

APPLICATION INFORMATION FOR PROPYLTHIOURACIL

With the withdrawal of the Abbott brand of Propylthiouracil from the market, an alternative source of Propylthiouracil is available from Health Support Limited (HSL). As this product is being sourced from Australia, it is only available pursuant to Section 29 of the Medicines Act for patients where there is no suitable alternative, and it cannot be funded through the Pharmaceutical Schedule.

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 Exceptional Circumstance scheme will administer the funding of the generic Propylthiouracil for a small group of people who have trialed and are unable to tolerate the funded alternative Carbimazole, or patients for whom this medication is contraindicated.

Exceptional Circumstances funding will not generally be available for patients who do not meet either of the above criteria. In circumstances where the patient is unable to pay for the medication, due to financial constraints, a disability allowance may be available from the Department of Work and Income.

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

CONTACT

Exceptional Circumstances
Panel Co-ordinator
PHARMAC
PO Box 10-254
Wellington

Phone: 04-916-7553
Fax: 09-523-6870
Email: ecpanel@pharmac.govt.nz

APPLICATION FORM FOR PROPYLTHIOURACIL

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

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Prior to completing this application please read the attached notes on criteria for approval.
Type the application or write clearly.

Full name of patient: _____

Residential Address: _____

Date of Birth: _____ Daytime Phone: _____

NHI: _____

GP: _____

Address: _____

Specialist: _____

Address: _____

Patient Ethnicity: European Maori Pacific Nations Other: _____

Medicine/treatment sought?

Chemical Name: Propylthiouracil

Manufacturer: HSL

Pack size: _____ Cost: _____

Dosage to be used: _____

Anticipated cost year quoted by nominated pharmacy : _____

Nominated Pharmacy – (if approval is given from where will the supplies be obtained?)

Name: _____

Address: _____

1. Entry Criteria

- b) List treatment trialed and patient response to treatment. Where treatment has not been trialed but is contraindicated provide documentation of the reason for contraindication.

Treatment	Response/Contraindicated due to...
Carbimazole	

2. 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: _____

Address: _____

Date of Request: _____

Practitioners Stamp: