

# PROCEDURE FOR FORMULARY CHANGES

Any participating healthcare provider may request the addition of a drug to the formulary by completing a formal request form. The form below should be completed in full, and sent to:

Highmark Drug Formulary Committee  
Suite 1810  
120 Fifth Avenue  
Pittsburgh, Pennsylvania 15222

A new FDA-approved drug will not be included in the formulary until it has been approved by the Highmark P&T Committee. The Highmark P&T Committee meets quarterly. All requests for formulary changes will be scheduled for review at an upcoming quarterly Highmark P&T Committee meeting.

## REQUEST FOR ADDITION OF A NEW DRUG TO THE FORMULARY

1. Generic name: \_\_\_\_\_
2. Brand name: \_\_\_\_\_
3. Manufacturer(s): \_\_\_\_\_
4. For what type of patients will this medication be used? \_\_\_\_\_
5. What medication(s) are currently being used for these patients?  
\_\_\_\_\_
6. What therapeutic advantage(s) does this medication have over the current formulary product(s)?  
\_\_\_\_\_  
\_\_\_\_\_
7. How many of your patients do you expect to use this medication during the next six months?  
\_\_\_\_\_
8. What medication(s) currently used for this/these indication(s) may be deleted if this product is added to the formulary?  
\_\_\_\_\_  
\_\_\_\_\_
9. Should use of this drug be restricted to certain physicians because of the potential for misuse, high cost, or toxicity?      Yes \_\_\_\_\_      No \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. List relevant references from the biomedical literature to support this request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Requester: \_\_\_\_\_

Date: \_\_\_\_\_

Address and Telephone: \_\_\_\_\_  
\_\_\_\_\_