THE UNIVERSITY OF TEXAS MEDICAL BRANCH **Date Received**_____
PHARMACY AND THERAPEUTICS COMMITTEE
FORMULARY TRIAL ADMISSION REQUEST

Requests for inclusion of a new drug to the Formulary are limited to attending staff and those physicians with attending staff privileges. The Pharmacy and Therapeutics Committee (P&T) meets on the fourth Monday of each month. If the drug is accepted, a six (6) month trial admission will be followed by a subsequent reevaluation for permanent admission. The request from should be forwarded, upon completion, to the Department of Pharmacy (0701).

All formulary requests will be approved per FDA approved indications, an accepted compendium's indications, or with restrictions.

Please note, that in addition to this formulary request form, a separate practice guideline is required for submission to P&T. Disease state management algorithms are recommended.

Please complete the request form in full. **(PLEASE TYPE)**

1. a. Generic Name:_____
   b. Proprietary Name:_____
   c. Manufacturer:_____
   d. Availability (how supplied):_____

2. Provide a brief statement of drug action and therapeutic utility:_____
   _____
   _____

3. Provide **referenced** statements indicating superiority over similar Formulary agents that would justify admission of the new drug to the Formulary:_____
   _____
   _____
   _____
   _____
   _____

4. What Formulary drug(s) may it replace? _____

5. Should this drug be restricted to attending staff or a specific service?
   No ◯ Yes ◯ (If yes, why?):_____
   _____

6. Estimate the amount needed to complete a six (6) month trial:_____

7. Other comments: _____
   _____
   _____
   _____
   _____

Requestor's name (typed):_____ M.D.

Requestor's signature: _____ M.D.

Practice Guideline Submitted: Yes ◯ No ◯ without practice guideline request will not be submitted to P&T.

Department: _____ Extension: _____ Date: _____

Department Chairperson's Signature: _____

EPIC ORDERING PARAMETERS

This data will help generate appropriate selections for drop-down boxes in EPIC Order Entry system.

TYPICAL DOSING REGIMEN: _____

Please check **all applicable** units, routes, and frequencies that should be used to develop the Unit, Route, and Frequency Drop-Down boxes when ordering this medication in EPIC. If a specific option is not listed, check and specify in "Other:"

ORDERABLE UNITS			ROUTES			FREQUENCIES		
Default?	Option?		Default?	Option?		Default?	Option?	
		cap			Epidural			Daily
		drop			Inhalation			QAM
		gram			Intramuscular			BID
		gram/kg			Intrathecal			TID
		mcg			Intravenous			QID
		mcg/kg			Irrigation			Q24H
		mg			Nasal			Q12H
		mg/kg			Ophthalmic			Q8H
		mL			Oral			Q6H
		puff			Otic			Q4H
		spray			Slow IV push			QHS
		suppository			Subcutaneous			QAM&PM
		syringe			Sublingual			Q4HPRN
		tab			Topical			Q6HPRN
		units			IV Piggyback			QWEEKLY
		Other:			IV Push			ONCE
					Other:			TITRATE
								CONTINUOUS
								AC
								Other:

Dosage Forms:

Is there any specific dosage form tailored towards the geriatric or pediatric populations that should be considered? (A few examples include: pediatric oral solutions with different concentrations; lower strength dosage forms intended for the geriatric population).

_____

_____

Administration Information:

What are the most common side effects that Nursing should be aware of to ensure proper monitoring?

_____

_____

Is there any associated laboratory monitoring that Nursing should be aware of to ensure proper patient care? If yes, please list.

_____

_____

REMS MEDICATIONS:

Is this a REMS medication? Yes ◯ No ◯

If so, what are the requirements? (Check all that apply and briefly explain)

- ☐ Medication Guide: _____
- ☐ Communication Plan: _____
- ☐ Elements to Assure Safe Use: _____
- ☐ Implementation System: _____

Use the link below for help with the REMS requirements or to check to the status:

http://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm111350.htm

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Disposal Information (To Be Completed by Pharmacy)

Please explain any special disposal requirements (RCRA classification, hazardous products, etc.)?

_____

_____

_____

_____

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