

**PNF FORM NO. 3. LETTER OF REQUEST AND PROPOSAL FORM FOR DELETION OF MEDICINE FROM  
THE PHILIPPINE NATIONAL FORMULARY**

**LETTER OF REQUEST**

Date

Honorable \_\_\_\_\_  
Secretary  
Department of Health

ATTENTION: \_\_\_\_\_

Director  
National Center for Pharmaceutical Access and Management  
Department of Health

**SUBJECT: Proposal to delete medicine listed in the formulary.**

Dear Secretary \_\_\_\_\_:

The ( indicate name of company/parties/individuals ) request/s for the DELETION of the following medicine (indicate medicine's generic and/or brand name) from the Philippine National Formulary.

Please find attached two (2) hard and soft copies each of the following documents:

1. Accomplished proposal form;
2. FDA-approved product information;
3. Evidence Table including risk-benefit and cost-effectiveness analyses, where applicable;
4. Other relevant documents ( e.g. clinical practice guidelines, excerpts from WHO documents or other formularies, etc., including photocopies of such ).

We understand that incomplete submissions will not be processed.

( Indicate any additional remark )

Respectfully yours,

**PROPONENT'S NAME**

Designation

Company/Organizaton/Office Name

Indicate email address, telephone and facsimile number

**PNF FORM NO. 3:**

**PROPOSAL FORM FOR DELETION OF MEDICINE FROM THE PNF**

**A. GENERAL INFORMATION ON PROPOSED DELETION**

<b>GENERIC NAME</b>	
<b>BRAND NAME (if any)</b>	
<b>THERAPEUTIC CLASSIFICATION</b>	
<b>INDICATION</b>	
<b>DOSAGE FORM/STRENGTH</b>	
<b>ROUTE OF ADMINISTRATION</b>	
<b>MANUFACTURER</b>	
<b>IMPORTER/TRADER</b>	
<b>DISTRIBUTOR</b>	

**B. SUMMARY OF JUSTIFICATION FOR DELETION**

<b>Please tick appropriate box/es:</b>	<b>Concise Justification and References</b>
<input type="checkbox"/> <b>A more effective or equally effective but less toxic medicine becomes available;</b>	
<input type="checkbox"/> <b>Its therapeutic efficacy is found to be unsatisfactory;</b>	
<input type="checkbox"/> <b>Toxicity, suspected toxicity, potential for abuse, dangerous interactions outweigh it's therapeutic value;</b>	
<input type="checkbox"/> <b>It is no longer cost-effective;</b>	
<input type="checkbox"/> <b>It is a fixed-dose combination that does not satisfy the requirements of A.O. 96 s. 1990.</b>	

**C. EVIDENCE TABLE (Please use PNF Form No. 9)**