DoD Pharmacy and Therapeutics Committee
Request for DoD P&T Committee Consideration of Potential Changes to DoD Formularies

Medication(s)

Issue / Request

- □ Addition of medication to Basic Core Formulary (BCF) or Extended Core Formulary (ECF)
- □ Deletion of medication from BCF or ECF
- □ Clarification of listing on BCF or ECF
- □ Change to medical necessity criteria established by the DoD P&T Committee for a medication that is non-formulary under the Uniform Formulary (UF)
- □ Change to prior authorization/step therapy criteria established by DoD P&T Committee
- □ Change to quantity limits established by DoD P&T Committee
- □ Addition of medication to MTF OTC List (new drug, strength, or dosage form)*
- □ Deletion of medication from MTF OTC List

Other (please explain):

Please attach MTF P&T Committee comments & meeting minutes, an explanation of the rationale for the request, copies of supporting clinical evidence, and anything else that needs to be considered by the DoD P&T Committee.

* Requests for addition of new NDCs to the MTF OTC List may be directed to dha.jbsa.pharmacy.list.poduf@mail.mil without the need for P&T approval but require a point of contact.

MTF P&T Committee Review (to be signed by P&T Chair)

This issue was discussed by the_________________P&T Committee on__________. The Committee agreed (by a majority vote) that 1) this issue needs to be addressed at the system level; 2) the rationale underlying the request is reasonable and supported by the clinical evidence; 3) the documentation and clinical evidence accompanying the request is fair, balanced, and adequately addresses pertinent clinical questions; and 4) the request was not initiated or unduly influenced by pharmaceutical industry representatives (please explain any potential conflict of interest).

Please note that requests are not accepted from individuals; they must be submitted through the MTF P&T Committee.

Committee comments:

Signature: ____________________________ Date: ____________________________

Point of Contact (please include phone number(s) and e-mail)

Instructions

This cover sheet and all supporting documentation should be faxed or emailed to the Formulary Management Branch (FMB) at:

Fax Number: 210-536-6178
The FMB secretary, Ms. Carol Scott, may be contacted at 210-536-6116 to verify transmission.

Email: dha.jbsa.pharmacy.list.poduf@mail.mil