



## **Texas HHSC Psychiatric Executive Formulary Committee New Drug Application Form**

For consideration of inclusion into the HHSC Psychiatric Drug Formulary

**Date:**

**Name of practitioner submitting the application:**

**Name of entity with which the practitioner is associated by employment or contract (i.e., state hospital, state supported living center, state center, or local authority (state-operated community services (SOCS) or community MHMR center)):**

### **Information regarding new drug**

**Therapeutic Classification:**

**Generic Name:**

**Trade Name(s):**

**Manufacturer(s):**

**Dosage Form(s):**

**Average Wholesale Price:**

**Evidence to substantiate the efficacy and safety of the proposed new drug:**

**Explain the advantages of this drug over those listed in the formulary:**

**State which drugs this new drug would replace or supplement:**

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application is approved

signature of chairman of facility pharmacy and therapeutics committee

**OR**

application is appropriate and complete

signature of clinical/medical director or designee OR PEFC member submitting application