

# Request for Adding Drug to Formulary

Call 1-800-982-6257 or 260-432-6690 or fax 260-432-0493

From (*Requesting Physician*): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Physician's PHP number: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Physician's phone number: \_\_\_\_\_

***Submit the following information for review:***

Generic name: \_\_\_\_\_ Brand name: \_\_\_\_\_

Therapeutic class (*see formulary booklet*): \_\_\_\_\_

Proposed indications: \_\_\_\_\_

Similar drugs in same therapeutic class: \_\_\_\_\_

List of advantages over similar drugs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are these advantages based upon: ( ) NEW ( ) OLD information?

If NEW, please provide documentation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What drug(s) now being used for this purpose would you recommend deleting from the Formulary? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other comments/suggestions: (Attach an additional sheet, if needed.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reminder:** Although non-Formulary prescribing patterns are being monitored, the Drug Formulary does allow the use of non-Formulary modifications for unique patient needs.

**Mail completed requests to:**

Pharmacy and Therapeutics Committee

Physicians Health Plan

1700 Magnavox Way, Suite 201

Fort Wayne, IN 46804