REQUEST FOR FORMULARY ADDITION

Purpose: To request the addition of a medication to the Formulary at Naval Health Clinic Charleston.
Directions: Provide (type or print) all possible information requested. Provide the signatures of both the original requester and the appropriate department head.

Name of Drug:	Manufacturer:
Dosage Form(s):	Strength(s):
Description of Drug: (Attach literature if possible.)	
Indications/Use: (Attach references or literature.)	Drug Class:
(Estimated) Monthly Usage:	
Is there a similar drug currently on the formulary? No Yes (if "no" skip to Requester Information)	
What formulary drug(s) are similar?	Should the current formulary drug be removed from the formulary?
(Printed) Name of Requestor:	(Printed) Name of Department Head
(Signature of Requestor)	(Signature)

PHARMACY DEPARTMENT USE ONLY

Cost of Requested Medication:

Similar Formulary Medications:
(By indication or Drug Class)

Drug	**Cost**

Other Relevant Information on Acquisition:

Look Alike/Sound Alike Caution?

Drug Safety Flowchart Completed?

Additional Notes: