

FLOOR STOCK ADDITION/REVISION REQUEST

INSTRUCTIONS

DATE _____

1. FILL OUT COMPLETELY INCLUDING REQUIRED SIGNATURES.
2. ATTACH SUPPORTING SCIENTIFIC REFERENCES IF AVAILABLE.
3. SUBMIT TO ASC MEDICAL DIRECTOR.
4. THIS FORM IS TO BE USED FOR REQUESTING A DRUG THAT HAS BEEN RELEASED BY THE FOOD AND DRUG ADMINISTRATION FOR COMMERCIAL USE AND AVAILABLE ON THE DHS CORE FORMULARY.

EVALUATION CRITERIA:

- NEED (RELATIVE TO THE DISEASE STATES AND CONDITIONS OF PATIENTS TREATED)
- EFFECTIVENESS (EFFICACY, PHARMACOKINETIC PROPERTIES, BIOEQUIVALENCE, THERAPEUTIC EQUIVALENCE)
- SAFETY (ADVERSE EFFECTS, MEDICATION SAFETY CONSIDERATIONS)
- FINANCIAL (PHARMACOECONOMIC IMPACT)

REQUESTED DRUG	GENERIC NAME	
	BRAND NAME AND MANUFACTURER	
	DOSAGE FORMS AND STRENGTHS	
	QUANTITY OF DRUG REQUESTED TO KEEP ON FLOOR STOCK	

TYPE OF REQUEST (PLEASE 3)	<input type="checkbox"/> ADDITION	<input type="checkbox"/> DELETION
	<input type="checkbox"/> NEW STRENGTH/DOSAGE FORM	<input type="checkbox"/> OTHER

THIS DRUG IS (PLEASE 3)	<input type="checkbox"/> A NEW PRODUCT WITH PHARMACOLOGIC EFFECTS UNLIKE OTHER FLOOR STOCK DRUG	
	<input type="checkbox"/> AN IMPROVEMENT ON A FLOOR STOCK PRODUCT	NAME OF DRUG
	DELETE FLOOR STOCK DRUG <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN BELOW

REASON FOR REQUEST	
PLEASE INCLUDE PHARMACOLOGICAL EFFECTS AND PROPOSED USE.	
IF THIS DRUG IS SIMILAR TO A STANDARD ITEM, LIST THE ADVANTAGES OF THE STANDARD ITEM AND ADVANTAGES OF THIS DRUG	

REQUESTING PHYSICIAN'S PRINTED NAME	REQUESTING PHYSICIAN SIGNATURE Date: _____
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SERVICE CHIEF	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Signature: _____ Date: _____	
	<input type="checkbox"/> Forwarded to Pharmacy Director Date: _____	

PHARMACY DIRECTOR	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Signature: _____ Date: _____ Reason or Concern if not approved:	
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ASC COMMITTEE	<input type="checkbox"/> Updated Stock List Date	<input type="checkbox"/> Presented to ASC Committee	ASC MEETING DATE _____
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