

APPLICATION INFORMATION FOR ETHAMBUTOL 100 mg TABLETS

With the withdrawal of ethambutol 100 mg tablets from the market, an alternative brand will be funded through Exceptional Circumstances. We are aware that Health Support Limited has been importing ethambutol 100 mg tablets from the UK and has been supplying this brand to the market. As this product does not have consents for distribution from Medsafe, it is only available pursuant to Section 29 of the Medicines Act for patients where there is no suitable alternative.

The purpose of the Exceptional Circumstance scheme is to provide fully funded pharmaceuticals for some individuals whose needs are not met under the Pharmaceutical Schedule. This scheme would not generally be available to those who do not meet the strict criteria for admittance to this scheme. However, the EC scheme will administer the funding of ethambutol 100 mg tablets for a small group of people.

Approvals will be granted for a fixed period, generally of one year.

Additional forms may be obtained from:
PHARMAC Help Line (9-4)
0-800-66-00-50

or downloaded from
www.pharmac.govt.nz

Application Form for Ethambutol 100mg Tablets

Return completed to: Community Exceptional Circumstances
 Panel Co-ordinator
 PHARMAC
 PO Box 10-254
 WELLINGTON

Phone: 04-916 7553
 Fax: 09-523 6870

Patient Details	Details of Applying Physician
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address: _____ _____ _____	Address: _____ _____ _____
Gender: Male/Female _____	
Date of Birth: _____	Phone: _____ NZMC# _____
NHI No: _____	Are you a GP <input type="checkbox"/> or Specialist <input type="checkbox"/> ?

Medicine/treatment sought

Chemical Name: Ethambutol 100mg tablets
 Supplier: Health Support Limited

Cost

Cost will be reimbursed at Cost Brand and Source:
 Cost: \$61.55 per 56 tablets

1. Dosage to be used: _____

2. Nominated Pharmacy: (if approval is given from where will the patient have the prescription dispensed?)

Name: _____

Address: _____

3. Entry Criteria: List indication for which funding for ethambutol is sought.

Indication: _____

4. Consent: Patient consent has been obtained for the use of a non-registered medicine being obtained under Section 29

Please indicate that patient has been consulted.

Signature of Medical Practitioner: _____

Date of Request: _____