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| BEHAVIORAL HEALTH ADMINISTRATION (BHA)PO BOX 45010 • OLYMPIA WA 98504-5010Date: To: Sean Murphy, Assistant Secretary BHAFrom: Pharmacies and Therapeutics Committee Chairman and Committee SecretarySubject: **Request for Formulary Admission or Deletion** |
| Requesting: [ ]  Admission [ ]  DeletionDrug name (generic and brand name): Manufacturer: Dosage form(s) desired: Intended therapeutic applications: Similar products currently on the formulary: Justification (include advantages of requested drug over similar formulary drugs): References Recommended for WSH Formulary / Drug Information Files (attach, if possible):  |
| REQUESTING HEALTHCARE PROFESSIONAL (MD / PHR / DDS) |
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| [ ]  Approved[ ]  Not approvedSignature: Date:   Brian Waiblinger, MD DSHS Chief Medical Officer |
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| [ ]  Approved[ ]  Not approvedSignature: Date:   Sean Murphy, Assistant Secretary BHA |