

APPLICATION INFORMATION FOR LIOTHYRONINE 20MCG TABLETS

With the withdrawal of the GSK's brand of liothyronine (Tertroxin) 20mcg tablets from the market, an alternative brand will be funded through Exceptional Circumstances. We are aware that Health Support Limited has been importing liothyronine (Goldshield) 20mcg tablets from the UK and have 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, 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 EC scheme will administer the funding of Tertroxin for a small group of people who are unable to tolerate the funded alternative.

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 Liothyronine 20mcg Tablets

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

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

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

Patient Details:

Full name of patient: _____

Residential Address: _____

Date of Birth: _____ Daytime Phone: _____

NHI: _____

Applying Physician:

Full name: _____

Address: _____

Are you a GP or Specialist ?

Medicine/treatment sought

Chemical Name: liothyronine 20mcg tablets

Manufacturer: Goldshield

Dosage to be used: _____

Anticipated cost year quoted by nominated pharmacy : _____

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

Name: _____

Address: _____

1. Entry Criteria

List indication for which funding for liothyronine is sought.

Indication

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: