

**Steward Health Choice  
FORMULARY ADDITION REQUEST FORM  
Pharmacy and Therapeutics Committee**

**TO BE COMPLETED BY THE REQUESTING PROVIDER:**

- Steward Health Choice Arizona (AHCCCS) Formulary Addition**
- Steward Health Choice Utah Formulary Addition**
- Steward Health Choice Generations Medicare Formulary Addition**

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

Brand Name: \_\_\_\_\_ Generic Name: \_\_\_\_\_

Projected number of patients on drug per month, year, etc.: \_\_\_\_\_

Dosage forms (tablets, suppositories, topical cream, etc.) requested: \_\_\_\_\_

Please provide clinical justification for adding this drug to the formulary? \_\_\_\_\_

Which formulary drug(s) can this product replace? \_\_\_\_\_

Please declare **potential “conflict of interest”** \_\_\_\_ exists or \_\_\_\_ does not exist with the requesting provider regarding this drug request; e.g. stock owned in drug manufacturer, paid presenter or researcher for drug company, etc.

If conflict of interest exists, please explain: \_\_\_\_\_

Requesting Provider Name: \_\_\_\_\_ Signature \_\_\_\_\_

**Please submit at least two (2) clinical articles that support the addition of this drug to the formulary.  
Do not send promotional materials**

**Send to:  
Office of the Medical Director, Steward Health Choice  
Pharmacy 410 North 44<sup>th</sup> Street, Suite 900  
Phoenix, AZ 85008**

# HEALTH | CHOICE

**To be completed by Steward Health Choice Clinical Pharmacist:**

Pharmaceutical Manufacturer: \_\_\_\_\_

Pharmacologic Category: \_\_\_\_\_ Project use per month: \_\_\_\_\_

FDA approved Indications: \_\_\_\_\_

\_\_\_\_\_

Summary of efficacy/value compared to current formulary options:

Attach clinical documentation for the requested drug. Information should include but is not limited to drug pharmacology, adverse effects, contraindications, etc.

Date Reviewed by P&T Committee: \_\_\_\_\_

**P&T Committee Decision:**

- \_\_\_\_\_ Do Not Add
  - \_\_\_\_\_ Add without Utilization Management (UM)
  - \_\_\_\_\_ Add with UM. Prior Authorization, Step Therapy, Quantity Limit: \_\_\_\_\_
- \_\_\_\_\_
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