REQUEST FOR FORMULARY ADDITION

Please complete each section and obtain the necessary signatures before submitting this form to the Pharmacy and Therapeutics Committee for consideration. Use additional sheets if necessary.

1. Generic name, Proprietary name(s), manufacturer(s), and Category (see AHFS pharmacologic classification system in CSH formulary):

2. Dosage form, strengths and usual dose:

3. Specific pharmacologic action:

4. Comparable drugs on the Formulary:

5. Situations in which this drug is superior to those listed in #4

6. Situations in which drugs listed in #4 are superior to drug therapy requested:

7. Which drug listed in #4 may be deleted from the Formulary:

8. Cite published literature references for #3 and #5 above (attached Copy):

9. Special cautions, restrictions, and anticipated usage:

10. Attach Formulary Monograph or comparable information if not available (contact pharmacy):

REQUESTED BY: _____ DATE_____ DEPT/DIVISION:_____

RECOMMENDED BY:_____ DATE_____
(Clinical Director)

COST ANALYSIS:_____
_____

PHARMACY REVIEW BY:_____ DATE_____

ACTION BY COMMITTEE: ☐ APPROVED ☐ DISAPPROVED

CHAIRPERSON(S) P& T COMMITTEE:_____ DATE_____
_____ DATE_____

COMMENTS:_____