



**PHARMACY AND
THERAPEUTICS
COMMITTEE
REQUEST FOR
FORMULARY REVIEW**

Headquarters:
1240 South Loop Road
Alameda, CA 94502

Tel: 510-747-4500
TTY: 510-747-4501
www.alamedaalliance.org

Date	
Requestor's Name:	Requestor's Phone Number:
Requestor's Specialty and Group Name:	Requestor's Fax Number:
Drug Name (brand name)	
Drug Name (generic name)	
Strength(s)	
Dosage Form	
Indication(s)	
Is there a similar drug on the formulary?	Yes _____ No _____ If yes, please name the medication(s) below.
AWP of drug (30 days supply)	
Please provide supporting documentation for addition of the drug to the formulary.	

Submit completed form to:
Alameda Alliance for Health, Pharmacy Services
1240 South Loop Road
Alameda, CA 94502
Phone: 510-747-4541
Fax: 1-877-748-4524