



REQUEST FOR ADDITION TO CH FLOOR STOCK FORMULARY

TO BE COMPLETED BY PROVIDER:			
Request Date:			
Name of Requesting Provider:			
Phone:		Email:	
Drug Trade & Generic Name:			
Strength(s) and dosage form(s) (e.g., tablets, liquid, etc.):			
Conditions to be treated or intended use:			
On CH floor stock formulary		<input type="checkbox"/> Yes	<input type="checkbox"/> No
On MAP/MAP basic formulary		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current formulary medications available to treat above conditions?			
Advantage of requested product over currently available formulary product(s). Please submit any literature supporting this with submission:			
Special considerations (i.e., black box warning, precautions, adverse effects, appropriate for clinic administration, monitoring parameters, etc.)			
Please list any conflicts of interests, financial or otherwise, you have with this request?			

TO BE COMPLETED BY CH P&T			
Date reviewed:		CH P&T approval:	<input type="checkbox"/> Yes <input type="checkbox"/> No