

REPUBLIC OF NAMIBIA



MINISTRY OF HEALTH AND SOCIAL SERVICES

NEMLIST
NAMIBIA ESSENTIAL MEDICINES LIST
(Formerly called the Nedlist)
Third Edition - 2003



TERTIARY HEALTH CARE & CLINICAL SUPPORT SERVICES
DIVISION: PHARMACEUTICAL SERVICES
SUB-DIVISION: NATIONAL MEDICINE POLICY CO-ORDINATION

Private Bag 13198
Windhoek
Republic of Namibia

Tel.: 061 203 2344
Fax: 061 203 2349
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Foreword

Over the past 12 years the Ministry of Health and Social Services has achieved much in developing health services provision along the aims of equity and accessibility for all Namibian citizens. These aims are two of the main principles underlying the primary health care approach adopted by this Ministry at independence.

During the same period policies for the different sectors of the health care system were developed and adopted in order to guide health workers and inform the public.

The first main policy decision within the pharmaceutical sector was the adoption of the essential medicines concept, which is aimed at ensuring sustainable availability and accessibility of needed medicines by rationalising procurement, distribution and prescribing. As a result the first Namibia Essential Medicines List (Nemlist, previously called the Nedlist) was launched in 1995 and has since then served as the guideline for medicine prescribing and management for health workers at all levels of our health care system.

The National Medicine Policy for Namibia, which was adopted by cabinet in 1998, confirms the relevance of the essential medicines concept and contains a set of guidelines for the selection of medicines to be included in the Nemlist as well as procedures to follow in keeping this list up to date.

This document, the third edition of the Nemlist, has two significant differences from earlier editions. The most obvious difference is the change in name. The Ministry has, in line with the international trend, adopted the term “Essential Medicines” in place of “Essential Drugs”, when referring to therapeutic medicines as opposed to drugs of abuse. Therefore the Nedlist has become the Nemlist. The second major change in this third edition is the addition of a new category – Restricted Use (R) medicines. These are medicines that are intended only to be used in certain, specified situations, and include, among others, antiretroviral (ARV) medicines for use in the Prevention of Mother to Child Transmission programme and Post Exposure Prophylaxis. The addition of ARV medicines to the Nemlist is a major step forward in our battle to address the problems caused by HIV/AIDS in Namibia.

It is my wish that health workers will accept the Nemlist as a national, evidence-based, consensus document which will assist and guide all of us to continue rendering quality health services to our people.

Dr. Libertina Amathila
Minister

Preface

Nearly seven years have passed since the first edition of the Namibia Essential Medicines List (Nemlist) was launched, and I am glad to say that health workers have adopted this document and are using it on a daily basis for medicine management and prescribing.

The medicines contained in the Nemlist are selected according to a wide range of criteria, e.g. prevailing morbidity patterns, therapeutic efficacy and benefits, anticipated patient behaviour and associated treatment costs. In addition, medicines are classified according to their level of availability, e.g. some are available at all levels of care, some are restricted to the use by specialists. This takes account of the different skills of health workers and the diagnostic facilities available at the various levels of our health care system.

It is obvious that these determinants can change over time. Bacteria are becoming resistant to certain antibiotics, new diseases with public health importance emerge, the scientific knowledge base increases, and medicines whose patents expire become affordable as generic products. All this requires constant revision of the medicines classified as essential.

The third edition of the Nemlist is the result of this revision process. During the process suggestions for changes to the second edition of the Nemlist were received from health institutions all over the country. The Essential Medicines List Committee (EMLC), consisting of medical doctors, nurses, and pharmacists representing the different levels of care, analysed the suggestions and forwarded recommendations for final approval by the Ministry's decision making bodies.

The final document lists all medicines which can be ordered, stored and prescribed at public sector health facilities according to their level of care and subject to the appropriate management of budgets and consequently, availability of funds. The Ministry's Central Medical Stores is tasked to ensure availability of these medicines by procuring them at lowest possible cost from various suppliers.

The Third edition of the Nemlist consists of four main parts. The first chapter explains in detail how to use the document, and how to handle exceptional situations. The second chapter introduces a new Nemlist Category – Restricted Use (R). This new category has been added because some medicines have only been shown to be cost effective for certain specific diseases or indications. Therefore this class contains items that are only to be used in certain specific situations, and require close control and monitoring by both pharmacy and prescribing staff to avoid inappropriate use.

The third chapter lists the essential medicines according to their therapeutic categories, and the last chapter contains an alphabetical list of all items for easy reference.

The annex contains a form that must be used to request changes to the Nemlist. These forms rationalise analysis and decision making within the Essential Medicines List Committee and the Ministry.

I would like to thank all individuals who contributed to this revised document and I hope that future revisions will be based on an even larger input from health workers and institutions throughout the country.

Dr Kalumbi Shangula
Permanent Secretary

List of Abbreviations

AIDS	Acquired Immuno-deficiency Syndrome
ATC	Anatomical Therapeutic Chemical
ARV	Antiretroviral Medicine
CMS	Central Medical Stores
EMLC	Essential Medicines List Committee
HIV	Human Immuno-deficiency Virus
MDI	Metered Dose Inhaler
MOHSS	Ministry of Health and Social Services
Nemlist	Namibia Essential Medicines List
PEP	Post-Exposure Prophylaxis
PMTCT	Prevention of Mother to Child Transmission
PSEMAS	Public Service Employees Medical Aid Scheme

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1. Explanations to the Third Edition of the Namibia Essential Medicines List (Nemlist) – formerly known as the Nedlist

1.1 Change of name – Nedlist to Nemlist

The Ministry has adopted the term “Essential Medicines” in place of “Essential Drugs”, when referring to therapeutic medicines as opposed to drugs of abuse. Therefore the following changes have been made;

- ◆ The Namibian Essential Drugs List (Nedlist) has become the Namibian Essential Medicines List (Nemlist)
- ◆ The Essential Drugs List Committee (EDLC) has become the Essential Medicines List Committee (EMLC)
- ◆ The National Drug Policy (NDP) has become the National Medicine Policy (NMP)
- ◆ The Sub-division: National Drug Policy Co-ordination (NDPC) has become the Sub-division: National Medicines Policy Co-ordination (NMPC)

1.2 General

The third edition of the Nemlist contains the pharmaceutical items that have been selected as essential for the Ministry of Health and Social Services to render a high quality public health service to the population of the Republic of Namibia at an affordable cost. They are considered adequate to treat the majority of public health conditions prevailing in Namibia.

Changes in morbidity, clinical practice and internationally accepted treatment standards as well as practical experiences in our health institutions have all necessitated this revised third edition of the Nemlist. Requests for changes to the Nemlist were received from various health institutions within Namibia, and decisions regarding the requests were made based on the criteria laid down in the National Medicines Policy for Namibia.

Some items were deleted, e.g. Verapamil SR 240 mg capsules due to high cost relative to benefits; some items were added to the list, e.g. antiretroviral medicines and some items were reclassified, e.g. perindopril, which was reclassified from S to AB class as a result of increasing evidence that ACE inhibitors have a strongly beneficial role to play in management of heart failure and hypertension.

A new category has also been added to the Nemlist – Restricted Use (R). The medicines in this category are ones that are felt to be essential and cost effective only in certain restricted circumstances. This category includes antiretroviral medicines that were added to the Nemlist for the first time. These medicines are restricted for use within the Prevention of Mother To Child Transmission (PMTCT) programme and Post Exposure prophylaxis (PEP). For more information about the specific restrictions applying to each medicine in the R category please refer to Chapter 2.

Only those medicines included in the Nemlist will be available to public sector health facilities according to the specified level of service. The Ministry’s Central Medical Stores (CMS) will order, store and sell Nemlist medicines only. Each health worker is

therefore requested to thoroughly study this document before prescribing and / or ordering medicines.

The Nemlist shall also be used by the Public Service Employees Medical Aid Scheme (PSEMAS) to determine the medicines that will be refundable through the scheme. Private practitioners are strongly advised to consult this list before prescribing and / or dispensing medicines to members of the PSEMAS.

1.3 Structure and Layout

Chapter 1 gives an introduction to the third edition of the Nemlist. The second chapter gives details about the new Nemlist Classification – Restricted Use (R), as well as details of control measures to be implemented for R class medicines.

Chapter 3 contains the main body of the Nemlist. The list is arranged broadly in fourteen main sections according to the international Anatomical Therapeutic Chemical (ATC) classification system to enable users to identify the required items in the appropriate category, and to allow for qualitative analysis of medicine use patterns according to types of medicines. The specific ATC codes, however, are not included because they appear to be of no practical use for health workers.

The fourth chapter contains an alphabetical list of all essential medicines for easy reference.

Medicines are listed according to their generic names. Depending on the offers received by CMS, brand name products might be ordered and distributed by CMS. Health workers can always find the corresponding generic name on the label of the container.

The medicines in the Nemlist are further described in 6 columns:

1st Column: CMS

This column refers to the CMS catalogue number. The numbers printed in this column are the first three figures of the corresponding CMS catalogue number, e.g. 031 means that the full CMS catalogue number of this item starts with 031. This makes it easy to find a particular essential medicine in the order books, which are organised according to catalogue numbers.

2nd Column: Medicine

This column contains the generic names of the medicines, e.g. Diazepam.

- ⇒ If a preparation contains more than one active ingredient these are separated by a + sign, e.g. Amiloride + Hydrochlorothiazide.
- ⇒ If more than one generic name is used for a particular preparation the second generic name is indicated in brackets, e.g. Alimemazine (**Trimepazine**).

3rd Column: Strength

This column contains the strengths of the preparations.

- ⇒ If a preparation is available in different strengths, these are separated by a semicolon, e.g. Diazepam, **2mg; 5mg**, Tablets.
- ⇒ The strength of injections is expressed in mg/ml. If ampoules of defined volume are available this is indicated in brackets in the 4th column. For example: Diazepam, **5mg/ml**, Injection (**2ml**).
- ⇒ The strength of powders for injection is expressed in mg/vial, e.g. Cloxacillin, **500mg**, powder for injection.
- ⇒ For combination products the strength of each component is expressed separated by a + sign e.g. Amiloride + Hydrochlorothiazide, **2.5mg + 25mg**, tablets.

4th Column: Dosage Form

This column describes the dosage form in which the medicines are available, e.g. tablets.

- ⇒ Medicines which are available in different dosage forms (e.g. tablets and syrup) are listed in different rows.

5th Column: Class

This column describes at which level of care the medicine can be ordered and prescribed:

- ABC The preparation can be ordered and prescribed at all levels of care by any competent prescriber.
- ABC# The treatment must be initiated by a Medical Officer, but the preparation can be available at health centres and clinics for follow-up treatment of chronic patients only.
- AB The preparation will be available for prescription by any Medical Officer and for ordering at district hospital (Class C) or higher levels.
- AB* The preparation will also be available at clinics and health centres conducting deliveries.
- A The preparation will be available for ordering and prescription at regional hospitals (Class B) or higher levels.
- S The preparation will be available for prescription by designated Specialists only.
- R The preparation will be available for use **ONLY** for specific conditions and/or in restricted circumstances, as specified in Chapter 2 of this document.

6th Column: VEN (not included in alphabetical list)

The VEN classification describes the various medicines according to the importance of their therapeutic effects. It serves as a guideline to prioritise medicine ordering in cases where budgets are insufficient to keep all Nemlist medicines in stock.

<u>V</u>	These medicines are considered Vital and should be in stock at the respective levels at all times.
<u>E</u>	These medicines are Essential for the health services. If at all possible they should be available at the health facilities.
<u>N</u>	These medicines are Necessary. If they are not available for prescribing, however, no serious negative impact on the populations' health is expected. In times of budgetary constraints these medicines are of least priority.

The VEN classification as presented in the Nemlist is the result of the consultation of all regional directorates and management teams, and the major referral hospitals.

1.4 Ordering of items on the Nemlist

Each health facility should only order items that are appropriate for its level of care, i.e. the medicine must be classified for use at the health facility's level. For example a clinic should only order ABC items and a district hospital only ABC and AB items.

On the other hand, only those medicines actually used at a health facility should be kept in stock. For example, a particular clinic should only stock those ABC medicines which are actually used at that facility.

For the purpose of the Nemlist health centres (Class D hospitals) are considered together with clinics (Class E and F hospitals). However, since some health centres are better equipped and staffed than others (e.g. where medical officers are stationed), the regional director and / or the head of the regional management team may authorise a particular health centre to order additional items from the AB class of the Nemlist. Such authorisation must be in writing, specify the items which the health centre is authorised to order, and be attached to any order for the specified items.

District hospitals or health centres requiring class A or S items should contact their regional pharmacist. Authorised supplies can then be organised through the regional hospital. If that is not possible, CMS may be authorised by the regional team to supply the specified medicines directly to the district hospital concerned.

Regional pharmacists may keep limited stock of class S items that are appropriate for the conditions in their regions. These stocks must be considered as special stocks for use in emergency situations where alternative first line therapies have failed, and for follow-up treatment of patients in the region. **Records must be kept on the usage of all such items and that usage should be included in the annual report on expenditure.**

1.5 Purchase of medicines not included in the Nemlist

Requests for items that are not contained in the Nemlist must be directed to the institutional or regional therapeutics committee secretariat (or regional pharmacist) for a committee decision and approval by the regional director or medical superintendent, before a buy-out can be requested.

In order to monitor the buy-out situation supervising pharmacists are required to report the requests to the Deputy Director: Pharmaceutical Services, including the motivation for each request.

1.6 Feedback and requests for changes to the Nemlist

Comments on and requests for changes to the Nemlist should be discussed in institutional therapeutics committees and forwarded with recommendations to the Division: Pharmaceutical Services / Essential Medicines List Secretariat at the Ministry of Health and Social Services in Windhoek. Comments and requests will then be discussed at the next Essential Medicines List Committee (EMLC) meeting. These meetings will take place at least annually.

Proposals for changes to medicines included in the Nemlist must be submitted using the form attached in the annex. It is important that sufficient evidence is submitted (preferably controlled clinical trials) to support any request for change.

The form makes provision for:

1. Request for addition of a medicine
2. Request for deletion of a medicine
3. Request for replacing one medicine with another medicine
4. Request for changing the level of availability of a Nemlist medicine

Please note that the requesting institution only needs to fill in Section A of the form.

Original forms in A4 format will be available from the regional management teams.

Filled forms may be submitted at any time.

2. Restricted Use Classification

2.1 Introduction

A new category has been added to the Nemlist: a category for Restricted Use (R) items. These are items that are only to be used in certain specific situations. All health workers must ensure that they familiarise themselves with the restrictions that apply to the use of these items. Principle Medical Officers, Medical Superintendents and Pharmacy staff are responsible for ensuring that these medicines are ONLY used as stipulated here.

2.2 Control Measures for All Restricted Use Items

Pharmacy must keep records of all issues and receipts of all Restricted Use items, including the following information;

Issues

Name of Patient

Diagnosis

Date of Dispensing

Quantity dispensed

Doctor's name

Signature of issuing Pharmacist/ Ph Assistant

Receipts

Name of supplier

Date received

Quantity received

Signature of receiving officer

Restricted Use items should be kept in a locked cupboard in the pharmacy and the key kept by the Pharmacist/ Pharmacist Assistant in charge of the pharmacy.

2.3 Specific Control Measures for Individual Restricted Use Items

The following section gives specific control measures that must be adhered to for individual Restricted Use items, in addition to the general measures mentioned above.

2.3.1 ACYCLOVIR (ACICLOVIR) 800MG TABLETS

Authorised prescribers: MOs or Specialists

APPROVED INDICATIONS FOR USING ACYCLOVIR TABLETS

Treatment of patients presenting **within 72 hours** of the first symptoms of;

- ◆ herpes zoster
- ◆ corneal ulcers associated with Herpes simplex infections
- ◆ chicken pox pneumonia
- ◆ chicken pox in immunocompromised patients

DIAGNOSES WHERE USE OF ACYCLOVIR TABLETS IS NOT APPROVED

- ◆ Genital Herpes infections
- ◆ Cold sores (herpes simplex)
- ◆ Chicken pox in immunocompetent patients
- ◆ CMV
- ◆ Infectious mononucleosis

**** IMPORTANT ****

Therapy with Acyclovir Tablets should be initiated at the earliest sign or symptom of any of the above conditions.

Acyclovir must not be used in patients presenting more than 72 hours after first signs or symptoms, as it has no proven efficacy in such cases.

2.3.2 CEFTRIAXONE 250MG INJECTION

APPROVED INDICATIONS	AUTHORISED PRESCRIBER
✓ Genital Ulcer	✓ Any competent prescriber
✓ Vaginal Discharge in pregnant or lactating woman	✓ Any competent prescriber
✓ Baby with ophthalmia neonatorum	✓ Any competent prescriber
✓ Mother of baby with ophthalmia neonatorum	✓ Any competent prescriber
✓ Treatment of infections when sensitivities show that the organism is resistant to other available medicines	✓ Medical Officer following results of culture and sensitivities

2.3.3 CIPROFLOXACIN 500MG TABLETS

APPROVED INDICATIONS	AUTHORISED PRESCRIBER
✓ Urethral Discharge	✓ Any competent prescriber
✓ Vaginal Discharge	✓ Any competent prescriber
✓ Pelvic Inflammatory Disease	✓ Any competent prescriber
✓ Scrotal Swelling	✓ Any competent prescriber
✓ Partner of Mother of baby with ophthalmia neonatorum	✓ Any competent prescriber
✓ Treatment of proven MDR TB	✓ Medical Officer following confirmation of MDR TB
✓ Treatment of infections when sensitivities show that the organism is resistant to other available medicines	✓ Medical Officer following results of culture and sensitivities

2.3.4 DOCETAXEL 20MG; 80MG INJECTION

The medical oncologist in co-ordination with the radiation oncologists must select the patients who will benefit most from this treatment – i.e. young breast cancer patients with advanced disease that is known to respond to docetaxel, who have no other serious co-morbidities.

All doctors involved in selecting patients (i.e. medical oncologist and radiation oncologists) should sign an approval that a certain patient should receive a course of docetaxel before pharmacy issues the medicine.

Detailed records must be kept of patients treated with docetaxel and the outcomes of such treatment. Annual feedback is to be provided to EMLC secretariat.

The EMLC will review the outcome of docetaxel treatments given annually to determine if it should continue to be on Nemlist.

2.3.5 FLUCONAZOLE 200MG TABLETS

Authorised prescribers: MOs or Specialists

To be used according to Diflucan Partnership agreement for cryptococcal meningitis and oesophageal candidiasis (thrush) in HIV infected patients.

CRYPTOCOCCAL MENINGITIS (CM)

- ◆ To be used for treatment of cryptococcal meningitis (at a dose of 400mg/day for 8-10 weeks) after initial treatment with Amphotericin B IV for 14 days.
- ◆ Only to be used for initial treatment of cryptococcal meningitis when there is no amphotericin B available because fluconazole has been shown to be not as effective as amphotericin B infusion.
- ◆ Continue fluconazole at 200mg/day for life as maintenance therapy in HIV positive patients.
- ◆ **Not to be used for primary prophylaxis of cryptococcal meningitis.**

OESOPHAGEAL CANDIDIASIS (OC)

- ◆ Dose Adults: 200 mg od p.o. for 14 days

2.3.6 ANTIRETROVIRAL MEDICINES

Authorised prescribers: MOs or Specialists

- ◆ Lamivudine + Zidovudine 150mg + 300mg Tablets

This medicine is to be used both for the PMTCT project and also for HIV Post-Exposure Prophylaxis according to National Guidelines for HIV PEP.

- ◆ Lamivudine 50mg/5ml Oral Solution
- ◆ Lamivudine + Stavudine 150mg + 30/40mg Tablets
- ◆ Lopinavir + Ritonavir 133.3mg + 33.3mg Capsules
- ◆ Lopinavir + Ritonavir (400+100)mg/5ml Oral Solution
- ◆ Nevirapine 200mg Tablets
- ◆ Nevirapine 50mg/5ml Suspension
- ◆ Zidovudine 50mg/5ml Syrup

These medicines are to be used solely for the Prevention of Mother to Child Transmission (PMTCT) Project, according to the approved protocol.

2.3.7 ANTINEOPLASTICS AND IMMUNOSUPPRESSIVES

- ◆ Aminoglutethimide 250mg Tablets
- ◆ Azathioprine 50mg Tablets
- ◆ Bleomycin 15 000 Units Powder for Injection
- ◆ Busulphan 2mg Tablets
- ◆ Chlorambucil 5mg Tablets
- ◆ Cisplatin 10mg; 50mg Powder for Injection

- ◆ Cyclophosphamide 200mg; 500mg; 1g Powder for Injection
- ◆ Cyclophosphamide 50mg Tablets
- ◆ Cyclosporin 25mg; 100mg Capsules
- ◆ Cyclosporin 100mg/ml Solution
- ◆ Cytosine arabinoside 100mg Powder for Injection
- ◆ Dacarbazine 100mg; 200mg Powder for Injection
- ◆ Dactinomycin 0.5mg/ml Injection
- ◆ Doxorubicin 10mg; 50mg Powder for Injection
- ◆ Doxorubicin 4-Epi 10mg; 50mg Powder for Injection
- ◆ Etoposide 100mg Powder for Injection
- ◆ Fluorouracil 250mg; 500mg Powder for Injection
- ◆ Hydroxyurea 500mg Capsules
- ◆ Ifosfamide 500mg Powder for Injection
- ◆ L – Asparaginase 10 000 IU/ml Injection
- ◆ Lefolnic Acid 12.5mg/ml Injection
- ◆ Lefolnic Acid 7.5mg Tablets
- ◆ Melphalan 2mg Tablets
- ◆ Mercaptopurine 50mg Tablets
- ◆ Mesna 100mg/ml Injection (4ml)
- ◆ Methotrexate 2.5mg Tablets
- ◆ Methotrexate 25mg/ml Injection (2ml)
- ◆ Mitomycin (Streptomyces Caespitosis) 2mg Powder for Injection
- ◆ Mitoxanthrone 2mg/ml Injection
- ◆ Ondansetron 2mg/ml Injection (4ml)
- ◆ Ondansetron 8mg Tablets
- ◆ Tamoxifen 20mg Tablets
- ◆ Thioguanine 40mg Tablets
- ◆ Vinblastine 10mg Powder for Injection
- ◆ Vincristine 1mg Powder for Injection

These items have been changed from S class to R class. They are to be used only under the direction of the Medical Oncologist or a specialist in a relevant field.

ANNEX: REQUEST FORM FOR CHANGES TO THE NEMLIST

Return to: Ministry of Health and Social Services;
Division: Pharmaceutical Services - attn EML Secretariat; Private Bag 13 198 Windhoek

SECTION A: TO BE COMPLETED BY THE APPLICANT

(e.g. prescriber, pharmacist, therapeutics committee secretariat)

REQUEST FOR addition deletion replacement reclassification

of _____
(generic name, strength, and dosage form of medicine)

with (if applicable) _____
(generic name, strength, and dosage form of medicine)

FOR REQUESTS FOR ADDITIONS ONLY:

Indication for use _____

Estimated quantities needed per year _____

Suggested level of availability R S A AB ABC

FOR REQUESTS FOR CHANGING LEVEL OF AVAILABILITY ONLY:

Reclassify _____
(generic name, strength and dosage form of medicine)

from (current level of availability): R S A AB ABC

to (new level of availability): R S A AB ABC

for the use in (describe indication) _____

PROPOSED RESTRICTIONS (for R class medicines): _____

Request Form for Changes to the Nemlist

REASONS FOR REQUEST (consider e.g. therapeutic benefits and risks, efficacy, safety profile, compliance, costs, available alternatives, changes in morbidity, changes in policy):

EVIDENCE (list of publications; please attach copies wherever possible. **N.B.** Failure to submit supporting evidence may adversely effect your application)

Name of applicant: _____ **Position:** _____

Institution: _____ **Telephone:** _____

Date: _____ **Signature:** _____

SECTION B: TO BE COMPLETED BY CENTRAL MEDICAL STORES

1. FOR ADDITIONS:

Estimated cost of requested medicine: N\$ _____ per _____ (unit size)

Alternative available at CMS: _____ (generic name)

Unit cost of alternative: N\$ _____ per _____ (unit size)

Average yearly consumption of alternative: _____ units

2. FOR REPLACEMENT:

Estimated cost of requested medicine: N\$ _____ per _____ (unit size)

Unit cost of medicine to be replaced: N\$ _____ per _____ (unit size)

Average yearly consumption of medicine to be replaced: _____ units

3. FOR RECLASSIFICATION:

Unit cost of medicine: N\$ _____ per _____ (unit size)

Average yearly consumption of medicine: _____ units

Remarks (advantages, disadvantages):

Name and designation: _____

Date: _____ **Signature:** _____

SECTION C: TO BE COMPLETED BY EML SECRETARIAT AND DRUG INFORMATION CENTRE

THERAPEUTIC ACTION AND INDICATIONS FOR USE:

SIDE EFFECTS: _____

CONTRA INDICATIONS: _____

EVALUATION OF EVIDENCE: submitted and other publications (see list below) suggest

1. therapeutic benefit over existing therapy: Yes No

2. increased cost effectiveness of suggested therapy: Yes No

REMARKS (e.g. on safety profiles, expected compliance, HIS figures, diagnostic skills):

LIST OF REFERENCES:

SECTION D: TO BE COMPLETED BY EMLC COMMITTEE

DECISION:

The request was approved rejected
for use at level R S A AB ABC

Secretary EMLC

Date

Reason:

Restrictions for use, if any (e.g. as second line medicine only, only with antibiogram):
