Physician Request for Formulary Review

The following information should be obtained from the requesting party. It should be understood that there may be a delay in the changing of the status of a prescription to allow time for a clinical review. All requests are simply requests for coverage or review. The ultimate decision for coverage requests within the decision of the plan and/or Pharmacy and Therapeutics Committee.
Send the request to: aracelis.rivera@leonhealth.com and/or henry.hernandez@leonhealth.com

SECTION ONE:		
Requesting Clinician Name (PRINT):		Phone No:
Address/Location:		
Medication/Item Request for Formulary Review:	Generic Name:	
Dosage forms available:	Strengths available:	Manufacturer:

Request is for:
- ❑ Status Change of drug (Non-preferred status to Preferred)
- ❑ Formulary Addition of Drug
- ❑ Formulary Deletion
- ❑ Other:_____

Name of Plan Request is concerning:

Reason for Request:

Advantages the Requested Agent has Over Current Formulary Agents:

Do you have any experience using this agent? YES / NO If yes, list the number of patients:_____

Anticipated Frequency of Use (number of patients on agent, duration, etc)

Potential Conflict of Interest Disclosure:

I receive research support from the manufacturer	☐ Yes ☐ No
I have a consulting agreement with the manufacturer	☐ Yes ☐ No
I, spouse, or dependent have a financial interest in manufacturer of this agent	☐ Yes ☐ No

Other:_____

**Please attach any references or clinical studies that can be used for P&T Evaluation

Additional Comments:

Date:	**Requesting Clinician Signature:**

Leon Health, Inc. is an HMO with a Medicare contract. Enrollment in Leon Health, Inc. depends on contract renewal.