



PHARMACY AND THERAPEUTICS COMMITTEE
FORMULARY ADDITION REQUEST FORM

Generic name:

Brand name and manufacturer:

Dosage forms and strengths:

Pharmacologic/therapeutic category:

FDA-approved indications:

List the therapeutic advantages of this drug over the formulary drugs in current use for similar conditions:

List the therapeutic disadvantages of this drug over the formulary drugs in current use for similar conditions:

List any safety issues that need to be considered relative to this drug:

Cite or attach published peer-reviewed literature references in support of the above statements:

Which formulary drugs could be deleted in conjunction with the addition?

Date requested: _____ Requested by: _____