

FORM I
PROPOSAL FOR CHANGES TO THE NATIONAL ESSENTIAL MEDICINES LIST

PROPOSED BY:

Name:.....
Designation:..... Health Centre:.....
Dzongkhag:.....Signature:.....

FOR ADDITION

Level of health care at which the drug should be made available: Only NRH till RRH till DH till BHU
Generic name of drug:
Dosage form:Strength:.....
Indications:.....
Dosage Regimen:.....Duration:.....
Safety Data (including adverse medicine reactions, interactions, contra-indications).....
.....
Describe any need for special diagnostic/treatment facilities and skills for using this medicine:
.....
Is there a medicine on the NEML with similar therapeutic action? If YES, which drug:.....
State/attach supporting evidence as the advantage of the new medicine over similar medicine on the NEML:
.....
Provide information on its public health relevance:
Any other reasons for including the new medicine:
.....

FOR DELETION

Level of health centre, the medicine to be deleted from: : only NRH till RRH till DH till BHU
Generic name of the medicine:
Dosage form:Strength:
State reason(s) for proposed deletion:

FOR EXTENSION

Level of Health Centre, the medicine to be made available: only NRH till RRH till DH till BHU
Generic name of the medicine:
Dosage Form:Strength:
State reason(s) for proposed extension:

Date Received: **Proposal No.**
Remarks from EMTD:
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