

## **DOSSIER D4**

### **To Add Approved Medicines in the MOH Medicines Formulary into Institution's Medicines Formulary**

#### ***Background***

A medicine is eligible for consideration to be added into institution's<sup>1</sup> Medicines Formulary only when it is listed in the MOHMF.

The form below is to be used by the applicants (consultants/ specialists/ medical officers/ pharmacists) for the purpose of listing into institution's Medicines Formulary. The form should be submitted to The Secretariat of the institution's Medicines and Therapeutics Drug Committee (DTC). The Secretariat will present a brief review of the application in the DTC meeting for listing approval.

The Secretariat should take into consideration the following matters:

- Current available alternatives in the institution's Medicines Formulary.
- Available budget for each discipline/ activity.
- Impact of adding the new medicine(s) to the overall medicine budget.
- Estimated number of patients to be treated with the new medicine.
- Training required in handling the new medicine (if any).

Pharmacist should monitor the utilization, costs and adverse effects of the newly approved medicine.

Approval for the said medicine for the Institution Medicines Formulary should be of the same prescriber category as the MOHMF or higher.

<sup>1</sup> Include hospitals, health clinics and special medical institution (for example National Cancer Institute, Institute of Respiratory Medicines).

**A. MEDICINE PARTICULARS (to be filled by applicant)**

1	Generic name [specify dosage form(s) & strength(s)/ concentration(s)]	
2	Indication(s) approved for MOH Medicines Formulary	
3	Approved category of prescriber	
4	Brand name	
5	Dosing, frequency and duration of treatment	
6	Existing medicine(s) with the same/ similar indication & annual procurement <i>Add more lines if there are more than 3 alternatives currently available in the institution's Medicines Formulary</i>	Generic name 1: .....
		Year: ..... RM .....
7	The main reason(s) to list the product: <i>Please tick the main reason of the proposal.</i>	<input type="checkbox"/> Has therapeutic advantage over an existing drug
		<input type="checkbox"/> A cheaper alternative to an existing drug
8	Is this a replacement for existing medication?	<input type="checkbox"/> Improve compliance
		<input type="checkbox"/> Others (please specify below):
9	Other details on rationale of application:	NoYes: .....
		<i>(medicines that can be deleted)</i>

**B. COSTS AND BUDGET IMPLICATION TO THE INSTITUTION**

1	Estimated number of patients per year <b>(a)</b>	
2	Price per pack size (RM)	
3	Dosing, frequency and duration of treatment	
4	Total medicine cost per patient per year <b>(b)</b>	
5	Estimated total cost of medicine incurred per year <b>(a x b)</b>	
6	Available budget for the relevant discipline/activity	<i>The budget available for disciplines that are going to use the medicines should be stated</i> 1. 2.

**C. APPLICANT'S STATEMENT OF DECLARATION****STATEMENT OF DECLARATION**

I, the undersigned, declare herewith that to my best knowledge and professional responsibility all information submitted within this dossier is complete and correct.

Signature: .....

Date: .....

Name of Officer: .....

Contact Number: .....

Designation: .....

Email Address: .....

Official Stamp:

Medicine Name: .....

**D. HEAD OF DEPARTMENT**

SUPPORT

NOT SUPPORT

Comment: .....  
.....

Signature: .....

Date: .....

Name & Stamp: .....

**E. HEAD OF PHARMACY DEPARTMENT**

SUPPORT

NOT SUPPORT

Comment: .....  
.....

Signature: .....

Date: .....

Name & Stamp: .....

**F. APPROVAL BY THERAPEUTIC & DRUGS COMMITTEE**

APPROVE

NOT APPROVE

Comments: .....  
.....

Signature (Chairperson): ..... Meeting Date: .....

Name & Stamp: .....