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) __________________________________________________