

**John Dempsey Hospital
University of Connecticut Health Center
Department of Pharmacy Services**

PROPOSAL FOR ADMISSION OF DRUG TO THE HOSPITAL FORMULARY

Complete this form in detail and submit to the Pharmacy Clinical Coordinator. No requests for formulary addition may be made by drug reps or other individuals with paid conflicts of interest.

1. Official, generic or non-proprietary name: 2. Proprietary name and/or synonymous name:

3. Manufacturer(s): 4. Therapeutic category:

5. Indications:

6. Specific pharmacologic action and reasons why agent is superior to present Formulary meds:

7. Published data in support of above:

8. Comparable medications presently on formulary and the relative advantages of the requested agent:

9. Cautions (potential side effects, toxicity, drug interactions, etc.):

10. Therapeutic dosage parameters:

11. Dosage forms being requested:

12. Estimate of number of patients treated with this agent per month:

**In accordance with the UCONN Health Center Policy and Procedures on
Conflicts of Interest, I do not have a personal financial interest in this drug.**

Requested by: _____ Date: _____

Approved by: _____ Date: _____

Revised: 6/09

Reviewed: 8/12

C-018A