

Instructions for requesting a Section 29 medicine NZMT listing

1. Applications for medicines with a single active ingredient

The New Zealand Medicines Terminology
 Application for a New Zealand Medicines Terminology product listing for a Section 29 medicine

To apply for a listing please answer the questions below, save the file and email it to listings@nzmt.org.nz or print and fax to 04 567 8571. Use as many forms as necessary.

Reporting hospital or practice
 Hospital or Practice name:
 Hospital or Practice address:

Contact Person
 Name:
 E-mail:
 Phone (DDI):
 Mobile Phone:

Sponsor details
 Sponsor name:
 Sponsor contact details:

Product details
 Product name:

	Presentation 1	Presentation 2	Presentation 3
Dose form:	<input type="text" value="Injection"/>		
Container type:	<input type="text" value="vial"/>		
Pack sizes:	<input type="text" value="10 x 20ml vials"/>		
GTIN code(s) if known:	<input type="text" value="Not known"/>		
Pharmacode* if known:	<input type="text" value="Not known"/>		

Product composition
Please use this section if the product(s) have 1 active ingredient

	Presentation 1	Presentation 2	Presentation 3
Active ingredient:	<input type="text" value="Doxycycline(as hyclate)"/>		
Active ingredient strength:	<input type="text" value="100 mg"/>		

Please use this section if the product has more than 1 active ingredient

Dose form	Active Ingredient Name
Active ingredient 1	
Active ingredient 2	
Active ingredient 3	

Continue below if the product has more than one dose form with different active ingredients (inside the same pack)*

Dose form	Active Ingredient Name
Active ingredient 1	
Active ingredient 2	
Active ingredient 3	

*E.g. morning tablet (1) has active ingredients 1, 2 and 3

1. Enter the name of your hospital or practice so we have a record of who requested the listing

2. Enter your contact details so we can contact you for further information if we need it, and send you the listing details

3. Enter details of the manufacturer (sponsor) to incorporate it into the listing, and so we can obtain further information if we need to

4. Enter the brand name of the medicine using the name the sponsor uses

5. Enter details of the dose form, packaging and pack size. If the pack has several components (eg syringe and diluent) please record each component as a separate presentation (please see the worked example).

 If the pack has several sub-packs (eg injection vials) please record the number of sub-packs and their size (eg 10 x 20 ml vials)

 Repeat this using an new column for each new presentation.

6. Enter details of the active ingredient and its strength. If the medicine is a liquid, an injectable or a topical please define the strength in terms of the quantity of active ingredient in a specified amount of medicine (eg 125 mg/ 5 mL).

 Where you have details of the salt form of the active ingredient please provide them and specify whether the strength relates to the salt or the active base.

 Repeat this using a new column for each new presentation.

2. Applications for medicines with more than 1 active ingredient

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To apply for a listing please answer the questions below, save the file and email it to listings@nzmt.org.nz or print and fax to 04 567 8571. Use as many forms as necessary.

1. Fill in applicant, sponsor and product details as described in example 1.

Reporting hospital or practice
Hospital or Practice name: Hawke's Bay Hospital
Hospital or Practice address: Omaha Rd Hastings

Contact Person
Name: William Allan
E-mail: william.allan@hastings.govt.nz
Phone (DDI): 06 878 8129 ext 2545
Mobile Phone: 027 484 4128

Sponsor details
Sponsor name: Novartis NZ Ltd
Sponsor contact details: Orbit Drive Mairangi Bay Auckland

Product details
Product name: Riamet Tablets

	Presentation 1	Presentation 2	Presentation 3	Presentation 4
Dose form:	Tablet			
Container type:	Blister pack			
Pack sizes:	24 tablets			
GTIN code(s) if known:	Not known			
Pharmacode* if known:	Not known			

Product composition
Please use this section if the product(s) have 1 active ingredient

	Presentation 1	Presentation 2	Presentation 3	Presentation 4
Active ingredient:				
Active ingredient strength:				

Please use this section if the product has more than 1 active ingredient

	Active Ingredient Name	Strength
Dose form 1	artemether	20 mg
Active ingredient 1		
Active ingredient 2	lumefantrine	120 mg
Active ingredient 3		

Continue below if the product has more than one dose form with different active ingredients inside the same pack

	Active Ingredient Name	Strength
Dose form 2		
Active ingredient 1		
Active ingredient 2		
Active ingredient 3		
Dose form 3		
Active ingredient 1		
Active ingredient 2		
Active ingredient 3		

2. Enter the details of each active ingredient giving each ingredient a separate line. Follow the instructions given in example 1 for defining the strength and recording available information about salt form.

If there is more than 1 presentation, please use a new dose form section for each presentation.

*E.g. morning tablet (Dose form 1) ingredients 1, 2 and 3

If you have any questions about how to record information about the medicine please phone the NZMT Editorial Team on 04 567 8570 or e-mail us at listings@nzmt.org.nz