15TH NATIONAL HEALTH FUND
HEAD OFFICE: 6TH Floor, The Towers, 25 Dominica Drive, Kingston 5
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PHARMACEUTICAL DIVISION: 78 Marcus Garvey Drive, Kingston 11
Website: www.nhf.org.jm

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Dear Applicant,

The National Health Fund (NHF) appreciates your interest in and support of the Individual Benefits Programme. Our application process is clear and concise; however, if you require clarification please do not hesitate to contact the Individual Benefits Manager.

The NHF's Drug Application Form, seen below, is to be accurately completed and submitted along with the following:-

1. Cover letter
2. Copy of the Pharmaceutical Product License issued by the Ministry of Health
3. Picture of the product
4. Product literature (may include package insert)
5. Clinical Studies (applicable for new active pharmaceutical ingredients only)

N.B. A National Drug Code should be assigned prior to submission of an application.

Applications for new active pharmaceutical ingredients will become eligible for consideration one year after the commencement date of product sales in the local market.

Please be reminded, where there is a change in any product covered on the programme, by way of label name, strength, presentation, pack size and/or manufacturer, a new application will be required. For changes in pack size, requirements two and four above are not mandatory. An application form should not contain more than two strengths or pack sizes. In addition, we ask that you inform the Individual Benefits Manager if there are any particular issues relating to your product that would be of concern to the National Health Fund.

Kindly note, if the pharmaceutical is not yet available in the island, and has not been assigned a National Drug Code, processing of the application will not commence. Be assured, once the review of the application(s) is completed, you will be informed of the decision.

Thank you for your interest in the National Health Fund as you seek to partner with the NHF in the delivery of benefits to the beneficiaries.

Yours sincerely,

Kathrine Dawson Shaw

Kathrine Dawson Shaw (Mrs.)
Individual Benefits Manager

NHF DRUG APPLICATION FORM

PROPRIETARY NAME OF DRUG: _____

ACTIVE PHARMACEUTICAL INGREDIENT: _____

STRENGTH(S): _____

DOSAGE FORM: _____

PACKAGE SIZE: _____

DRUG CLASSIFICATION: _____

MANUFACTURER: _____

DISTRIBUTOR: _____

DISTRIBUTOR'S PRICE: _____

CATEGORY OF PHARMACEUTICAL: ☐ Innovator Drug ☐ Generic Drug

COUNTRY OF ORIGIN: _____

ARE OTHER BRANDS OF THE SAME ACTIVE INGREDIENT BEING SOLD IN JAMAICA? ☐ Yes ☐No

IS THE PHARMACEUTICAL CURRENTLY BEING SOLD IN JAMAICA? ☐ Yes ☐No

IF YES, INDICATE COMMENCEMENT DATE OF SALES IN JAMAICA: (MONTH/YEAR) _____/_____

HAS THE PHARMACEUTICAL BEEN ASSIGNED A DRUG CODE? ☐Yes ☐Uncertain ☐No

IF YES, WHEN (MONTH/YEAR) _____/_____

HAS THERE BEEN A PREVIOUS APPLICATION FOR THIS PRODUCT? ☐Yes ☐ No

IF YES, WHEN (MONTH/YEAR) _____/_____

IS THIS REPLACING A PRODUCT CURRENTLY ON THE NHFCARD PROGRAMME? ☐ Yes ☐ No

IF YES, INDICATE THE PRODUCT NAME/DOSAGE FORM/STRENGTH/PACK SIZE:

_____

INDICATE EXPIRY DATE OF THE LAST BATCH OF STOCK SOLD. (MONTH/YEAR) _____/_____

IS THIS A CHANGE TO A DRUG CURRENTLY ON THE NHFCARD PROGRAMME? ☐ Yes ☐ No

IF YES, KINDLY TICK THE APPROPRIATE CHANGE(S):

◯ NAME ◯ STRENGTH ◯ PACK SIZE ◯ PRESENTATION ◯ PRODUCT DESCRIPTION

INDICATION(S):_____

MAIN SIDE EFFECTS: _____

_____

_____

CONTRAINDICATIONS & PRECAUTIONS: _____

_____

NAME OF PHARMACEUTICAL COMPANY: _____

NAME OF APPLICANT: _____

POSITION: _____

EMAIL ADDRESS: _____ TELEPHONE NUMBER: _____

SIGNATURE OF APPLICANT: _____DATE OF APPLICATION: _____

FOR OFFICE USE ONLY

DATE OF APPROVAL: _____ ◯ BOARD OF MANAGEMENT ◯ SNR. MANAGEMENT

DATE OF ADDITION TO THE NHF DRUG LIST: _____

APPROVED DRUG SUBSIDY/SUBSIDIES_____

DATE ON WHICH THE APPLICANT WAS NOTIFIED: _____

SIGNATURE: _____ DATE:_____