



Instructions

- Fill out all sections of the form to request adding or removing a drug from the BWC formulary.
- Requests received within three months of the next Pharmacy & Therapeutics Committee meeting will be reviewed. Otherwise, they will be considered at the next bi-annual meeting.
- Include published literature to support your request.

Submit the form to BWC in one of the following ways.

Mail: BWC Mail Processing Center

Attn: Pharmacy Program Director

30 W. Spring St.

Columbus, OH 43215-2256

Email: Pharmacy.benefits@bwc.ohio.gov

Requester contact information

First name	Last name	
Professional title	Medical specialty	
BWC Certified Provider <input type="checkbox"/> Yes <input type="checkbox"/> No (BWC will not consider formulary addition requests from Non-BWC certified providers.)	NPI number	
Office email address		
Office street address	Suite, floor, etc.	
City	State	ZIP code
Office telephone number	Office fax number	
Signature of requester	Date	



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