**PA FORMULARY**

**REQUEST FOR ADDITION/REVISION OF DRUGS**

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| **Requesting Supervising Physician** |  |
| **Practice Address** |  |
| **Practice Specialty** |  |
| **Drugs Generic Name** |  |
| **Drugs Trade Name** |  |
| **Current Designation on the Formulary** | \_**MAY NOT PRESCRIBE****\_MAY PRESCRIBE****\_PHYSICIAN INITIATED****\_CURRENTLY NOT ON FORMULARY** |
| **Change in Designation** | \_**MAY NOT PRESCRIBE****\_MAY PRESCRIBE****\_PHYSICIAN INITIATED****\_ADD TO FORMULARY** |
| **Please give a brief description of the drugs and your justification for change in designation.** **(Attached any other information you believe is pertinent to your request.)** |  |
| **Signature and Date** |  |