



PHARMACY & THERAPEUTICS COMMITTEE

FORMULARY ADDITION REQUEST

Revised 3/3/2020

NOTE: All items on this form must be completed in order for consideration by the Pharmacy and Therapeutics Committee at its next regularly scheduled meeting. You may submit additional information based on the outline of this **request** if more space is required. If you are not a member of the committee, you must also complete a Conflict of Interest Statement and attach it to this request.

Generic Name _____ **Brand Name** _____

<p>Indications: Describe the FDA-approved or potential off-label uses which have prompted this request.</p>	
<p>Dosing: Describe the specific strength and administration form of this product necessary for this request.</p>	
<p>Comparative Efficacy: Describe how this agent relates to other products in terms of effectiveness.</p>	
<p>Expected Outcomes: Describe how this product would substitute or add to the current Formulary products.</p>	
<p>Cost of Therapy: Describe how this product would change the overall cost of medical care.</p>	
<p>Other Considerations: Describe any information not applicable to the above categories (e.g., need for order set, guideline, or policy and procedure).</p>	

Requested By (printed name): _____

Signature _____ Date: _____



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FORMULARY ADDITION REQUEST: CONFLICT OF INTEREST STATEMENT

Revised 3/3/2020

NOTE: *This must be submitted with the actual **Formulary Request** form.*

Generic Name _____ Brand Name _____

1. Substantial involvement with a competing organization: Yes No

Please describe if:

- A member of a health insurance company or another health system Pharmacy and Therapeutics Committee.
 - Another health system medical staff officer.
 - A member of a group practice primarily affiliated with another health system.
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2. Substantial involvement with a company that manufactures the product or competes with the product's company: Yes No

Please describe if:

- Receiving financial income or support in the last 12 months of more than \$100 for research, attendance at a **company** supported seminar, travel to an out-of-town meeting, or participation in a **company** sponsored speaker's bureau.
 - Receiving pharmaceutical products from the **company** in the last 12 months for personal or family use, gifts for family or personal use, or samples for use other than as a courtesy for patients.
 - Maintaining in the last 12 months a substantial ownership of stock (>10% of outstanding shares) in the **company** having >30% of its revenue from sales to **this organization**, its affiliated organizations, or another local health system.
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3. Substantial inside information: Yes No

Please describe if there are other outside relationships for which involvement in this **request** may be actually or potentially perceived as affecting the decision of the committee such as:

- Having a substantial position of authority in another organization which might affect a member of the committee for employment or medical staff privileges.
 - Disclosing information about this **request** to another organization directly or indirectly which might give **this organization**, the other organization, or the requestor an unfair advantage.
 - Receiving substantial assistance from the company or its representative which manufactures the requested product in the preparation of this **Formulary Addition Request**
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Requested By (printed name): _____

Signature _____ Date: _____