

Department: Pharmacy  
Section: Systems and Processes  
Applies to: All Kaiser NW Allied Health Professionals  
Review Responsibility: Policy and Procedure Committee

Implemented: 03/01/03  
Revised: 02/21/07  
Reviewed: 09/15/10, 10/15/10  
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**Return completed form to Drug Information and Formulary Services, Airport Way Center**

1. Nature of Request: \_\_\_\_\_ Addition \_\_\_\_\_ Deletion
2. Drug Generic Name \_\_\_\_\_
3. Drug Strength(s) and Dosage Form(s) \_\_\_\_\_
4. Is this request for a specific brand name? \_\_\_\_\_ No \_\_\_\_\_ Yes
5. If this is a drug addition, can this drug replace an existing formulary drug?  
\_\_\_\_\_ No \_\_\_\_\_ Yes Identify \_\_\_\_\_
6. What other specialties should be consulted regarding this drug?  
\_\_\_\_\_  
\_\_\_\_\_
7. Rationale for formulary change (include discussion of relative advantages and disadvantages as compared to existing formulary drugs and any supportive data):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Supportive literature reference:  
\_\_\_\_\_  
\_\_\_\_\_
9. Requested by: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_
10. Does the requestor have any financial arrangement with or has the requestor received any gifts from the manufacturer or its representatives? Yes\_\_\_ No\_\_\_  
If yes please disclose potential conflict of interest here:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Formulary Committee Action: \_\_\_\_\_

Date: \_\_\_\_\_ Committee Chairman \_\_\_\_\_