

**SCOTT & WHITE HEALTH PLAN
PHARMACY AND THERAPEUTICS COMMITTEE**

Procedure for requesting a drug to be considered for formulary addition

1. SWHP providers may request a drug for formulary addition by completing the “Request for Formulary Addition of Non-Formulary Drug” form. Requests will only be evaluated upon completion of this form. This form must be completed by the requesting physician. **Forms completed or delivered by pharmaceutical representatives on behalf of the requesting physician will not be accepted.**
2. Requests for FDA approved drugs will be evaluated for formulary addition if all criteria are met, as outlined within the request form.
3. A drug monograph will be prepared for the requested drug to include review of the drug’s indications, pharmacology, dosing, adverse drug reactions, drug interactions, contraindications, clinical comparison to existing market agents, and cost comparisons. This information is then reviewed by the Formulary Subcommittee.
4. The Formulary Subcommittee recommendations are presented to the Pharmacy & Therapeutics Committee. The P&T Committee will evaluate the recommendations from the Formulary Subcommittee and vote to make a final decision.
5. Requesting physicians will be asked to attend the P&T Committee meeting and provide a brief verbal review of the drug being requested and therapeutic advantages over formulary drugs. If the requesting physician is unable to attend, the requesting physician may appoint another in-network, non-P&T committee member, physician designee who meets requestor criteria as outlined within the request form to attend the P&T Committee meeting on their behalf. Only Scott & White staff and Scott & White providers are allowed to attend the P&T Committee meetings.
6. The requesting physician will be notified of the final decision. Information regarding formulary changes made by the P&T Committee are posted on www.swhp.org and the BSW Insite intranet site.

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REQUEST FOR FORMULARY ADDITION OF NON-FORMULARY DRUG

Generic and Trade Name:

Manufacturer:

Dosage Form:

Strength(s):

General Chemical & Therapeutic Classification:

SIMILAR DRUGS ON FORMULARY:

Drugs must meet the following criteria to be considered for formulary review by the SWHP P&T Committee:

YES NO Available for at least 6 months on the US market OR given breakthrough designation by the FDA; AND one of the following:

YES NO Represents a new drug class/unique mechanism of action; OR

YES NO New market entrant into an existing therapeutic class with efficacy, safety or clinical attribute advantages over previously available products within the class (please describe advantages below); OR

YES NO New market entrant into an existing therapeutic class with similar efficacy, safety or clinical attribute advantages as previously available products and potential economic advantages over previously available products within the class (please describe advantages below); OR

YES NO For drugs that have been previously reviewed, it has been at least 12 months since the last review OR significant new information available since last review (e.g. new guidelines or published literature potentially affecting place in therapy of the requested drug)

SUPPORTING INFORMATION FOR REQUESTED DRUG (Reference relevant citations; May attach separate sheets):

Requestors must meet the following criteria in order to request a drug for formulary review by the SWHP P&T Committee:

YES NO In-network physician

YES NO Received less than \$5000 in general payments from pharmaceutical manufacturers per current reporting in the CMS Open Payments Database (<https://openpaymentsdata.cms.gov/search>)

YES NO Full disclosure of any conflicts of interest (please describe below):

Requesting Physician: _____ Date: _____
(PLEASE PRINT)

Phone: _____ E-mail: _____

NOTE: Physicians requesting a drug for 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 the requesting physician is unable to attend, a non-P&T committee member physician designee who meets the requestor criteria as outlined above may accept the responsibility.

Please fax requests to: 1-866-880-4532
Or mail to: Scott & White Health Plan Pharmacy Services (MS-A4-102), 1206 West Campus Drive, Temple, TX 76502