

REQUEST FOR FORMULARY MODIFICATION

Fax to: HPSM, Attention: Pharmacy Services (650) 829-2045

Name of requesting physician	
Generic name of drug	
Trade name	
Dosage forms	
Strengths	
Comparable formulary drugs	
Situations in which requested drug is Superior	
Which of the current formulary drugs may be deleted at the addition of the drug requested?	
Anticipated frequency of use	
References	
Please list any studies that support the addition of this agent to the current formulary	
Potential conflict of interest disclosure: <ul style="list-style-type: none"> • I receive research support from manufacturer • I have a consulting agreement with manufacturer • I, spouse, dependent have a financial interest in the manufacture of this agent 	Y N Y N Y N

Signature: _____

Date: _____

Date Effective: _____

Approved by Pharmacy and Therapeutic Committee:
