

**RYAN WHITE PROGRAM**  
**PRESCRIPTION DRUG FORMULARY REVIEW REQUEST**

**FOR OGC USE ONLY**

Date of Request: \_\_\_\_\_

\_\_\_\_\_

Date Received

Request for:    \_\_\_ Addition    \_\_\_ Deletion

\_\_\_\_\_

Date of First PUPAP

Review

\_\_\_\_\_

Date of Approval

\_\_\_\_\_

HRSA Drug Code

(1)    Generic/Proprietary name of drug product:

\_\_\_\_\_

(2)    Specific formulation(s) considered:

\_\_\_\_\_

(3)    Specific indications for use:

\_\_\_\_\_

\_\_\_\_\_

(4)    Please list other products currently in the formulary which are considered similar to the proposed addition/deletion:

\_\_\_\_\_

\_\_\_\_\_

(5)    Should there be any restrictions on the use of this product?

\_\_\_\_\_

\_\_\_\_\_

(6)    Please summarize your reasons and justification for this request. Provide appropriate references where applicable.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(7)    I understand that this request will be considered at the next meeting of the Pharmaceutical Utilization Physicians Advisory Panel (PUPAP) or the Medical Care Subcommittee.

\_\_\_\_\_  
(Attending practitioner's signature)

Print Name: \_\_\_\_\_

Phone/Pager: \_\_\_\_\_

Clinic Site: \_\_\_\_\_

**Please forward this request to:**

**Theresa Fiaño, Assistant Director**  
**Miami-Dade County Office of Grants Coordination (OGC)**  
**Ryan White Program**  
**111 N.W. 1<sup>st</sup> Street, 22<sup>nd</sup> Floor**  
**Miami, Florida 33128**  
**Telephone (305) 375-4742 / Fax (305) 375-4454**