



FORMULARY ADDITION REQUEST FORM

This form must be completed in detail and returned to the OR Manager or Nurse responsible for ordering medications at least a week prior to the next Medical Advisory Committee (MAC) meeting in order to be placed on the agenda. The MAC meetings are held the second Monday of March, July September and December annually.

Section 1. Completed by Requestor **Date Requested:** _____

* 1. Generic name: _____

* 2. Trade name: _____

* 3. Strength and dosage form (tablet, injection, topical, etc) requested: _____

* 4. Indications: _____

* 5. Usual dose: _____

6. Comparable Drug(s) or drugs this may replace currently on formulary: _____

* 7. Advantages of Proposed Drug: _____

8. Special cautions or contraindications: _____

Requested by: _____

Contact information:

Phone _____ Email _____

Section 2. Completed by Nurse ordering medications

Trade Drug : _____ UOM: _____ Cost: _____

Example: Diprivan _____ UOM: 20/carton Cost: \$108.18

Generic Drug (If available): _____ UOM: _____ Cost: _____

* = Required items

MAC Review Date: _____

Approved/Disapproved