BaylorScott&White Health Plan





Baylor Scott & White Health Plan Pharmacy and Therapeutics Committee

Procedure for requesting a drug to be considered for formulary addition

- **1.** BSWH attending staff physicians and BSWH 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 and must be completed by the requesting physician. The P&T Committee will not accept any forms completed or delivered by pharmaceutical representatives on the behalf of a requesting physician.
- 2. Only FDA approved drug requests that meet all the criteria, as outlined within the Request for Formulary Addition of Non-Formulary Drug form, will be evaluated for addition to the formulary.
- 3. A Formulary Subcommittee will review a drug monograph of the requested drug to include a review of the drug's indications, pharmacology, dosing, adverse drug reactions, drug interactions, contraindications, clinical comparison to existing market agents and cost comparisons.
- 4. The P&T Committee evaluates recommendations presented by the Formulary Subcommittee; then votes to make a final decision. The P&T Committee meets the fourth Tuesday of each month at 12:00 pm, except during the month of December.
- 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. Only BSWH staff and BSWH providers are allowed to attend the P&T Committee meetings.
- 6. Requests to this P&T Committee are for consideration of addition to the BSWHP Formularies. Medications on the Medicare Part D and ACA Formularies are under management of OptumRx.
- 7. The requesting physician will be notified of the final decision. To view the P&T Committee changes that have been made to the formularies, refer to the monthly Formulary Changes document posted at BSWHealthPlan.com.

Health Maintenance Organization (HMO) products are offered through Scott & White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott & White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott & White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plan.





Pharmacy and Therapeutics Committee Request for Formulary Addition of Non-Formulary Drug

Generic and Trade Name:		Manufacturer:	
Dosage Form:		Strength(s):	
General Chemica	al & Therapeutic Classification:		
SIMILAR DRUGS	ON FORMULARY:		
Drugs must mee	t the following criteria to be considered for forn	nulary review by the BSWHP P&T Committee:	
YES NO	Available for at least 6 months on the US market OR given breakthrough designation by the FDA; AND		
YES NO	Represents a new drug class/unique mechanism of action; OR		
YES NO	New market entrant into an existing therapeutic class with <u>efficacy, safety or clinical attribute</u> <u>advantages</u> 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 <u>economic advantages</u> over previously available products (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 INI	FORMATION FOR REQUESTED DRUG (Reference	relevant citations; May attach separate sheets):	
Requestors must Committee:	t meet the following criteria in order to request	a drug for formulary review by the SWHP P&T	
YESNO	In-network physician		
YES NO	Received less than \$5,000 from pharmaceutical manufacturers per the current CMS Open Payments Database report		
YES NO	Full disclosure of any conflicts of interest (plea	se describe below):	
Requesting Phys	ician:	Date:	
	(PLEASE PRINT)		
Phone:		E-mail:	
formulary drug, part		end the P&T Committee meeting and briefly discuss the non- s. If the requesting physician is unable to attend, a non-P&T tlined above may accept the responsibility.	

Please fax requests to: 254-298-6110

Or email to: PRESCRIPTIONSERVICES@BSWHealth.org

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