

IWK Drugs & Therapeutics Committee

Drug Formulary Request



Date: [Click here to enter a date.](#)

A. Type of Formulary Request

Please check one:

- Addition
- with restriction with COG Protocol with CADTH Common Drug Review

B. Drug Product Information

Generic name:

Trade name/Mfr: [Click here to enter text.](#)

Dosage form(s) and strength(s) requested: [Click here to enter text.](#)

Nova Scotia Formulary status: [Click here to enter text.](#)

C. Evidence of Need

1. What is the drug's official indication and intended therapeutic use at the IWK; what is the estimated prevalence of and importance of the condition that the drug is intended to treat at the IWK?

[Click here to enter text.](#)

2. What are the disadvantages of current IWK-approved treatments for this condition? What are the advantages over existing Formulary alternatives (if applicable)?

[Click here to enter text.](#)

3. What other therapeutic approaches (including non-drug treatment) might reasonably be pursued instead?

[Click here to enter text.](#)

D. Safety *(Please provide supporting evidence/information separately)*

1. Has the drug been shown to be safe in the IWK's unique patient population (e.g. pediatrics, pregnancy or breastfeeding patients)?

[Click here to enter text.](#)

2. How much experience is there with the drug (e.g. numbers and types of patients studied)? How long has the drug been in use (this is to assure a demonstrated safety record given that many adverse effects appear only after 5-10 years of use)?

[Click here to enter text.](#)

3. Are there safety issues surrounding the administration or preparation of this medicine?

[Click here to enter text.](#)



4. What patient monitoring or other special precautions are needed to use the drug safely? Should its use be reserved/restricted by prescriber/location/indication? – please specify

[Click here to enter text.](#)

5. How strong is the evidence of this drug’s safety compared to currently-approved Formulary alternatives?

[Click here to enter text.](#)

E. Efficacy

1. What is the quality and strength of the evidence supporting the efficacy claims? Are the studies well designed?

[Click here to enter text.](#)

2. Are the claims being made for the indication (on- or off-label) supported by the data presented?

[Click here to enter text.](#)

3. Does the IWK’s unique patient population match the population used in the studies?

[Click here to enter text.](#)

4. To what extent are the benefits based on surrogate rather than clinically relevant outcomes?

[Click here to enter text.](#)

5. Is there any conflicting evidence about efficacy? Is there a suggestion of selective publication or use of unvalidated measurement scales etc?

[Click here to enter text.](#)

F. Cost

1. Estimate the annual cost of introducing this new product. Please consider additional costs such as preparation, monitoring and others beyond acquisition cost.

[Click here to enter text.](#)

2. How does this compare to current Formulary alternatives, if applicable? Can other agents be eliminated from the Formulary?

[Click here to enter text.](#)

3. Is there a significant clinical benefit that justifies any additional expense?

[Click here to enter text.](#)

4. Is the drug included in the current Healthpro contract? Have contracted therapeutic alternatives been considered and deemed inappropriate? Why?

[Click here to enter text.](#)



G. Education

1. What is the best way to educate residents, nurses and other health professionals about this new Formulary product?

[Click here to enter text.](#)

H. Disclosure of Conflict

I have no conflict in this matter. I have a conflict in this matter.

If you have disclosed a conflict, please specify:[Click here to enter text.](#)

I. Signatures

Requester

I recommend this change to Formulary policy be accepted. [Click here to enter text.](#)

Department or Division Head

I have reviewed this Drug Formulary Request with members of my division and I agree with the recommendation. Affected manager(s) have been informed of possible budgetary implications.

[Click here to enter text.](#)