



SCOTT & WHITE HOSPITAL/CLINIC/HEALTH PLAN
PHARMACY & THERAPEUTICS COMMITTEE

ver. 2006

REQUEST FOR FORMULARY ADDITION OF NON-FORMULARY DRUG

Generic & Trade Name:

Manufacturer:

Dosage Form:

Strength(s):

General Chemical
& Therapeutic Classification:

FORMULARY REQUEST FOR: S&W Clinics S&W Memorial Hospital (& Santa Fe SNF)
 S&W Healthplan HMO Medicare Cost Plan PDP (S&W Health Plan patients) Medicare PDP (state-wide)

Other Similar Drugs on Formulary:

THERAPEUTIC ADVANTAGE(S) OVER FORMULARY DRUGS: (Reference relevant citations; May attach separate sheets)

____ M.D. _____ Date EXT: _____
Requesting Physician

YES NO Has departmental consensus been sought?
Comment:

Department Chair (or Division Head) Review: Support Neutral Do Not Support

Department Chair or Division Head Date

Chair Comment:

NOTE: Physicians requesting new formulary addition will be asked to attend the P&T Committee meeting and briefly discuss the non-formulary drug, particularly the therapeutic advantage(s) over formulary drugs. If physician requesting drug is unable to attend, a physician designee (non-P&T Committee member) may accept the responsibility.

Disclosure Statement

(Note: as with other disclosure statements, disclosure acknowledgement does not imply bias or necessarily affect consideration of the formulary request)

Please check if you have or have had in the past two years:

YES NO Research funding, educational funding, professional meeting or travel funding, or other funding/support from the drug manufacturer or manufacturer's representative for yourself or residents/fellows/trainees under your supervision.

If YES, comment:

YES NO Consulting services, advisory board attendance, or speaking arrangements paid for/ facilitated by the drug manufacturer or manufacturer's representative

YES NO Participated in entertainment, received gratuities of more than nominal value, or have any potentially-conflicting relationship with drug manufacturer or manufacturer's representative.

If YES, comment:

YES NO Any direct financial interests in the company manufacturing the requested agent (including direct stock holdings in excess of \$10,000)

If YES, comment:

Please fax to Barry Brown, PharmD 254-724-5017, or mail to: Department of Pharmacy, Scott & White Memorial Hospital, 2401 S. 31st St., Temple, TX 76508, attn: Barry Brown, PharmD

For Department of Pharmacy Use Only

Date request received:	Subcommittee Meeting Date:	Anticipated P&T Committee Review Date:
Cost of Non-Formulary Drug:	Cost of Comparable Formulary Drug:	