PREFERRED DRUG LIST (PDL) CHANGE REQUEST

absolute total care
Healthy Connections

NOTE: *Complete this form in full. Incomplete forms will not be presented to the Pharmacy & Therapeutics Committee.*

Brand Name(s): Generic Name:

Dosage Form(s): Dosage Strength(s):

Therapeutic Application(s):

Reasons for Addition to the PDL:

Documented advantages of current Preferred Drug List products (list studies):
Note: References from sources that are considered free of drug company influence are given highest consideration (e.g. The Medical Letter, peer reviewed journals and guidelines developed by medical specialty organizations). References from journal supplements, isolated clinical research, clinical studies involving small numbers of patients, studies that were poorly designed to demonstrate both safety and efficacy, or studies that are controversial and inconclusive when weighed against other research will generally **not** be considered.

1.

2.

3.

4.

Preferred Drug(s) this product will replace:

Disclaimer:
Please list all drug companies with whom you have had a financial relationship, either directly or indirectly, during the **past 5 years**. This includes but is not limited to speaker's fees, speaker training, consultancies, grants and awards, "free" drug trials, research money or quid pro quo items such as computers or electronics, trips, and recurring meals or sponsorships. This does not include stock ownership. You may attach additional pages for complete disclosure.

1.
2.
3.

Physician Name (Print):

Signature: Date:

Address:

Phone: ( ) Fax: ( )

Please complete and return to:
Absolute Total Care, Pharmacy Department
1441 Main Street, Suite 900 Columbia, SC 29201
Fax #: 1-855-865-9469