



REQUEST FOR ADDITION OR DELETION
OF A DRUG TO THE FORMULARY

Generic Name: _____ Brand Name: _____

Manufacturer(s): _____

Dosage Form: _____

Pharmacological Classification: _____

Indications: _____

What similar drugs are currently available? _____

What therapeutic advantage(s) does this drug have over the standard drug therapy? _____

In how many patients do you expect this drug to be used during the next six months? _____

What drug(s) currently used for this/these indications(s) may be deleted if this product is added to the formulary? _____

Should use of this drug be restricted to certain physicians or institutions because of the potential for misuse, high cost, or toxicity? _____

Please list any conflicts of interest or connections to the manufacturer: _____

Requesters Name: _____

Address & Telephone: _____

Signature of Requester: _____ Date: _____