



Mayor Gavin Newsom

CBHS Formulary Change Request Form
(8/3/2006)

Requests to make modifications or additions to the CBHS Drug Formulary should be submitted in writing for review by the CBHS Pharmacy and Therapeutics Committee. Please submit requests by completing the CBHS Formulary Change Request Form and mailing or faxing to:

CBHS Pharmacy Services
c/o Drug Information Services
1380 Howard Street, Room 218
San Francisco, CA 94103
Fax (415)252-3036

Requested by: _____ Date: _____
(Name)

Phone number: _____ Program: _____

Name of drug addition or deletion: _____
(Please circle which applies)

List related formulary medications: _____

Reason for drug addition or deletion (*i.e. for formulary additions, how is this agent different or preferable than other agents currently on the formulary*): _____

References/ Articles in support of recommended change: (Please attach a copy of each reference/article listed below)

- 1) _____
- 2) _____
- 3) _____