

NOTE: The law amending ORS 685, allowing a more comprehensive prescribing authority became effective January 1st, 2010.

It is important that ALL submissions for the September 22nd, 2010 Formulary Council (FC) meeting be COMPLETE and in the Board office at least 30 days prior to the meeting.

Applications must be received by the Board before 3:00pm August 23rd, 2010 to be considered at the September 22nd, 2010 meeting.

Applications received after the August 23rd deadline will be held until the next FC meeting in the spring of 2011.

Instructions for formulary request application:

All sections of the following application must be complete for consideration. Incomplete applications, unsystematic materials, or applications with inaccurate or deliberately misleading information may not be considered.

1. Complete all sections of this application. Information must be legible. (It is suggested that you use a typewriter or print neatly). Illegible requests will be returned or refused for consideration by the FC.
2. **Formulary request applications must include, but is not limited to:**
 - a. A completed application,
 - b. Reference sources (Publication, year, etc),
 - c. Copies of substantiating documents,
 - d. How substance fits within the scope of practice,
 - e. Information that substantiates drug agreement to the definition in statute ORS 685.145(3)
 - f. A clear description of exactly how this request will be within the scope of practice and meet the amended law.
3. **Eight (8) clean copies for each submission of all materials, stapled and three-hole punched** (please copy 2-sided when possible), must be received in the OBNM office **no later than 3:00pm August 23rd, 2010**. *If you would like the Board to prepare the requests for you, please include \$15 for each submission and one clean copy, if not more than five pages per submission. Please include an additional \$.10 a page for each single-side page after five.*
4. Direct questions to the Board office at 971-673-0193.

Oregon Board of Naturopathic Medicine
800 NE Oregon St Suite 407
Portland OR 97232

FORMULARY REQUEST APPLICATION

(Incomplete requests may be denied or returned. Please enter information clearly. See instructions)

CONTACT INFORMATION:

Name: _____

Address: _____

Telephone no.: _____ Date: _____

SUBSTANCE:

Generic Name: _____

Brand Name(s): _____

Classification per OAR 850-060-0226: _____

What are the Therapeutic indications for this substance?

Dosage form(s) and administration:

**How does this substance fit within the scope of practice of Naturopathic
Medicine?**

(Be specific)

How did you determine the Formulary Council should review this?

Mark the appropriate category from the following acceptance criteria:

- Active natural product >modified/diff salt**
- Semi-active natural product (related to final activity)> modified > increase active compound**
- Inactive natural product>modified>semi-synthetic new entity with activity**
- Synthetic chemical later found in nature (not usually approved)**

Reference sources:

