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| 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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| Approved  Not approved  Signature: Date:    Brian Waiblinger, MD DSHS Chief Medical Officer |
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| Approved  Not approved  Signature: Date:    Sean Murphy, Assistant Secretary BHA |