**Proposal for amendment to the joint Medicines Formulary**

*(Only for use where there are no safety concerns, clinical risks or increase in financial impact)*

I wish to propose that the following licensed medication be amended in the joint Medicines Formulary.

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| Date:Name, form & strength of medicine:BNF Section:Addition / Deletion / Substitution (circle) | If substitution, please specify:………………………… to be replaced by: …………………(Name of drug on the formulary) |

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| --- |
| Reason for addition/deletion/substitution: |

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| --- |
| Evidence to support the proposal |
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|  |  |
| --- | --- |
| Signature: | Address, Occupation, Profession & Phone number |
| Printed Name: |  |

🞏 GP 🞏 MKUHTFT prescriber 🞏 CNWL – MK prescriber

🞏 Pharmacist (CCG / MKH / CNWL – MK) 🞏 Other

Please specify

**Please send completed form to Dupe Fagbenro, Principal Pharmacist, Formulary Services Team,**

**MK University Hospital NHS Foundation Trust, Standing Way, Milton Keynes, Buckinghamshire, MK6 5LD**

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| --- |
| For completion by MK Prescribing Advisory Group Lead  |
| Approved(circle)Rejected  | Date: | Signature: |
| Print Name: |

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| Comments: |