



Instructions

- Use this form to request the addition or deletion of a drug from the BWC Formulary. BWC reviews requests at the next meeting of the Pharmacy & Therapeutics Committee. The committee meets on a quarterly basis.
- The committee will only review forms submitted and signed by a HPP certified prescriber.
- You must complete all sections of page two. BWC will return requests submitted with incomplete documentation without P&T Committee review.
- Please furnish published literature, which demonstrates in controlled, comparative studies a superior therapeutic currently on the Formulary. If such studies are unavailable, please furnish a copy of the literature, which has convinced you to prescribe this drug.
- You may submit completed form and supporting documentation in one of two ways listed below.

Mail: Pharmacy Program Director
 Ohio Bureau of Workers Compensation
 30 W. Spring St., 21st Floor
 Columbus, OH 43215
 Email: *Attention Director of Pharmacy* at Pharmacy.benefits@BWC.state.oh.us

Requester contact information		
First name	MI	Last
Professional title <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> D.D.S. <input type="checkbox"/> D.P.M.		Medical specialty
Certified HPP Provider <input type="checkbox"/> Yes <input type="checkbox"/> No (BWC will not consider formulary addition requests from Non-HPP certified providers.)		NPI number
Office e-mail address		
Office street address		Suite, floor, etc.
City	State	Nine-digit ZIP code
Office telephone number ()		Office fax number

Please furnish published literature, which demonstrates in controlled, comparative studies, a superior therapeutic advantage of this product versus comparable products currently on the formulary. If such studies are unavailable, please furnish a copy of the literature that convinced you to prescribe this drug.

Signature of requester	Signature date
Specialty	



Drug information

Generic/trade name of drug

Dosage form

Specific pharmacological action/therapeutic use or indication

Anticipated monthly usage (i.e., number of patients)

Comparable products currently on the BWC formulary

Advantage over comparable products on the BWC formulary

Which formulary product(s) could this drug replace?

Is this a request for an emergent or compassionate use condition? Yes No
If yes, please provide complete clinical documentation of the situation below.