(b) of the 'a ye be disclosed to State and Territory authorities with responsibility for therapeutic goods or me on will only be disclosed with your consent, where authorised or required by law or as otherwise	8569) 21 Nete Product Profile Product Presentation Number of New Patients Number of Prescription or 18F-DCFPyL (PSMA) Injection

Select 'Edit' against the product you want to enter the patient data

Submit



	Authorised Prescriber Application
	MAP21-0000522
	Product Profile
	18F-DCFPyL (PSMA)
	Product Presentation
	Injection
Γ	Number of New Patients
	This number should include only patients initiated on this unapproved product under the AP scheme during this period
	Number of Prescription or Devices
	For medicines, a prescription is considered as a single supply of an unapproved product. If repeats are provided, they should be considered as additional prescriptions for reporting purposes

Enter the number of new patients and prescription or devices



Privacy Statement Accepte	rivacy	v Statemen:	t Accei	otec
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The TGA is collecting your personal information as part of your reporting obligations under regulation 47B(1)(b) of the Therapeutic Goods Regulations 1990. Your personal information may be disclosed to State and Territory authorities with responsibility for therapeutic goods or medical practitioner registration. Otherwise, your personal information will only be disclosed with your consent, where authorised or required by law or as otherwise permitted under the Privacy Act 1988. For general information about privacy, including a link to the Department of Health's Privacy Policy (which contains information on how to contact the Department, access and correct your personal information or make a privacy complaint), go to: https://www.tga.gov.au/privacy.

○ Yes

○ No

Submit

Read and accept the privacy statement to submit your report.



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QUESTIONS





More information







Contact us

Experimental Products Section

eps@health.gov.au



Australian Government

Department of Health Therapeutic Goods Administration