



**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): \_\_\_\_\_

Information regarding new drug	
Therapeutic Classification	
Generic Name	
Trade Name(s)	
Manufacturer(s)	
Dosage Form(s)	

Explain the pharmacological action or use of this 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