**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?**

**REQUESTER’S NAME**:

**ADDRESS & TELEPHONE:**

**SIGNATURE OF REQUESTER:** **DATE:**