

## Formulary Request Form

This form should be completed by a prescriber to request the addition of a medicine, other than a 'new' drug, to the Formulary. The request should be forwarded to the ADTC Secretary at least 2 weeks prior to the date of the ADTC meeting. All requests will be reviewed by the Drug and Therapeutics Committee.

<b>Name and form of medicine</b>	<b>Dose range</b>
<b>Average duration of therapy</b>	<b>Route</b>
<b>Licensed indications</b>	
<b>Proposed indication(s)</b>	

Could this medicine replace another in the Formulary? Yes  No

If yes, specify medicine to be replaced.....

This drug is proposed as (tick appropriate box) 1<sup>st</sup> line choice   
2<sup>nd</sup> line choice

<b>Efficacy/ Safety</b>
Please summarise the published evidence (enclosing references) on both efficacy (primary and secondary outcomes) and safety of the medicine which support its addition to the formulary (continue on another page if necessary)

<b>Costs</b>
Please comment on the cost implications or cost effectiveness of the amendment you are proposing considering both primary and secondary care costs.

Name(please print):..... Signature:..... Date:.....

Job title.....Qualifications.....

Considered by ADTC on (date):.....

Summary of decision:.....