

Motivation form for the inclusion of a new medication on the National Essential Medicines List

Section 1: Medication details							
Generic name (or International Nonproprietary Name):							
Proposed indication:							
Prevalence of condition (based on epidemiological data, if any):							
Prescriber level							
Primary Health Care	Medical O				ılist	Designated Specialist	
1	2		3		4		
Section 2: Evidence and motivation							
2.1 Estimated benefit							
Effect measure							
Risk difference (95% CI)							
NNT							
	tion (Le	vel of e	vidence ba	sed on the So	ORT syster	m)	
2.2: Motivating information (Level of evidence based on the SORT system) A. Newer product: High quality systematic reviews or peer-reviewed high quality randomised							
controlled trials (Level I)							
Author		Т			Journal ref		
B. Older product with weaker evidence base : Poorer quality controlled trials or high quality observational studies (Level II)							
Author		Title			Journal ref		
2.3: Cost-considerations							
Have you worked up the cost?		YES			NO		
, , , , , , , , , , , , , , , , , , , ,		Daily cost Cost minimisati			ion Cost-effectiveness analysis		
Other relevant cost information if available:							
Author Title		Title			Journal ref		
2.4: Additional motivating comments.							

Section 3: Motivator's Details	
PTC Title:	Date submitted: