



Ministry of Health Pharmacy | Phone: (682) 22 664 ext 833

Te Marae Ora - Ministry of Health | P O Box 109 | Rarotonga | COOK ISLANDS

Special Request for the Supply of a non-EML Medicine for an Individual Patient

Non-EML medicines are available through community pharmacies in Rarotonga but must be paid for by the patient. To obtain a supply of a non-EML medicine funded by the Ministry of Health the medical practitioner must provide sufficient evidence to establish that no suitable alternative is available in the EML. The application will be reviewed by person/s appointed by the Drug and Therapeutics Committee. If approved a supply can be obtained through the Ministry pharmacy designated by the patient but there may be a delay of up to 2 months to obtain the initial supply of the medicine.

Section 1 Patient Information

Patient Name Age

Patient address

Section 2 Drug Information

Name of drug..... Strength of medicine

Form of medicine (e.g. capsules)..... Dose of medicine

Intended length of treatment

Section 3 Condition to be Treated

What condition is to be treated?

** If the EML recommended that treatment of this condition this medicines should be recommended by a NZ specialist or has been recommended by a NZ specialist go to*

Section 5

** For all other requests go to **Section 4***

Section 4 Reason for Application

The recommended EML option is but it cannot be used in this patient because he/she(tick (✓)the appropriate box)

- has the following contraindication.....
- has experienced the following severe reaction to the EML choice
.....
- the EML choice was ineffective when given at a dose of
- There is no EML option to treat this condition

- None of the above but this medicine is requested because
.....
.....

Section 5 Medicines Recommended by a Specialist

The EML recommends this medicine is recommended or is prescribed by a visiting or recommending NZ specialist. It is recommended for this patient by the following specialist

Name

Speciality

Section 6 Pharmacy Medicine will be Held In

This patient wishes to collect their medicine from the following pharmacy (*please tick one option*)

- Arorangi Hospital Pharmacy
 Tupapa Clinic Pharmacy

Please forward this form to the Chief Pharmacist

Name of requesting doctor..... Date

Workplace..... Telephone no.....

Pharmacy Section

Supplier of medicine:

Cost of medicine* (\$NZ)(full course or annually).....

** If cost of medicine for this patient is over \$100.00 per year, supply must be approved by the Secretary of Health*

Review Section for Reviewer appointed by the Drug and Therapeutics Committee

Please circle one option

APPROVED FOR SUPPLY

NOT APPROVED FOR SUPPLY

Signature: Date

Name

Section for Secretary of Health for a medicine costing more than \$100.00 per year ONLY

Please circle one option

I APPROVE/DO NOT APPROVE this medicine for addition to the Cook Islands Essential Medicines List

Signature: Date:

Name: