

Appendix II

APPLICATION FORM for INCLUSION / DELETION in the List of Essential
Drugs, surgical and suture Materials of the State of M.P.
(for subsequent review)

To
The Director, Procurement
Drug Cell, Directorate of
Health Services, Satpura
Bhawan,
Bhopal

I hereby request the Drug Cell, M.P. to consider the following pharmaceutical product for inclusion / deletion in the List of Essential Drugs, Surgical, Suture Material and disposables.

Submitted on :
Name of the Doctor:
Designation:
Address:

Signature with date /seal

Name of the Drug, Dosage form and strength:

Why is this drug being proposed for inclusion?

Explain the criteria for inclusion:

Provide the evidence of efficacy with references;

If a therapeutic class for this drug already exists in the list, please summarise the advantages of this item

Describe the drug's pharmacokinetics:

List any contradictions, precautions and toxic effects:

Is this drug available as a generic product?

Please state any restrictions on the use of this drug. Should a note be included in the list regarding its use?

List the Surgical and Suture materials to be included /deleted:

A summary (max. two pages) of relevant background information should be attached together with relevant literature to support the therapeutic use/disuse.: