

**Naturopathic Formulary Council**  
**N.H. Board of Naturopathic Examiners**  
**Office of Professional Licensure and Certification**  
7 Eagle Square, Suite 300  
Concord, New Hampshire 03301

**New Medication - Formulary Request Form**

Name:

Date:

Address:

ND License #:  \*if applicable

**Instructions:** Doctors of Naturopathic Medicine may use this form to submit requests to the Naturopathic Formulary Council. Formulary requests will be processed and reviewed quarterly or bi-annually by the formulary council and the NH Naturopathic Board of Examiners. Please send this form to the address at the top of this form along with any supportive or requested research articles.

Is the request to add or remove a drug from the formulary?

Drug Name:

e.g. Azithromycin

Trade Name(s):

e.g. Zithromax, Z-Pak, Tri-Pak

Drug Class:

e.g. Antibiotic, Macrolide

Determine and fill out the below as applicable

Non-Rx: Y/N    Legend/Rx: Y/N    Schedule/Controlled (II-V):

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Mechanism of Action:

e.g. Bacteriostatic,  
Inhibits bacterial  
protein synthesis

Routes of  
Administration:

e.g. Oral, Intravenous, Ophthalmic, etc.

How does this medication fit within the scope of practice of NDs?:

Please explain the identical or functional similarity of this medication to a naturally occurring substance or explain how this medication functions similarly to a naturally occurring substance:

e.g. Macrolide antibiotics were first discovered as natural compounds produced by *Streptomyces* spp.

**Please also attach any supporting full-text articles for the use, safety, and functional similarity of this medication**