

Oklahoma Board of Nursing
2501 N. Lincoln Blvd., Ste. 207
Oklahoma City, OK 73105
405-962-1800

Formulary Advisory Council
Procedure for Amending the Formulary

The following is a procedure for submission of requests for revision to the Exclusionary and Inclusionary Formularies to the Formulary Advisory Council for review and consideration.

- I. Individuals requesting a revision to the Inclusionary or Exclusionary Formulary must submit a completed written request to the Oklahoma Board of Nursing ("Board") office on a form approved by the Board. The request will include the rationale for the request, the individual's position, literature to support the position, and information on the drug from the drug manufacturer.

Such information must be received in the Board office at least 30 calendar days prior to the scheduled Formulary Advisory Council Meeting, to allow all Formulary Advisory Council members to review the information prior to the Formulary Advisory Council meeting.

- II. Recommendations for revision of the Inclusionary Formulary and Exclusionary Formulary approved by the Formulary Advisory Council will be considered by the Board during the next regularly scheduled meeting of the Board in accordance with 59 O.S. §567.4a.9. a. and d. and 59 O.S. §567.4b.A. and C.
- III. The Formulary Advisory Council, during a scheduled annual meeting and in the course of review and discussion of the current Inclusionary and Exclusionary Formularies, may recommend revisions to the Formularies to the Board, without following this procedure, if Council Members are in agreement of the recommendation and a member of the Formulary Advisory Council does not request review of additional information concerning the revision.

IV. **Regulatory Authority**

59 O.S. §§567.4a. 9. a. and d., and 567.4.b. A. and C.



Request to Amend the Formulary

Individual Making Request:

1. NAME _____
2. ADDRESS _____
Street City State Zip Code
3. () _____ () _____
Area Code/**Home Phone #** Area Code/**Cell Phone #** E-Mail Address
4. TITLE _____
 (CNP, CNM, CNS, CRNA, MD, DO, Pharmacist, Other- specify _____)

I am requesting a change to the following formulary:

5. _____ Exclusionary Formulary (Formulary Advisory Council) APRNs, CNMs, CNSs
6. _____ Inclusionary Formulary (CRNA Formulary Advisory Council) CRNAs
7. Name of Drug(s): _____
8. Drug Classification and AHFS Reference Number(s): _____

(Please contact the Deputy Executive Director at 405/962-1800 for assistance with AHFS Classification//Reference Numbers)

9. _____ Delete from Formulary
 _____ Add to Formulary
 _____ Add precaution and/or restriction
10. Rationale for request to amend formulary: _____

Please attach the following information:

1. Literature to support your position
2. Drug Manufacturer's Information

SUBMIT ALL INFORMATION TO:

Deputy Executive Director
 Oklahoma Board of Nursing
 P.O. Box 52926
 Oklahoma City, Oklahoma 73152
 Phone: (405) 962-1800 Fax: (405) 962-1821
 Email: obnwebmaster@nursing.ok.gov

Information must be received in the Board office at least 30 calendar days prior to a meeting of the Formulary Advisory Council.

Board Approved: 11/20/97	OBN Policy/Guideline #P-50
Board Reviewed w/o Revision: 07/25/01; 9/27/11; 9/29/15; 9/20/16; 9/26/17; 9/25/18; 5/21/19; 11/10/20; 9/21/21	
Board Revised: 7/27/04; 9/27/05; 9/23/08; 11/17/14; 11/9/22; 9/24/24	
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