

**EXCLUDED DRUG APPLICATION FORM**

**Please fill out the form below and attach appendices as indicated.**

Applicant name: \_\_\_\_\_

Date: \_\_\_\_\_

1. Generic name of drug (optional: list the brand name(s) if known):

\_\_\_\_\_

2. Method and/or route of administration:

\_\_\_\_\_

3. Recommended dosage (for example, dosage range and/or dosage instructions):

\_\_\_\_\_

4. Intended use of the drug **and** reason/evidence for use:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Approved purposes on monograph (attach monograph as Appendix 1):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. In order to assist the PDR Committee in evaluating the safety and efficacy of drugs that have currently been excluded by the College, please provide a balanced bibliography of published, evidence-based, peer-reviewed articles addressing the safety and efficacy of the drug, both generally and in relation to the intended use/purpose/diagnostic indications listed above (provide list and attach full-length articles, book chapters, etc. as Appendix 2).