



EXCLUDED DRUG REQUEST FORM

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

Applicant name: _____

Date: _____

1. Name of drug (include both generic and brand name):

2. Method of administration: _____

3. Dosage range: _____

4. Intended use/purpose/diagnostic indications:

5. Rationale for intended use/purpose/diagnostic indications:

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

7. 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, empirically-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):