

Government Medical Institutional Suggestions for Pharmaceutical Formulary Revision

Section I					
1. Item Level Change (Level 1, 2, 3,4 ,5)					
No	SR No	Item Name	Suggestion	Justification	Name & Designation of requested person
I.					
II.					
III.					
IV.					
V.					
2. VEN Status Change (Vital, Essential, Non Essential)					
No	SR No	Item Name	Suggestion	Justification	Name & Designation of requested person
I.					
II.					
III.					
IV.					
V.					
3. Item Type Change (Complementary or Regular)					
No	SR No	Item Name	Suggestion	Justification	Name & Designation of requested person
I.					
II.					
III.					
IV.					
V.					
4. Comments on Slow Moving and Low Demanding Items					
No	SR No	Item Name	Reason for the observation	Name & Designation of requested person	
I.					
II.					
III.					
IV.					
V.					
5. Item Deletion					
No	SR No	Item name	Reason for the deletion	Name & Designation of requested person	
I.					
II.					
III.					
IV.					
V.					

6. New Item Inclusion									
No	Name of the item & Strength	Licensed indication	Proposed indication with dose, frequency & duration	Medicine presently used for the indication concerned	Any formulary medicine to be replaced with this new medicine	Unit cost of the product	Estimated no of patients to be treated per annum	Justification for requesting this non formulary item	Name & signature of the requested Consultant with Designation
1									
2									

Section II

The above suggestions are discussed at the Drug Therapeutic Committee and approval is given to forward these suggestions to upcoming Formulary Revision (2023/2024).

Date of discussed at DTC

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Chief Pharmacist

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Head of the Institution

Section III (Office Use Only)

Received date

Reference No

Comments by SCO(QA)

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Signature of SCO (QA)

Forward / Not forward to discussion round at MSD

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Signature of IC/QA

Recommended/ Not recommended to forward to the formulary revision

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Signature of AD/QA

Approved to forward to the formulary revision committee

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Signature of Director