



PHARMACY AND THERAPEUTICS COMMITTEE FORMULARY ADDITION REQUEST FORM

*We **value** and **want** your feedback.* Molina Healthcare of New Mexico, Inc. (Molina Healthcare) convenes a Pharmacy and Therapeutics (P&T) Committee to review formulary changes. The committee members are community practitioners from various backgrounds and expertise. Submit your pharmacy requests for consideration using this form and attach supporting materials (if any). **Fax this request form toll free to (866) 472-4578.**

Generic name:	
Brand name and manufacturer:	
Dosage forms and strengths:	
Pharmacologic/therapeutic category:	
Food & Drug Administration (FDA) approved indications:	

List the therapeutic advantages of this drug over the formulary drugs in current use for similar conditions:

List the therapeutic disadvantages of this drug over the formulary drugs in current use for similar conditions:

List any safety issues that need to be considered relative to this drug:

Cite or attach published peer-reviewed literature references in support of the above statements:

Which formulary drugs could be deleted in conjunction with the addition?

Date requested: _____ Requested by: _____
(Please print or type)