



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
Board of Naturopathic Examiners
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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: Trade Name(s):
 e.g. Azithromycin e.g. Zithromax, Z-Pak, Tri-Pak

Drug Class: Determine and fill out the below as applicable
 e.g. Antibiotic, Macrolide
 Non-Rx: Y/N Legend/Rx: Y/N Schedule/Controlled (II-V):

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