



BEHAVIORAL HEALTH ADMINISTRATION (BHA)  
PO BOX 45010 • OLYMPIA WA 98504-5010

Date:

To: Sean Murphy, Assistant Secretary BHA

From: Pharmacies and Therapeutics Committee Chairman and Committee Secretary

Subject: **Request for Formulary Admission or Deletion**

Requesting:  Admission  Deletion

Drug 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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<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
Signature: _____ Date: _____ Brian Waiblinger, MD DSHS Chief Medical Officer

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
Signature: _____ Date: _____ Sean Murphy, Assistant Secretary BHA