



# MHCP Program HH Drug Formulary Addition Request

The Program HH Formulary is a closed formulary. The formulary is reserved for HIV anti-retroviral therapy, medications used to treat side effects associated with anti-retroviral therapy, HIV opportunistic infections and some co-morbidities associated with HIV. If you feel a drug exists that is currently not on the Program HH Formulary that should be, please use this form to submit a drug addition request.

The form must be submitted by either a Physician or Pharmacist. Bolded fields must be filled out in order for your request to be considered. Once the form has been completed it should be faxed to (651) 431-7414. All requests are reviewed by the Program HH Formulary Committee.

<b>PRESCRIBER NAME</b>	<b>PRESCRIBER NPI</b>	
<b>PRESCRIBER PHONE NUMBER</b>	<b>PRESCRIBER FAX NUMBER</b>	
<b>NON-PROPRIETARY (GENERIC) DRUG NAME</b>		
<input type="checkbox"/> <b>GENERIC FORM OF THIS DRUG NOT AVAILABLE</b>		
PROPRIETARY (TRADE) NAME(S)		
<b>DOSAGE FORM(S) REQUESTED</b>	<b>STRENGTH(S) REQUESTED</b>	
WHAT FORMULARY AGENTS, IF ANY, ARE AVAILABLE IN THE SAME THERAPEUTIC CLASS OR FOR THE SAME INDICATION? PLEASE LIST.		
<i>(PLEASE ASTERISK THOSE THAT THIS DRUG COULD REPLACE)</i>		
<b>INDICATE THE ADVANTAGE OF THE RECOMMENDED AGENT OVER THOSE CURRENT FORMULARY ALTERNATIVES.*</b>		
<b>INDICATION FOR THIS MEDICATION</b>		
REMARKS		
<b>LICENSED HEALTH PROVIDER SIGNATURE AND TITLE</b>	<b>DATE</b>	<b>PROVIDER SPECIALTY</b>

All requests will be reviewed by the formulary committee and designated Program HH staff. The physician/pharmacist will be notified of the Committee's action.

**\* Submit supporting literature citations with request. (A minimum of two documenting citations are requested.)**

*For office use only*

DATE OF COMMITTEE ACTION	
ACTION BY COMMITTEE	