



Maldives Food and Drug Authority

Ministry of Health

Male', Maldives

Form Number: MTG/RE-PR/Fo 0041/2025 - _____

Clinician's Request for Approval of New Medicine

This form must be completed by a licensed clinician and endorsed by the Medical Director of the institution. All sections are mandatory. Incomplete forms will be rejected.

Request Type

(Please tick the appropriate option)

☐ New Generic

☐ New Dosage Form / Strength of Existing Generic in the ADL

Section A: Medicine Details

1. **Generic Name:**

2. **Dosage Form:**

3. **Strength:**

4. **Clinical Indication:**

5. **Pharmacological Classification:**

6. **Known Interactions (Drug-Drug and Drug-Food):**

Medicine and Therapeutic Goods Division, Maldives Food and Drug Authority			Authorized by: Director General, MFDA	
Rec. No: MTG/RE-PR/Fo 0041		Rec. Name: Clinician's Request for Approval of New Medicine		
Issue No: 01	Issue Date: 02.07.2018	Prepared by: Director, Pharmaceuticals	Approved by: Deputy Director General, Pharmaceuticals	Copy Letter:
Revision No: 02	Revised Date: 25.09.2025	Verified by: Technical Committee of MTG		Page No:

7. **Side Effects (from minor to major):**

8. **Contraindications and Precautions:**

9. **Justification for Request:**

(Explain the clinical need, importance of including this medicine in the ADL, and the target patient population.)

10. **Similar Drugs in the ADL (For New Generic Requests Only):**

- Are there any similar-acting drugs already included in the ADL?
☐ Yes ☐ No
- If yes, provide names and details:
- Specify which drug, if any, should be replaced and justify:

11. **Supporting Literature or Sources:**

(Attach relevant research articles, clinical guidelines, or authoritative sources. Include URLs or references.)

Section B: Requesting Clinician's Details

- **Full Name & Signature:**
- **Department:**
- **Date:**
- **Maldives Medical & Dental Council Registration Number:**
- **Clinician's Official Seal:**
(Required)

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Section C: Approval by Medical Director

- **Full Name & Signature:**

 - **Date:**
 - **Medical Director's Official Seal:**
(Required)
-

Section D: Official Use Only

- **Checked and Received By:**

 - **Designation:**

 - **Signature:**

 - **Date:**
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Important Notes

- Upon approval by the National Pharmaceutical Board, the requested medicine will be included in the Approved Drug List (ADL) for a period of three (3) years.
 - If the medicine is not imported or officially registered within this period, it will be removed from the ADL.
 - Incomplete submissions will not be considered.
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