

P&T Committee Request Form for a Formulary/Preferred Drug List Addition, Deletion, Modification, or Comments on P&T meeting agenda items

Note: ALL components of this form must be completed by the requestor for a review. Use additional sheet(s) of paper if necessary. A written response will be provided to the requestor with the P&T decision after the review.

Date of Request:	Requestor's Email Address:
Requestor's Name:	Requestor's Phone Number:
Requestor's Specialty:	Requestor's Fax Number:
Requestor's Mailing Address:	Requestor's Affiliation with Health Plan (e.g. physician, pharmacist, consumer):

Drug Requested to Review (Brand Name):	Drug Requested to Review (Generic Name):
Dosage Form:	Strength:
FDA approved Indications for use:	
Other indications for which this agent is being used and/or studied (Describe the role of this agent in the management of these indications):	
Is there a similar drug on the Formulary?	
Yes ___ No ___ If yes, please include the name of the medication _____	

Please provide rationale for addition of the drug to the formulary. Use additional sheet(s) of paper as necessary.

- 1. Is it more efficacious than other formulary drugs?*
- 2. Is it more/less toxic than other formulary drugs? Are there any other special cautions or side effects?*
- 3. In how many patients do you expect this drug to be used during the next six months?*
- 4. What drug(s) currently used for this/these indications(s) may be deleted if this product is added to the formulary?*
- 5. Is the drug more/less costly than other formulary drugs?*
- 6. Is it more/less cost-effective in lowering overall health care costs?*

Rationale:

Supporting Documentation: Please attach a related bibliography and copies of relevant studies from peer-reviewed literature that demonstrates superiority of this agent over others. Randomized controlled trials comparing the drug to other drugs used to treat the same disease states are preferred.

Comments on upcoming P&T Agenda Item(s): Use additional sheet(s) of paper as necessary.

- 1. P&T Meeting date and agenda item?*
- 2. Comments and suggestions for committee consideration before voting occurs?*

Potential Conflict of Interest Disclosure: (Circle and attach comments if applicable):

Yes__ No__ In the past 24 months, have you or your practice received research support or other financial support from the manufacturer of this requested rug.

Yes__ No__ I have a consulting agreement with the manufacturer of this requested drug.

Yes__ No__ I, spouse, or a dependent have a financial interest in the manufacturer of this requested drug.

Requestor's Signature: _____ **Date:** _____

Please Submit Your Request to: PerformRx
PO Box 516
Essington, PA 19029
FormularyDepartment@performrx.com

Or Fax to: 215-863-5100