

<i>Evidence (Attach supporting documents)</i>	
Name of reference (eg. Title, Volume, Page Number, website)	Level of evidence*
1.	
2.	
3.	

*Levels of Evidence for Therapeutic Studies - From the Centre for Evidence-Based Medicine, <http://www.cebm.net>.

Level	Level of evidence
1A	Systematic review (with homogeneity) of RCTs / Recommendation of Reputable Professional Society
1B	Individual RCT (with narrow confidence intervals)
1C	All or none study
2A	Systematic review (with homogeneity) of cohort studies
2B	Individual Cohort study (including low quality RCT, e.g. <80% follow-up)
2C	"Outcomes" research; Ecological studies
3A	Systematic review (with homogeneity) of case-control studies
3B	Individual Case-control study
4	Case series (and poor quality cohort and case-control study)
5	Expert opinion without explicit critical appraisal or based on physiology bench research or "first principles"

NOTE: Proposals for an amendment to treatments will **only** be considered if:

- The application form has been fully completed.
- The applicants contact details are provided.
- The change with all details has been stated clearly
- The indication has been clearly stated.
- There is sufficient evidence to support the proposed amendment

Send completed form to the Essential Medicines Authority – Fiji Pharmaceutical Services, Fax No: 3388003

This document has been adapted from the following:

WHO and Dr Majid Cehraghali 2010, 18th Expert Committee on the Selection and Use of Essential Medicines – How to develop a National Essential Medicines List, retrieved 30 July, 2014 http://www.who.int/selection_medicines/committees/expert/18/policy/policy2/en/

INSTRUCTIONS FOR APPLICATION FOR MEDICINE AMENDMENTS TO EXISTING TREATMENT GUIDELINES AND ESSENTIAL MEDICINE LIST

- ONLY USE BLUE OR BLACK PEN AND WRITE ONLY IN BLOCK LETTERS
- CHECK THE APPROPRIATE BOXES AS SHOWN
- ONLY USE INTERNATIONAL NON-PROPRIETARY NAMES/GENERIC NAMES

1. APPLICANT'S DETAILS

- Ensure you clearly and legibly fill in all details required of this section, including contact details in the event that the relevant committee needs to contact you.
- By signing the form, you declare that all information provided in this application and in the documents submitted is true and correct to the best of your knowledge.

2. PROPOSED TREATMENT CHANGES

- Only one proposed Guideline amendment per application form
- Check the appropriate boxes relating to a Treatment Guideline amendment.
- Check **ALL** appropriate boxes relating to the prescriber level

3. PROPOSED INDICATION

- Carefully fill out the proposed Treatment Guideline: indication, treatment, medication, dose, route, interval, duration
- Where an indication is not currently reflected in the STGs, a brief rationale based upon Fiji's epidemiological data must be included as an appendix.
- The evidence submitted should be from reputable sources and should include full referencing for the committee to verify.
- Indicate Level of Evidence *
- Attach supporting evidence documentation.

*Levels of Evidence for Therapeutic Studies

From the Centre for Evidence-Based Medicine, <http://www.cebm.net>.

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Applications are accepted all year round.

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- The application form has been fully completed.
- The applicants contact details are provided.
- The proposed change with all details has been stated clearly
- The indication is clearly stated.
- There is sufficient evidence to support the proposed amendment
- You may be requested to provide further information to clarify your submission.
- Final decision to accept or reject the proposal rests with the NMTC.
- The outcome of the submission will be communicated back to the applicant.

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NMTC Approved 22 October 2014