

**Ryan White Part A Program
Formulary Change Request Form**

Medical staff members may initiate a request for addition or deletion of a drug to the Drug Formulary by completing this form and forwarding it to the Fort Lauderdale/Broward EMA Ryan White Part A Program. The request will be considered at the next meeting of the Pharmacy Advisory Panel. This process may take up to four months. Incomplete submissions will not be reviewed. A downloadable version of this form is available at www.brhpc.org.

**Please forward this request to:
Broward Regional Health Planning Council
Attn: HIV Health Services Planning Council
915 Middle River Drive, Suite 120
Fort Lauderdale, FL 33304
Telephone (954) 561-9681/ Fax (954) 564-1185**

Date requested: _____

A. The request is for an/a: Addition Deletion

B. *Generic name: _____

C. *Propriety name(s) and manufacturer(s):

D. *Dosage forms and strengths:

E. *Usual dose: _____

F. What percentage of your HIV practice would be expected to utilize this drug?

G. *Pharmacological action/ Clinical indication:

H. Comparable drugs in formulary: _____

I. What benefit does this drug have versus existing Formulary Agents?

J. *Should there be any restrictions on the use of this product?

K. *Is there a Patient Assistance Program (PAP) available?: _____

L. *Cite published literature references: _____

M. *I understand that this request will be considered at the next Pharmacy Advisory Panel meeting.

(Attending Practitioner's Print Name)

(Attending Practitioner's Signature)

Practitioner E-mail Address: _____

Practitioner Phone Number: _____

Medical Staff Florida License Number: _____